



Testimony on SB 502
Health Insurance – Telehealth – Delivery of Mental Health Services –
Coverage for Home Settings
Senate Finance Committee
February 19, 2020
POSITION: SUPPORT WITH AMENDMENTS

The Community Behavioral Health Association of Maryland is the professional organization for providers of community-based mental health and substance use disorder treatment services. Our members serve the majority of the almost-300,000 children and adults who access care through the public behavioral health system. We provide outpatient treatment, residential and day programs, case management and assertive community treatment (ACT), employment supports, and crisis intervention.

We are very supportive of this bill because it would allow medication management and therapy services to be delivered in patients' homes. This is of particular importance to the individuals we serve because they are sometimes resistant to being transported to a clinic, particularly when decompensating. Having the ability to bring a clinician via telehealth into a client's home could prevent the need to call law enforcement or other emergency services in a crisis situation or when a client's functioning and psychiatric status are declining.

We support amendments that would broaden the scope of this bill to behavioral health services (vs mental health services only). However, anticipating the fiscal note we would conversely propose the following amendments that would contain the use of telehealth in homes to only those individuals who live in residential rehabilitation programs (RRPs). This would allow Medicaid to "dip its toe in the water" by applying this bill to a limited amount of people – and specifically to those individuals who are the most at-risk for emergency department and inpatient utilization, given that all RRP recipients must meet priority population (a combination of a qualifying diagnosis, such as schizophrenia or bipolar disorder, functional limitations, and a history of institutionalization in a state psychiatric facility).

This could be accomplished by defining "home" as an RRP residence. It might also make sense to study the impact of providing telehealth in RRP.

We urge a favorable report for SB 502 with amendments to broaden its provisions to behavioral health OR to limit its provisions to RRP.