

MDDCSAM - SB 56 FAV - Sunset Termination of Telehe

Uploaded by: Adams, MD, Joseph

Position: FAV



MDDCSAM is a chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

Senate Bill 56

Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement - Sunset Termination

Senate Finance Committee. Hearing: January 27, 2021

FAVORABLE

We support the continued ability of psychiatrists and psychiatric nurse practitioners to have the option of using telehealth in ACT and mobile services on a permanent basis.

This is especially true now due to the need to reduce the spread of Covid-19, and also due to sharp increases in suicide, as well as depression and anxiety associated with the pandemic. (Vindegaard & Benros, 2020) There has also been a rise in the use of alcohol, illicit substances, and of overdoses deaths. (Dubey, et. al., 2020).

There is a permanent need since the option of using telehealth makes treatment much more accessible and more efficient to deliver, especially to the difficult-to-reach populations in need of ACT and mobile services.

The problem of access is compounded by a **long-term severe shortage of psychiatrists and psychiatric nurse practitioners available to travel for in-person visits.** This severe manpower shortage is a limiting factor in the provision of needed services, which could be easily and inexpensively remedied by the option of using telehealth.

We respectfully urge a favorable report.

References

Dubey, M. J., (2020). Covid 19 and addiction. *Diabetes and Metabolic Syndrome*, 14(5), 817-823. doi: 10.1016/j.dsx.2020.06.008

Vindegaard, M. & Benros, M. E. (2020). Covid-19 pandemic and mental health consequences: Systemic review of the current evidence. *Brain, behavior and immunity*, 89: 531-532. doi: 10.1016/j.bbi.2020.05.048.

SB0056-FAV-DTMG-1-27-21.pdf

Uploaded by: Bartlett, Olivia

Position: FAV



Olivia Bartlett, DoTheMostGood Maryland Team

Committee: Finance

Testimony on: SB0056 - Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement - Sunset Termination

Position: Favorable

Hearing Date: January 27, 2021

Bill Contact: Senator Adelaide Eckardt

DoTheMostGood (DTMG) is a progressive grass-roots organization with more than 2500 members who live in a wide range of communities in Montgomery and Frederick Counties, from Bethesda near the DC line north to Frederick and from Poolesville east to Silver Spring and Olney. DTMG supports legislation and activities that keep its members healthy and safe in a clean environment and which promote equity across all of our diverse communities. Affordable and accessible health care, including mental health care, for all Marylanders is a primary focus for DTMG. We strongly support SB0056 because it will guarantee that some of our most at-risk individuals can continue to receive the vital mental health services they need for as long as they need them.

For individuals experiencing serious mental illness that impairs their ability to live in the community, travel to appointments with medical professionals in facilities like clinics and hospitals can be especially challenging and difficult to achieve. To address this problem, the Maryland Assembly passed legislation in 2018 that allowed psychiatrists to be reimbursed for providing specialized mental health treatment to vulnerable groups via telehealth. In 2019, psychiatric nurse practitioners were added to the list of providers who can treat/prescribe via telehealth if they are participating in Assertive Community Treatment (ACT) treatment programs.

However, this important telehealth reimbursement program is currently scheduled to sunset on September 30, 2021, unless SB0056 is passed by the General Assembly during this 2021 session. Continuation of this telehealth program beyond the current September 30, 2021 sunset date is essential for continuity of care for many vulnerable, at risk individuals.

ACT is a successful, evidence-based program that uses a team approach to serve those with some of the most challenging needs in the public behavioral health system, particularly individuals who do not access services in traditional facility settings and those who are homeless, have comorbid physical conditions, or have substance use disorders. ACT programs helps these individuals become independent and integrate into the community as they strive to manage their mental illness. Continued success of these programs depends in part on continued support for telehealth programs and reimbursement of providers for telehealth visits.

The telehealth provision for psychiatrists, psychologists, and psychiatric nurse practitioners also addresses the general shortage of behavioral health providers and the difficulties in recruiting staff for these types of community-based programs. By reducing the need for ACT team prescribers to spend hours driving around trying to locate the individuals they serve, the telehealth provision allows the providers to make better use of their time and serve more patients.

Telehealth has become an essential part of healthcare delivery across the board during the coronavirus outbreak, allowing services to expand while providing protection for both providers and consumers. Telehealth programs should continue even after the pandemic is over. Permanent continuation of telehealth mental health services is essential in order to provide continued mental health services to those who are most in need of such services. SB0056 removes the sunset provision and guarantees that some of the most at-risk individuals in our communities can continue to receive services via telehealth.

For all of these reasons, DTMG strongly supports SB0056 and urges a **FAVORABLE** report on this bill.

Respectfully submitted,

Olivia Bartlett
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Testimony SB 56.pdf

Uploaded by: Blumberg, Suanne

Position: FAV



Testimony on SB 56

Maryland Medical Assistance Program – Psychiatrists and Psychiatric Nurse Practitioner

Telemedicine Reimbursement – Sunset Termination

Senate Finance Committee

Hearing Date: January 27, 2021

POSITION: Support

Chairperson Delores Kelly, Vice Chairperson Brian Feldman and members of the Senate Finance Committee thank you for hearing testimony on SB 56. I am Suanne Blumberg, CEO, at Upper Bay Counseling and Support Services. We serve over five thousand consumers yearly, from early childhood to geriatric. We serve both Cecil County and Harford County providing an array of services including Outpatient Therapy, Residential Rehabilitation Program, Assertive Community Treatment, Psychiatric Rehabilitation Programs, Health Homes, and Substance Use Disorder Treatment to name just some of the services.

Upper Bay Counseling and Support Services is asking for your support of SB 56 which would remove the sunset for our nurse practitioner to be able to provide services via telehealth in our Assertive Community Treatment Program, ACT. We have had an ACT program for four years. Our ACT team serves persons who have a serious and persistent mental illness along with multiple hospitalizations, criminal history and a transient life. Many of these clients are homeless and have minimal community connects or supports. The prescriber, who is a nurse practitioner at Upper Bay Counseling, is the first step on the pathway to success for this client population.

We compared a six month period just before SB 534 was passed in 2019 allowing our nurse practitioners to provide services via telehealth and six months after the bill was enacted. Our nurse practitioner was able to schedule 200 more appointments with telehealth in place. This is very significant because a number of those appointments were emergency appointments which in the past could have resulted in an emergency room visit. It also gave the client the option to be seen in the community, in the office or via telehealth which has improved our care of these clients. These 200 more appointments did not cost the state Medicare system more money since ACT services are a bundled service so we receive one payment for all of the services with a minimum expectation to be met for reimbursement. This gives us the flexibility to add services where needed for any client in this program.

During these most trying times of the pandemic we have experienced a 100% attendance for the first prescriber appointments. This is a first for us and remarkable for this client population since first appointment no-shows are a significant challenge. Once again the ability to provide prescriber services via our nurse practitioner using telehealth allowed us to reach 100% compliance on that metric. Also during this time we have had 1/3 of our ACT staff test positive for Covid 19. Our prescriber was able to continue prescribing via telehealth so that medication adherence continued for these clients.

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If the sunset is not removed we will not be able to continue providing telehealth prescribing services to our clients in ACT. The sunset that was added to the original bill has an end date of September 30, 2021. This would dramatically alter the progress we have made with our clients in ACT and would not permit us to provide services based on their needs as opposed to the needs of the state.

I urge you to give SB 56 a favorable report.

SB56 Maryland Medical Assistance Program- Psychiat

Uploaded by: Breidenstine, Adrienne

Position: FAV



January 27, 2021

Senate Finance Committee
TESTIMONY IN SUPPORT

*SB56—Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner
Telemedicine Reimbursement - Sunset Termination*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

Behavioral Health System Baltimore is pleased to support SB56—Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement - Sunset Termination. This bill requires that the Maryland Department of Health permanently provide coverage of and reimbursement for health care services that are appropriately delivered by a psychiatrist and psychiatric nurse practitioners providing Assertive Community Treatment (ACT) or mobile treatment services (MTS) by repealing the termination provisions.

In Baltimore City, many people in our communities who are living with a mental illness or substance use disorder do not have access to the treatment and support services they need to recover and lead productive, healthy lives because of the shortage of behavioral health medical professionals. Often, people who cannot access substance use or mental health disorder treatment services in the community end up having unnecessary interactions with police or admitted to hospital emergency departments, because they do not have other options.

An effective approach to addressing this need for better access to treatment through the PBHS is to strengthen and expand telehealth services. Telehealth is an important part of a health care delivery system to ensure that individuals receive care in the least restrictive, more cost-effective setting that is best situated to promote long-term recovery. Telehealth for ACT and mobile treatment services can lead to success in reaching several important goals:

- Expands access to behavioral health treatment in the communities that people live, in particular in underserved areas of the state
- Reduces unnecessary hospitalizations for people with behavioral health disorders
- Improves patient adherence with treatment plans and health outcomes through timely disease detection
- Enhances patient-choice and provides another behavioral health care delivery option along the continuum of care.

Telehealth expands access behavioral health treatment and improves care outcomes, makes it easier for patients to connect with their providers, and helps cut costs to patients and providers alike. **As such, BHSB urges the Senate Finance Committee to pass SB 56.**

ACT Telehealth Prescribers Lower Shore Clinic Test

Uploaded by: Cavathas, Dimitrios

Position: FAV

Lower shore clinic

HB191

Maryland Medical Assistance Program – Telemedicine –
Assertive Community Treatment and Mobile Treatment Services

January 27, 2021

POSITION: SUPPORT

My name is Dimitri Cavathas. I am the Chief Executive Officer of Lower Shore Clinic, which offers a psychiatric rehabilitation program, outpatient mental health clinic, primary care services and, since 2011, Assertive Community Treatment (ACT). Every year, we serve over 2,500 citizens of Wicomico, Caroline, Dorchester, Somerset, Talbot, and Worcester Counties. Prior to joining Lower Shore Clinic, I administered ACT Teams in Maryland for 15 years in Baltimore City, Baltimore County, Anne Arundel County, Montgomery County, Prince Georges County.

The challenge to find a psychiatrist or nurse practitioner in and of itself is a challenge for any service due to the shortage of providers. The population served by ACT are the highest-cost persons in our health care system, and they are unable to participate in the traditional health care system. ACT is a non-traditional approach to go to where the citizen is, instead of waiting for them to show up to an appointment.

The Telemedicine Provision for ACT teams alleviate considerable challenges providing psychiatry to citizens who are chronically homeless and/or suffering from a severe and persistent mental illness and / or dealing with an addiction issue and /or suffering from a chronic somatic illness and / or living in poverty and / or coming in and out of jail or the emergency room. Finding a psychiatrist to travel to homes or provide services on the street is extremely difficult. Finding a psychiatrist to do this in a rural area is even harder. The reality is that most psychiatrists regardless of pay do not want to do this kind of community work. Telemedicine is our way to accommodate this issue. This program has been a success.

ACT services is an Evidenced Based Practice proven to not only help people recover but also save money. *In an... review... about ACT...it estimated that, compared with just giving patients appointments at an outpatient clinic, a relatively high-fidelity ACT program reduces the number of hospital days by about 78%* (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1197281/>). I have been part of ACT services that have targeted the top 20 highest cost utilizers and over a

one-year period saved approximately \$200,000. This was verified by an analysis from the University of Maryland Evidenced Based Practice Center. Every time an ACT team stops a person from going to the emergency room on average it saves approximately \$1100. Every time an ACT Team can move a person out of a State Hospital Psychiatric Bed and into the community it saves approximately \$200,000 for one year. Having administered ACT teams that moved over 300 persons from the State Hospital system, I know that this service saves the health care system precious resources. Allow us to continue to utilize this technology to continue to provide this critical service.

This is what our prescribers say:

“Telehealth as a model of care is good for ACT Prescribers so the members can get in the direction of mental wellness from the comfort of their home or wherever they are as safely as possible. The model can also improve service delivery and help some of our members with their burning questions and treatment of acute conditions to divert unnecessary ER visits.”

“It allows us rapid follow up for any crisis situation that does not require inpatient admission. It also allows me to follow patients more closely and assess all medication changes and psychiatric conditions in real time without a waiting period. The ability to assess for suicidality and need for hospitalization without out the delay caused by long travel time in rural areas is a invaluable service and one that needs to be continued. In addition, we have had several cases that patients are more open to sharing personal concerns via telehealth rather than face to face interviews, especially when discussing very traumatic and sensitive events.”

Please allow this service to continue as an intervention and pass this bill with a favorable report.

SB56CCYSBsubmit.pdf

Uploaded by: Davis, Lynn

Position: FAV



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Testimony on SB 56

**Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner
Telemedicine Reimbursement – Sunset Termination**

Senate Finance Committee

January 27, 2021

POSITION: SUPPORT

Carroll County Youth Service Bureau (CCYSB) is an outpatient behavioral health clinic licensed by the Maryland Department of Health and Mental Hygiene (DHMH), certified by the Commission on Accreditation of Rehabilitation Facilities (CARF), and the Department of Juvenile Services (DJS). CCYSB's treatment services support all ages of people with mental health and substance use concerns. We do so through individual, group, family therapy, psychiatric evaluations, and medication management; five of our treatment programs are evidence-based, including Assertive Community Treatment (ACT).

The Carroll County ACT program currently serves 92 adults who have a serious and life-long mental illness. An ACT client's mental illness may be so severe that he/she experiences little or no connection with family and friends. Clients may experience multiple hospitalizations, homelessness, legal issues, and/or incarceration due to behaviors from or symptoms of their mental illness. Our ACT team provides essential services in housing and employment, care management, daily living, therapy, and psychiatric treatment. ACT provides care in patient's homes, homeless shelters and encampments, drop-in centers, virtually anywhere in the community that meets the client's needs. During the initial days of COVID-19 and forward, our ACT team continues providing these services face-to-face; very few counseling, nursing, or care management services are virtual.

CCYSB is very thankful that telehealth psychiatric services were in place when COVID-19 challenges rose to the forefront. During this public health emergency, CCYSB began using telehealth for psychiatric appointments. Telehealth is the single most important strategy in ensuring that our ACT clients have access to psychiatric care and medications, as medication is often a critical component of patients' engagement, care, stabilization, and recovery.

During the use of telehealth during COVID, CCYSB is discovering that psychiatric telehealth has significant advantages for some of our ACT clients, long-term:

- a. Less time in travel: In Carroll County, the distance to client homes is 30-80 minutes round trip for the psychiatric provider or double that for the staff member who makes two roundtrips in picking up and returning a client home.
- b. More visits completed: CCYSB is experiencing fewer patient cancellations and no-show appointments, thus increasing continuity of care for our clients.
- c. Ease of rescheduling: Due to no travel time, it is easier to reschedule a visit for the same week.

- d. Medical issues: If clients cannot participate in face-to-face appointments (due to medical or mental illness), telehealth is a viable option.
- e. Audio-only: The telephone-only option is used on a very minimal basis when face-to-face is not an option, and computer access is not possible.

I respectfully request that you give SB56 a favorable report to continue providing telehealth for ACT psychiatric care, an essential means of service for this most vulnerable population.

SB56 Testimony.pdf

Uploaded by: Eckardt, Adelaide

Position: FAV

ADDIE C. ECKARDT

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Audit

Children, Youth, and Families

Fair Practices and
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Pensions

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Testimony for Senate Bill 56

Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement - Sunset Termination

January 27, 2021

Madam Chair Kelley and Members of the Committee:

Thank you for the opportunity to present Senate Bill 56: Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement - Sunset Termination.

Assertive Community Treatment (ACT) is an evidence-based program that uses a team approach to serving those in the public behavioral health system with some of the most challenging needs. These are individuals who – due to their psychiatric disability – cannot or will not access services in traditional facility settings. Many are homeless and have co-morbid somatic conditions and substance use disorders.

ACT teams are required to have dedicated prescribers (psychiatrists or psychiatric nurse practitioners), social workers, registered nurses, substance use disorder professionals, peers, and employment specialists. They are subject not only to statutory and regulatory requirements but must also pass fidelity audits that measure each team's compliance with the ACT model.

Maryland, like other states, is facing a serious psychiatric prescriber shortage. It has become increasingly difficult for community-based programs to recruit and retain psychiatrists and psychiatric nurse practitioners for the salaries they can afford to offer. In addition, due to ACT clients often being homeless, prescribers spend hours driving around trying to locate the individuals they serve.

As a solution to this problem the General Assembly passed HB1652/SB704 in 2018, allowing psychiatrists on ACT teams to provide their services via telehealth. In 2019 psychiatric nurse practitioners were added to the legislation (via HB605/SB524). These bills were passed pre-COVID when telehealth was not widely used in healthcare delivery, so language was added to sunset these bills on September 30, 2021 if no further action was taken.

The world has changed radically since then. COVID has pushed the use of telehealth to the forefront of healthcare delivery. Unfortunately, unless the sunset is removed from the initial enabling legislation, ACT prescribers will once again have to provide services in-person, requiring them to waste precious (and expensive) time driving around to find the clients they see.

Thank you for your consideration and I respectfully ask for a favorable report of Senate Bill 56.

Best regards,

A handwritten signature in cursive script that reads "Addie C. Eckardt". The signature is written in black ink and is positioned above the typed name.

Senator Addie C. Eckardt

SB56 ACT Telemedicine Reimbursement Sunset Terminat

Uploaded by: Grimes, Lauren

Position: FAV



Testimony on SB 56
Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner
Telemedicine Reimbursement – Sunset Termination

Senate Finance Committee

January 27, 2021

POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

Assertive Community Treatment or ACT is an evidence-based program that uses a team approach to serving those in the public behavioral health system with some of the most challenging needs. These are individuals who – due to their psychiatric disability – cannot or will not access services in traditional facility settings. Many are homeless and have co-morbid somatic conditions and substance use disorders.

ACT teams are required to have dedicated prescribers (psychiatrists or psychiatric nurse practitioners), social workers, registered nurses, substance use disorder professionals, peers, and employment specialists. They are subject not only to statutory and regulatory requirements but must also pass fidelity audits that measure each team’s compliance with the ACT model.

Maryland, like other states, is facing a serious psychiatric prescriber shortage. It has become increasingly difficult for community-based programs to recruit and retain psychiatrists and psychiatric nurse practitioners for the salaries they can afford to offer. In addition, because ACT clients are often homeless and mobile, these ACT prescribers spent hours driving around trying to locate the individuals they serve.

As a solution to this problem the General Assembly passed HB1652/SB704 in 2018, allowing psychiatrists on ACT teams to provide their services via telehealth. In 2019 psychiatric nurse practitioners were added to the legislation (via HB605/SB524). These bills were passed pre-COVID when telehealth was not widely used in healthcare delivery, so language was added to sunset these bills on September 30, 2021 if no further action was taken.

The world has changed radically since then. COVID has pushed the use of telehealth to the forefront of healthcare delivery. Unfortunately, unless the sunset is removed from the initial enabling legislation, ACT prescribers will once again have to provide services in-person, requiring them to waste precious (and expensive) time driving around to find the clients they see.

I ask that you give SB 56 a favorable report so that one of our most at-risk populations can continue to receive needed medications and other prescriber services via telehealth.

WDC Testimony SB0056_FINAL.pdf

Uploaded by: Koravos, JoAnne

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

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Senate Bill 56
Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner
Telemedicine Reimbursement – Sunset
Senate Finance Committee- January 27, 2021
SUPPORT

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2021 legislative session. WDC is one of the largest and most active Democratic Clubs in our County with hundreds of politically active women and men, including many elected officials. **WDC urges the passage of HB0056.**

Racial and ethnic minorities have less access to medical and behavioral health services than white people, are less likely to receive needed care, and are more likely to receive poor-quality care when they are treated. Individuals from communities of color, working class residents, or individuals with disabilities are more likely to experience poor health outcomes as a consequence of their social determinants of health. Increased flexibility around the delivery of telehealth means that Marylanders can access medical and behavioral health treatment from their homes and on their phones. It protects providers and consumers from exposure to the coronavirus, ensures continuity of care for individuals, and expands overall access to treatment. This service expansion has become a vital part of Maryland's continuum of care. The Montgomery County Women's Democratic Club is supporting multiple bills to preserve these enhancements.

This bill repeals the termination provisions in Maryland law relating to the eligibility of psychiatrists and psychiatric nurse practitioners who provide assertive community treatment (ACT) or mobile treatment to Maryland Medical Assistance Program recipients in a home or community-based setting through telemedicine and to receive reimbursement for these health care services from the Program.

- Telehealth has been a lifeline for Marylanders who have received mental health and substance use disorder treatments during the COVID-19 pandemic. This bill would allow those services to continue to be reimbursed even after the COVID-19 health emergency.
- This bill will improve access to services for people who live in medically underserved communities where services are not available, or have transportation difficulties due to disability or cost. As a result this bill will improve health disparities for vulnerable populations, especially women and children.

We ask for your support for SB0056 and strongly urge a favorable Committee report.

Respectfully,

Diana Conway
President

SB0056 ACT Telehealth Sunset Termination.pdf

Uploaded by: Martin, Dan

Position: FAV



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**Senate Bill 56 Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse
Practitioner Telemedicine Reimbursement – Sunset Termination**

Finance Committee

January 27, 2021

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present this testimony in support of Senate Bill 56.

SB 56 removes the sunset on a provision of law allowing psychiatrists and psychiatric nurse practitioners to participate on Assertive Community Treatment (ACT) teams remotely via telehealth. ACT is an evidence-based practice that improves outcomes for people with serious mental illness who are at risk of psychiatric crisis and hospitalization.

Maryland has worked for years to address an increasing demand for mental health and substance use services that has been exacerbated by a persistent behavioral health workforce shortage. The coronavirus pandemic is making matters even worse. Isolation, loss of income and grief resulting from the loss of a loved one – not to mention the threat of contracting the virus – are all having a profound effect on our mental health. Up to 40% of Marylanders have reported feeling anxious or depressed as a result of the pandemic and state crisis hotlines are receiving a startling increase in calls from individuals at risk for suicide. Drug-and-alcohol-related deaths jumped by more than 18% in the second quarter of 2020 as compared to the same period a year earlier, including a 30% increase in opioid-related deaths.

In order to meet this increasing demand, we must ensure our community providers have the tools necessary to deliver care as broadly as possible to those in need. Telehealth and ACT are two of those tools, and we must ensure there are no barriers to their availability.

For these reasons, MHAMD supports SB 56 and urges a favorable report.

For more information, please contact Dan Martin at (410) 978-8865

Senate Bill 0056 Maryland Medical Assistance Progr

Uploaded by: Matthews, Dakota

Position: FAV



John Hartline, Chair

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Charlotte Davis, Executive Director

POSITION STATEMENT

Senate Bill 0056 – Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement – Sunset Termination
Before Finance Committee
January 27, 2021

The Rural Maryland Council **supports** Senate Bill 0056 Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement – Sunset Termination. This bill repeals termination for certain provisions of law relating to the eligibility of psychiatrists and psychiatric nurse practitioners who provide Assertive Community Treatment or mobile treatment services to Maryland Medical Assistance Program recipients in a home or community-based setting through telemedicine to receive reimbursement for the health care services from the Program.

Maryland currently has several health professional shortage areas (HPSAs). These areas are designated as having inadequate access to or a shortage of primary medical care, dental or mental health providers. Telemedicine achieves significant cost savings and improves health outcomes for designated HPSA areas by enabling vulnerable populations to receive critical and life-saving treatment regardless of economic means, physical ability, or residence. Additionally, telemedicine has become an essential health service during the COVID-19 pandemic with access to in-person services limited or not available in many of these areas.

According to the American Telemedicine Association, the practice of medicine by telemedicine, including the issuance of any prescription via electronic means, shall be held to the same prevailing and usually accepted standards of medical practice as those in traditional in-person settings. Therefore, standards of practice requirements should apply to all licensees regardless of their method of providing care.

Senate Bill 0056 will allow for greater flexibility and availability in the delivery of health care in rural communities that lack access to health professionals.

The Council respectfully requests your favorable **support** of SB 0056.

The Rural Maryland Council (RMC) brings together citizens, community-based organizations, federal, state, county and municipal government officials as well as representatives of the for-profit and nonprofit sectors to collectively address the needs of Rural Maryland communities. We provide a venue for members of agriculture and natural resource-based industries, health care facilities, educational institutions, economic and community development organizations, for-profit and nonprofit corporations, and government agencies to cross traditional boundaries, share information, and address in a more holistic way the special needs and opportunities in Rural Maryland.

“A Collective Voice for Rural Maryland”

MRHA SB56 - Maryland Medical Assistance Program -

Uploaded by: Orosz, Samantha

Position: FAV



Statement of Maryland Rural Health Association

To the Finance Committee

January 27, 2021

Senate Bill 56 Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement - Sunset Termination

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, Senator Eckardt and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 56 Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement - Sunset Termination.

MRHA supports this legislation and its continuation of reimbursement of telehealth services during the COVID-19 pandemic. It's essential for Marylanders, especially those living in rural areas, to access quality and equitable behavioral and mental health care given by psychiatrists and psychiatric nurse practitioners in a home or community-based setting.

MRHA's mission is to education and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland. Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

Maryland law states that "many rural communities in the State face a host of difficult challenges relating to persistent unemployment, poverty, changing technological and economic conditions, an aging population and an out-migration of youth, inadequate access to quality housing, health care and other services, and deteriorating or inadequate transportation, communications, sanitations, and economic development infrastructure." (West's Annotated Code of Maryland, State Finance and Procurement § 2-207.8b)

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent. MRHA believes this legislation is important to support our rural communities and we thank you for your consideration.

Lara Wilson, Executive Director, larawilson@mdruralhealth.org, 410-693-6988

SB0056_FAV_MedChi_MD Medical Assistane Program - P

Uploaded by: Wise, Steve

Position: FAV

MedChi

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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Adelaide C. Eckardt

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: January 27, 2021

RE: **SUPPORT** – Senate Bill 56 – *MD Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement – Sunset Termination*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 56.

This legislation repeals the termination of several enactments made since 2018 that relate to the payment of psychiatrists and psychiatric nurse practitioners who provide telehealth services under the MD Medical Assistance Program.

In 2018, the statute was clarified to allow psychiatrists who provide Assertive Community Treatment or Mobile Treatment in a home or community-based setting to be reimbursed by the program. In 2019, psychiatric nurse practitioners were added to the statute. Both enactments are set to expire in September of 2021.

If the COVID-19 pandemic has taught us anything, it is that telehealth is an indispensable tool in providing health care and particularly mental health care. Access is critical and telehealth has provided an additional means of access, especially when in-person patient visits were either ill-advised or not possible at all. Ensuring that this invaluable tool remains available requires the General Assembly to act on this legislation.

For these reasons, MedChi asks that the Committee adopt Senate Bill 56.

For more information call:

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Maryland Hospital Association- SB 56- Maryland Med

Uploaded by: Witten, Jennifer

Position: FAV



Maryland
Hospital Association

January 27, 2021

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 56 - Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement - Sunset Termination

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 56. A robust telehealth network should be an integral part of the state's effort to address health care workforce shortages and ensure access to care. Telehealth encompasses a broad variety of technologies that deliver virtual health and education services—connecting providers and patients remotely. In recent years, more payers, health care providers, and patients found telehealth expanded their access to health care easily and efficiently. Telehealth also can help providers care for the estimated 1.5 million Marylanders with mental health or substance use disorders.

Senate Bill 56, passed by the Senate Finance Committee in 2018, improved care delivery and supportive services to some of Maryland's most vulnerable citizens: those living with psychological conditions requiring extensive care. The Assertive Community Treatment (ACT) model is designed to aggregate professionals in primary care, behavioral care, vocational assistance, and other basic services into a cohesive team that will meet and deliver services where people live.

Each ACT team is required to include a psychiatrist, who makes house calls. If a team's psychiatrist leaves, the entire team's status could be jeopardized if there isn't another psychiatrist available to step in immediately. Existing patients would be denied care. Maryland has a shortage of behavioral health care providers, including psychiatrists for clinics where they see patients. If patients had access to telehealth when in crisis, you could remove one more barrier to care. We fully recommend this law remains intact, and the sunset requirement be removed.

We ask the committee's *favorable report* on this Senate Bill 56.

For more information, please contact:
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