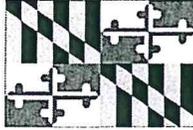


# **MarylandWorkgroupRuralHealth\_FAV\_SB502**

Uploaded by: Ciotola, Dr. Joseph A.

Position: FAV



*Joseph A. Ciotola Jr., MD & Deborah Mizeur, MHA, MS*  
Co-Chairs, Maryland Workgroup on Rural Health Delivery

---

February 11, 2020

Senator Hershey  
James Senate Office Building, Room 420  
11 Bladen St., Annapolis, MD 21401

Dear Senator Hershey:

We are writing to express our strong support for SB 502 to provide coverage for mental health services through telemedicine.

Workforce shortages and transportation challenges severely limit access to much needed health care services in rural areas. Allowing patients to receive care through telemedicine addresses these issues by bringing providers into their homes. Telemedicine is widely accepted for many specialties and is an excellent way bring needed health services to remote and underserved areas of Maryland. **This is why the State's Rural Health Delivery Work Group unanimously recommended to expand the use of telemedicine.**

We applaud your ongoing efforts to bring mental health and other essential health services closer to the patients who need them and we look forward to continuing our work together. Please contact us with any questions.

Sincerely,

/JAC

---

Joseph Ciotola, MD

/DM

---

Deborah Mizeur, MS, MHA

## **RMC\_FAV\_SB502**

Uploaded by: Clevenger, Amanda

Position: FAV



John Hartline, Chair

50 Harry S. Truman Parkway • Annapolis, MD 21401  
Office: 410-841-5772 • Fax: 410-841-5987 • TTY: 800-735-2258  
Email: [rmc.mda@maryland.gov](mailto:rmc.mda@maryland.gov)  
Website: [www.rural.maryland.gov](http://www.rural.maryland.gov)  
Charlotte Davis, Executive Director

## POSITION STATEMENT

Senate Bill 502- Health Insurance – Delivery of Mental Health Services – Coverage for Home Settings  
Finance Committee  
February 19, 2020

The Rural Maryland Council **SUPPORTS** Senate Bill 502 – Health Insurance – Delivery of Mental Health Services – Coverage for Home Settings. This bill requires Medicaid, subject to the limitations of the state budget, to provide mental health services to a patient in their home via telehealth. Additionally, the bill expands the definition of “telehealth” in order to include the delivery of these mental health care services in the patient’s home.

According to Substance Abuse and Mental Health Services Administration, approximately 3.3% of adults in Maryland live with a serious mental health conditions such as schizophrenia, bipolar disorder, and major depressions. Only 56.8% of these adults receive any form of treatment from either public system or private providers. The remaining 43.2% receive no mental health treatment. Mental health refers to a person’s cognitive, behavioral, and emotional wellbeing-it’s about how one thinks, feels, and behaves. A mental disorder or illness are health care conditions involving changes in these traits.

Access to high quality behavioral healthcare is critical to a patient’s treatment and recovery. Telehealth can play a major role in providing this care as it greatly expands access and reaches more patients. This type of treatment uses interactive audio, video, or other telecommunications or electronic technology to enable a licensed health care provider to reach more patients and deliver a health care services at a location other than the traditional office setting, such as a patient’s home.

Additional benefits include:

- Provides accessible health care for people who live in rural or isolated communities.
- Make services more readily available or convenient for people with limited mobility, time or transportation options.
- Access to medical specialists.
- Improve communication and coordination of care among members of a health care team and a patient.
- Provide support for self-management of health care, .

SB 502 will increase the quality of mental health care in Maryland. The Council respectfully requests your favorable support of SB 502.

*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”

# **HCH\_FAV\_SB 502**

Uploaded by: Diamond, Joanna

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY**  
**IN SUPPORT OF**  
**SB 502 – Health Insurance - Telehealth - Delivery of Mental Health Services -**  
**Coverage for Home Settings Health**

**Senate Finance Committee**  
**February 19, 2020**



Health Care for the Homeless supports SB 502, which requires Medicaid to provide mental health services appropriately delivered through telehealth to a patient in the patient’s home setting.

Increasing access to mental health treatment services in various ways has been a hallmark of Health Care for the Homeless’ advocacy efforts. An essential aspect of those efforts has been to ensure health coverage for the lowest-income Marylanders – those who rely on Medicaid for their health care. Utilizing telehealth as another means to provide mental health care is no exception. Private health insurance plans cover telehealth services and this should undoubtedly be extended to Medicaid. It is the only way that the most vulnerable Marylanders will have access to the same health services as are afforded to those with private coverage. As insurers, nonprofit health service plans, and health maintenance organizations include coverage for substance use disorders via telehealth, this bill should do the same.

Maryland’s Medicaid program must look more broadly at the mental health services they cover to ensure equitable and comprehensive behavioral health treatment for all Marylanders. As this bill rightly highlights one aspect where Medicaid falls short on mental health coverage, the Maryland Medicaid program also does not recognize occupational therapy practitioners as mental health providers. Therefore, Medicaid does not provide reimbursement for occupational therapy practitioners in the behavioral health context.

Occupational therapy practitioners are specifically equipped to evaluate the cognitive and functional abilities of patients, filling an existing gap in traditional health care services.<sup>1</sup> Individuals experiencing homelessness are particularly susceptible to higher rates of chronic health conditions, mental health diagnoses, and head injury than the general population. As such, this population experiences a high prevalence of cognitive impairment and variability in functional skills.<sup>2</sup> Occupational therapy practitioners perform specialized assessments where traditional cognitive screening tools are not sensitive enough to predict an individuals’ functional performance. Given the significant need to address cognition among individuals experiencing homelessness, the integration of occupational therapy practitioners in health care has shown significant improvements in patients’ functional skills and development that help them thrive in the community, successfully transition into housing, stay stably housed, and inform their broader health care needs.<sup>3</sup> Despite the proven health outcomes of occupational therapy services, Medicaid funding and reimbursement for

---

<sup>1</sup> American Occupational Therapy Association. (2013). Cognition, cognitive rehabilitation, and occupational performance. *American Journal of Occupational Therapy*, 67(Suppl.), S9–S31. [doi:10.5014/ajot.2013.67S9](https://doi.org/10.5014/ajot.2013.67S9) (AOTA, 2013; Giles, Edwards, Morrison, Baum, & Wolf, 2017).

<sup>2</sup> A quantitative analysis of clients’ performance on cognitive assessments indicated a significant prevalence (93%) of cognitive impairment among those referred to occupational therapy.

<sup>3</sup> In one study, evaluation of outcomes indicated that 69% of individuals had statistically significant improvements in performance of goal areas and 73% of individuals had statistically significant improvements in satisfaction with their ability to engage in goal areas (Synovec et al., 2018).

occupational therapy services in behavioral health is essentially non-existent, which is a significant barrier for integration of services into existing health care models.<sup>4</sup>

Per the 2019 Joint Chairman's Report (JCR) requirement, the Maryland Department of Health submitted a report on the status of reimbursement for occupational therapy in behavioral health services.<sup>5</sup> We are pleased that the report stated that the Department reported that they are identifying barriers to reimbursing occupational therapy practitioners and we look forward to working with them as they do so.

We hope this bill will serve as another opportunity to work with the Maryland Department of Health in adopting policies that assist Marylanders with mental health conditions access occupational therapy services in their homes and communities. Therefore, Health Care for the Homeless respectfully requests a favorable report on this bill.

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit [www.hchmd.org](http://www.hchmd.org).*

---

<sup>4</sup> Murphy, Griffith, Mroz, & Jirikowic, 2017.

<sup>5</sup> <http://mgaleg.maryland.gov/Pubs/BudgetFiscal/2019rs-budget-docs-jcr.pdf>

# **MidShoreBehavioralHealth\_FAV\_SB502**

Uploaded by: Dilley, Kathryn G.

Position: FAV



**MID SHORE**  
**BEHAVIORAL HEALTH**  
RESOURCES, GUIDANCE, WHOLENESS, & HOPE

28578 Mary's Court, Suite 1  
Easton, MD 21601

P: 410.770.4801  
F: 410.770.4809

midshorebehavioralhealth.org

February 17, 2020

State Senator: Stephen S. Hershey  
*District 36, Caroline, Cecil, Kent & Queen Anne's Counties*  
James Senate Office Building, Room 420  
11 Bladen St., Annapolis, MD 21401

**RE: Support for SB502; Health Insurance, Telehealth Delivery of Mental Health Services, Coverage for Home Setting**

Dear Senator Hershey,

Mid Shore Behavioral Health, Inc. (MSBH), has the pleasure of serving as the Core Service Agency for the five mid-shore counties: Caroline, Dorchester, Kent, Queen Anne's, and Talbot counties. MSBH also serves as the lead agency for the Eastern Shore Behavioral Health Coalition that supports education and advocacy to the community and stakeholders regarding developments and issues impacting access to, and delivery of behavioral health services on the Eastern Shore.

Serving in both capacities, it is my responsibility to work towards a system of care that ensures that all individuals in need of access for behavioral health services are entitled and supported to receive services. I understand the importance of dependable access to behavioral health services for residents of the mid-shore and I am sensitive to the need to expand the access to mental health services in our rural region. The mid-shore counties represent the growing trend of the limited behavioral health workforce in rural regions of Maryland. In addition, the Eastern Shore region has a tremendous transportation barrier with the vacancy of public transit in most of the region; this element impacts individuals accessing services for all healthcare needs.

SB502 is aligned with the efforts that MSBH and the Eastern Shore Behavioral Health Coalition have supported historically and currently and that are necessary for ensuring mental health treatment access for our constituents. SB502 would allow for the expansion of the use of telehealth to support services being delivered in the home. Telehealth has its roots in the delivery of mental health care to individuals in the home, as well as allowing access for Veterans', so it is only natural that the allowances put forth by SB502 would be endorsed in Maryland.

I am in full support of SB502 that would require Maryland's Medical Assistance Program to expand to include mental health service delivery in the consumer's home. Please consider the endorsement of this essential expansion to our services for the residents of Maryland.

Very Respectfully,  
Kathryn G. Dilley, LCSW-C  
Executive Director, MSBH

# **LCPCM\_FAV\_SB 502**

Uploaded by: Faulkner, Rachael

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 502

**Title:** Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings

**Hearing Date:** February 19, 2020

**Position:** Support

---

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings*. This bill would require the Maryland Medicaid program to provide mental health services through telehealth in a person’s home.

LCPCM has long supported the expansion of Medicaid rules to include licensed clinical professional counselors (LCPCs). We were very pleased to see Medicaid amend their regulations in the fall of 2019, expanding the list of providers eligible for reimbursement for telehealth services, including LCPCs. Unfortunately, the regulations do not provide for telehealth services provided in an individual’s home, and continue to require an individual receiving services to be located in a secondary health care setting, referred to as the “originating site”. This often negates the convenience and practicality of receiving services via telehealth.

Of particular hardship are families seeking mental health treatment for their child outside of school hours. While many mental health clinicians provide evening hours to accommodate school and work schedules, health care offices and clinics may not choose to remain open in the evenings for the sole purpose of providing a physical location to meet Medicaid’s originating site requirement. Given the existing barriers in accessing mental health treatment, this structure doesn’t make sense.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael Faulkner at [rfaulkner@policypartners.net](mailto:rfaulkner@policypartners.net) or 410-693-4000.

**MNA\_FAV\_SB 502**

Uploaded by: Faulkner, Rachael

Position: FAV



**Committee:** Senate  
**Bill Number:** SB 502  
**Title:** Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings  
**Hearing Date:** February 19, 2020  
**Position:** Support

The Maryland Nurses Association (MNA) supports *Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage*. The focus of the bill is to expand Medicaid coverage for health care services delivered through telehealth in the patient’s home. The bill focuses on reimbursement for mental health.

MNA supports the expansion of telehealth reimbursement as an innovative method of improving health outcomes. Under our Total Cost of Care Model in Maryland, it is critical that health care providers be able to utilize telehealth to communicate efficiently and effectively with patients. According to the American Hospital Association Center for Health Innovation<sup>i</sup>:

*“Telehealth and digital health care enable a model of care that is ubiquitous and seamless, more affordable and integrated into patients’ lives. In the shift to demand-driven health care, telehealth becomes the patient’s first — and most frequent — point of access for urgent care, triage for emergent conditions, specialty consults, post-discharge management, medication education, behavioral health counseling, chronic care management and more.”*

Given Maryland’s urgent need to address shortages in behavioral health professionals, particularly in rural areas, we think it is strategic to focus on expanding options through behavioral health. Maryland’s Medicaid Program currently limits reimbursement to when both the patient and clinician are in an approved clinical setting. This model does not reflect many models of telehealth where services are delivered in the home.

We ask for a favorable report on this legislation. If we can provide additional perspective on telehealth, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

---

<sup>i</sup> The American Hospital Association Center for Health Innovation. “Telehealth: A Path to Virtual Integrated Care”. February 2019. [https://www.aha.org/system/files/media/file/2019/02/MarketInsights\\_TeleHealthReport.pdf](https://www.aha.org/system/files/media/file/2019/02/MarketInsights_TeleHealthReport.pdf)

**MOTA\_FAV\_SB 502**

Uploaded by: Faulkner, Rachael

Position: FAV



# Maryland Occupational Therapy Association

---

PO Box 131 ♦ Stevenson, Maryland 21153 ♦ [mota.memberlodge.org](http://mota.memberlodge.org)

**Committee:** Senate Finance Committee  
**Bill Number:** Senate Bill 502  
**Title:** Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings  
**Hearing Date:** February 19, 2020  
**Position:** Support

---

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings*. This bill would require the Maryland Medicaid program to reimburse for mental health services delivered through telehealth in an individual’s home and requires insurance carriers who provide coverage for telehealth service to reimburse at the same level as health services provided in person.

MOTA has long supported efforts in Maryland to expand the delivery of occupational therapy services through telehealth. As occupational therapy services are often provided in a client’s home, the use of telehealth in home settings has obvious advantages. It accomplishes in a relatively brief interaction what would otherwise require hours of round-trip travel for the occupational therapist. This in turn reduces staff costs and affords access to services for a greater number of individuals.

In addition, through the use of new technologies such as mobile health devices, occupational therapists are now able to monitor health data, including Activities for Daily Living (ADLs) while a client is in their home, at work, or otherwise in their community. This may inform an occupational therapist of the need to modify services within an individual’s environment. Without the use of telehealth and other technologies, this data would be impossible to collect and an in-person encounter is limited to a “moment in time” when the practitioner is physically present.

Unfortunately, the Maryland Medicaid program does not recognize occupational therapy practitioners as mental health providers. We hope this bill will serve as another opportunity for MOTA to work with the Maryland Department of Health in adopting policies that assist Marylanders with mental health conditions access occupational therapy services in their homes and communities.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael Faulkner at [rfaulkner@policypartners.net](mailto:rfaulkner@policypartners.net) or (410) 693-4000.

# **ShoreRegionalHealth\_FAV\_SB502**

Uploaded by: Kozel, Kenneth D.

Position: FAV

FROM THE OFFICE OF THE PRESIDENT

February 18, 2020

Senator Stephen Hershey  
James Senate Office Building, Room 420  
11 Bladen St., Annapolis, MD 21401

Dear Senator Hershey:

University of Maryland Shore Regional Health is an enthusiastic supporter of Senate Bill 502, which will require Maryland Medicaid, as well as other insurance companies issuing policies in Maryland, to provide mental health services appropriately delivered through telehealth and to deliver those services in the patient's home setting.

Enabling and funding home based telehealth will greatly assist patients and their families who lack access to transportation or for whom the distance traveled to and from such care elsewhere is a hardship due to disabilities, co-morbidities and exacerbates both mental and physical health issues.

Telehealth is now a standard and important tool in improving access to health care. In the case of rural areas such as the one we serve here on the Eastern Shore, from Kent County through Dorchester County, telehealth is critical for reaching our patients and keeping them safe and healthy at home.

The approval of and funding for home based telehealth for mental health services is an important component of helping us in our mission of *creating healthier communities together*. Thank you for introducing this legislation.

Sincerely,



Kenneth D. Kozel, FACHE  
President and CEO

## **Hershey\_FAV\_SB502**

Uploaded by: Senator Hershey, Senator Hershey

Position: FAV

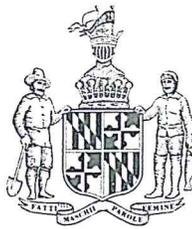
STEPHEN S. HERSHEY, JR.

*Legislative District 36*  
Caroline, Cecil, Kent, and  
Queen Anne's Counties

—  
MINORITY WHIP  
—

Finance Committee

Executive Nominations Committee



James Senate Office Building  
11 Bladen Street, Room 420  
Annapolis, Maryland 21401  
410-841-3639 · 301-858-3639  
800-492-7122 Ext. 3639  
Fax 410-841-3762 · 301-858-3762  
Steve.Hershey@senate.state.md.us

*The Senate of Maryland*  
ANNAPOLIS, MARYLAND 21401

February 18, 2020

The Honorable Delores G. Kelley

Finance Committee

Senate Bill 502- Telehealth – Delivery of Mental Health Services – Coverage for Home Settings

Dear Madam Chair and Members of the Committee:

During the 2016 Legislative Session, this Committee passed Senate Bill 707, Workgroup on Rural Health Delivery, and one of the recommendations of that workgroup was to expand the use of telemedicine. Senate Bill 502 allows the expansion of telemedicine to support mental health services provided in the home setting.

Traveling long distances to access mental health care is a familiar problem in rural areas where a quarter of all Marylanders live. According to the Maryland Health Care Commission, in this State there are 29 acute care hospitals that provide inpatient psychiatric services for those age 18 and older. Of those 29 hospitals, only five provide care for adolescents between the ages of 13 and 17 and only 2 hospitals provide care for children younger than 12. Additionally, these acute care hospitals which provide immediate short term care, are only in Baltimore and Baltimore City, Calvert, Carroll and Montgomery counties - which can be hours away from immediate family or parents.

Medicaid currently provides coverage for mental health services via telehealth but not to a patient in the patient's home. Senate Bill 502 will extend these services to Medicaid, Private Insurance, Medicare and Veterans Administrative Coverage.

I request the committee's favorable consideration of Senate Bill 502.

**MRHA\_FAV\_SB502**

Uploaded by: Wilson, Lara

Position: FAV



## **Statement of Maryland Rural Health Association**

To the Finance Committee

February 19, 2020

Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings

### **POSITION: SUPPORT**

---

Senators Hershey and Ferguson, Chair Kelley, Vice Chair Feldman, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings.

This legislation would require the Maryland Medical Assistance Program to provide, subject to a certain limitation, mental health services appropriately delivered through telehealth to a patient in the patient's home setting; altering the definition of telehealth as it applies to certain provisions of law governing coverage of telehealth by certain insurers, nonprofit health service plans, and health maintenance organizations to include the delivery of mental health care services to a patient in a certain setting; etc.

MRHA's mission is to educate 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.

The 2018 Maryland Rural Health Plan ([www.MDRuralHealthPlan.org](http://www.MDRuralHealthPlan.org)), an extensive assessment of Maryland's rural health needs, identifies access of care and providers as a priority in rural Maryland. The MRHP also cites repeatedly the importance and need for increased access to mental health services across our 18 rural jurisdictions.

As part of the formulation of the Maryland Rural Health Plan, focus groups of health care providers discussed telehealth services as an innovation that could improve access to care for Maryland's rural communities.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

*Lara Wilson, Executive Director, [larawilson@mdruralhealth.org](mailto:larawilson@mdruralhealth.org), 410-693-6988*

**MHA\_FAV\_SB 502**

Uploaded by: Witten, Jennifer

Position: FAV



Maryland  
Hospital Association

**Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings**

**Position: *Support***  
February 19, 2020  
Senate Finance Committee

**MHA Position**

Maryland’s 61 nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day—delivering leading edge, high-quality medical service and investing a combined \$1.75 billion in their communities, expanding access to housing, education, transportation, and food.

Increasingly hospitals are adopting telehealth and virtual visits to expand access to care and remove barriers to health services for Marylanders. Telehealth can help address physician shortages, stretch behavioral health care capabilities, and improve efficiencies. Telehealth opens the door to new delivery models that extend the reach of the provider to where patients need care—anytime, anyplace. In support of the Centers for Medicare & Medicaid Services’ recent policy change permitting telehealth benefits within Medicare Advantage (MA), CMS wrote “the use of telehealth as a care delivery option for MA enrollees may improve access to and timeliness of needed care, increase convenience for patients, increase communication between providers and patients, enhance care coordination, improve quality, and reduce costs related to in-person care.”<sup>1</sup>

SB 502 expands access telehealth to Marylanders who need it most—those who receive Medicaid benefits. For patients with immunocompromised conditions or socioeconomic barriers, such as a lack of transportation, traveling to a single appointment with a behavioral health specialist is difficult—leading to treatment interruptions and noncompliance. The flexibility of telehealth also supports caretakers, who often put their lives on hold to bring their loved ones to the care they need.<sup>2</sup> We have heard testimonials from patient families who attributed their ability to break the cycle of generational poverty to this simple adjustment, which allowed the patient’s needs to be fully met without needlessly sacrificing the caretaker’s invaluable time for higher education or work.

In recognition of the immeasurable value telehealth can bring to the Medicaid population, last year MHA convened a group of member hospitals with targeted behavioral health services to

---

<sup>1</sup> 84 Federal Register 15680, 15683 (April 16, 2019), [www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare](http://www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare).

<sup>2</sup> Chiang LC, Chen WC, Dai YT, Ho YL. The effectiveness of telehealth care on caregiver burden, mastery of stress, and family function among family caregivers of heart failure patients: A quasi-experimental study. [www.ncbi.nlm.nih.gov/pubmed/22633448](http://www.ncbi.nlm.nih.gov/pubmed/22633448).

determine how implementation of a Maryland Medicaid Remote Behavioral Services Pilot can reduce access barriers for this population and ensure continuity of care. Due to financial constraints, however, this pilot was only intended for a subset of the Medicaid population. The passage of SB 502 would bypass the pilot stage and bring these services to all who need it.

The Maryland Model encourages unique approaches to caring for patients in the community and improving population health. The proposed legislation is an important step to expand access to essential health care services and assist in meeting the goals of the Maryland Total Cost of Care Model.

For these reasons, we urge you to give SB 502 a *favorable* report.

For more information, please contact:

Jennifer Witten

Jwitten@mhaonline.org



# Mt. Washington Pediatric Hospital

*Where Children Go to Heal and Grow*

An affiliate of University of Maryland Medical System and Johns Hopkins Medicine

February 18, 2020

Senate Bill 502- Health Insurance- Telehealth- Delivery of Mental Health Services- Coverage for Home Settings

**Position: Support**

Dear Chair of Senate Finance and Committee Members,

On behalf of the Administration and the Department of Psychology at Mt. Washington Pediatric Hospital, we are pleased to offer written testimony in support of Senate Bill 502 (Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings). We strongly support the initiative to increase access to telepsychology services to Maryland Medicaid patients in their homes.

The mission of Mt. Washington Pediatric Hospital is to maximize the health and independence of the children and families we serve. Pediatric Psychology is an important component of our services that is in high demand among our patient population. However, there are often significant barriers to patient attendance at hospital-based appointments.

Patient and families report to our staff that they often cannot attend appointments because of a lack of access to affordable transportation, incompatibility with their existing work schedules, and conflicts with academic demands. In addition, we see patients who travel more than three hours for a one-hour appointment because they are unable to find providers close to their homes. As a result, a growing number of patients have requested appointments via telephone or videoconferencing. While commercial payers have begun to reimburse for telepsychology, children receiving Medicaid do not have access to this type of care as it is not covered.

In 2017, the Mt. Washington Pediatric Foundation agreed to fund a limited number of Medicaid families who would benefit from remote mental health services via telepsychology. This internal grant was intended to target families with significant geographic, financial, educational and physical barriers to consistent in-person attendance at our facility. The grant has covered services:

1. For Medicaid families where the parents do not have transportation, and who cannot use Medicaid transportation because it does not allow siblings;
2. For patients who attend college in Maryland and have been able to remain with their current therapist;

Accredited by The Joint Commission  
and by Commission on Accreditation  
of Rehabilitation Facilities

[mwph.org](http://mwph.org)

**Mt. Washington Pediatric Hospital**  
1708 West Rogers Avenue  
Baltimore, Maryland 21209  
410-578-8600

**Mt. Washington Pediatric Hospital  
at Prince George's Hospital Center**  
3001 Hospital Drive  
Cheverly, Maryland 20785  
410-792-9738

3. For families where the parents both work and attend school, and cannot spare the time to drive to the hospital, but can make the child available at home;
4. For patients in our Diabetes, primary care and other medical clinics, who are more likely to adhere to their medical regimens if they have more frequent contact with their psychologist, and therefore avoid costly medical complications.
5. For patients in the MWPH specialty program in feeding disorders, where it has been a great advantage to be able to work with families in the actual setting in which they are feeding their children.

Families have reported that they are pleased with the quality of the technology and that they appreciate the convenience. They have demonstrated outcomes that are similar to what is seen for families and children provided with traditional therapy within our hospital.

Telepsychology services have been highly beneficial to the families that have been funded through the grant. SB 502 would bring these benefits to more families who are unable to access the care they need for their children, improving health and avoiding future costs.

Thank you

SIGNED ELECTRONICALLY

Mary Miller  
Chief Financial Officer

SIGNED ELECTRONICALLY

Steven Band, Ph.D.  
Director of Psychology and Neuropsychology

SIGNED ELECTRONICALLY

Kenneth Gelfand, Ph.D.  
Psychology Manager

TO: The Honorable Delores G. Kelley, Chair  
Senate Finance

FROM: Deirdre Johnston, M.D.  
Assistant Professor of Psychiatry and Behavioral Sciences  
Johns Hopkins Medicine

DATE: February 19, 2020

Johns Hopkins supports **Senate Bill 502 Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings**. SB 502 will require the Maryland Medical Assistance Program to provide mental health services to be delivered through telehealth in a patient’s home setting.

Johns Hopkins has made significant investments in innovative telehealth projects throughout the state of Maryland. Telehealth can be a powerful tool to address physician shortages, and at the same time expand access to behavioral health services. Provider efficiencies may be improved through decreased travel time and time off work, resulting in lower total cost of care. We have launched pilots in several of our departments aimed at using telehealth to provide care in both traditional and nontraditional settings. However, Maryland Medicaid current restrictive coverage of telehealth services continues to limit severely our ability to serve patients in that program.

The Johns Hopkins programs that best demonstrate the need for coverage of Medicaid expansion in the patient’s home setting:

- The Psychogeriatric Assessment and Treatment in City Housing (PATCH) program allows for Johns Hopkins experts to deliver mental health treatment and support to seniors with mental illness or dementia, and their caregivers, who live in Baltimore City and other subsidized housing. A registered nurse visits the patient at home and consults with a psychiatrist at a remote location. Frail older persons, particularly those with dementia, and their caregivers often have difficulty getting to the doctor’s office, and both the patient and the caregiver benefit from live video consultations in the home setting.
- The Johns Hopkins Assertive Community Treatment (ACT) program on Caroline Street follows adults with severe chronic mental illness in Baltimore City. The interdisciplinary ACT team provides in-home mental health treatment to approximately 80 patients with complicated psychiatric and medical multimorbidity. The team evaluates most patients in the home setting, at least weekly, and more

frequently when needed. This program performs about one to six mobile telehealth physician total visits a month in addition to face-to-face visits. These patients may have trouble adhering to primary care, and complications of their diabetes, COPD, hypertension, and other chronic medical comorbidities are a constant concern. The ACT team is currently applying for pilot funding to test the use of mobile telehealth with the aim of improving access to primary care.

These programs have been incredibly successful in improving the quality of care to the vulnerable patients they serve and reducing health care costs. This bill will remove restrictions of Medicaid in home settings for mental health services and will enable Johns Hopkins to continue to expand these services within the community. For these reasons, Johns Hopkins urges a **favorable report on Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings.**

cc: Members of Senate Finance  
Senator Delores G. Kelley



**DATE:** February 19, 2020 **COMMITTEE:** Senate Finance  
**BILL NO:** Senate Bill 502  
**BILL TITLE:** Health Insurance – Telehealth – Delivery of Mental Health Services –  
Coverage for Home Settings  
**POSITION:** Support

**Kennedy Krieger Institute supports Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings.**

**Bill Summary:**

Senate Bill 502 establishes a Maryland Medicaid Mental Health Telehealth pilot that allows for reimbursement for patients in a home setting.

**Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger’s services include inpatient, outpatient, school-based and community-based programs.

**Medicaid Services:** Kennedy Krieger serves approximately 25,000 families per year, of whom a third are Medicaid recipients.

**Telehealth Services:** Kennedy Krieger Telehealth services include education, consultation, diagnosis, and direct in-home treatments. The in-home services are most directly relevant to this Senate Bill and currently include behavioral assessment and intervention for a range of behavior problems, skill deficits, and relationship problems secondary to a variety of diagnoses such as ADHD, autism, anxiety, depression, and adjustment disorder for ages ranging from toddlers to young adults. Families connect with their therapist through a secure, HIPAA-compliant web-based portal from the privacy of their homes. Necessary equipment includes WiFi service and a telephone, tablet, laptop or desktop with a built-in or USB camera.

**Rationale:**

In-home telehealth services are feasible, efficient, and effective, and they allow families across the state access to the highest quality of services and providers available. The primary purpose is to: (a) provide services to Maryland families having no access to quality care; and (b) lower the cost associated with the continued lack of proper treatment. The quality of care is directly related to the ability to be reimbursed, which is an important consideration for telehealth.

Telehealth increases access to care, makes services more accessible for families, and reduces travel time and expenses. Therapists are able to see the child and family in the home setting, where the majority of the problems occur. Sessions can be scheduled at the convenience of the families, rather than clinic hours.

**Evidence-Based Outcomes To Date (based on over 600 Telehealth sessions):** Decreases in problem behaviors and increases in adaptive skills for telehealth cases are comparable to results for clinic-based cases, whereas no treatment wait-groups show no improvement or worsening of status. Similarly, decreases in parenting stress and depression are comparable for telehealth and clinic-based services. In addition, parents report therapeutic rapport to be as strong with telehealth services as with clinic-based services.

**Kennedy Krieger Institute requests a favorable report on Senate Bill 502.**

**MHA\_FAV\_SB 502**

Uploaded by: Witten, Jennifer

Position: FAV



Maryland  
Hospital Association

**Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings**

**Position: *Support***

February 19, 2020

Senate Finance Committee

**MHA Position**

Maryland’s 61 nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day—delivering leading edge, high-quality medical service and investing a combined \$1.75 billion in their communities, expanding access to housing, education, transportation, and food.

Increasingly hospitals are adopting telehealth and virtual visits to expand access to care and remove barriers to health services for Marylanders. Telehealth can help address physician shortages, stretch behavioral health care capabilities, and improve efficiencies. Telehealth opens the door to new delivery models that extend the reach of the provider to where patients need care—anytime, anyplace. In support of the Centers for Medicare & Medicaid Services’ recent policy change permitting telehealth benefits within Medicare Advantage (MA), CMS wrote “the use of telehealth as a care delivery option for MA enrollees may improve access to and timeliness of needed care, increase convenience for patients, increase communication between providers and patients, enhance care coordination, improve quality, and reduce costs related to in-person care.”<sup>1</sup>

SB 502 expands access telehealth to Marylanders who need it most—those who receive Medicaid benefits. For patients with immunocompromised conditions or socioeconomic barriers, such as a lack of transportation, traveling to a single appointment with a behavioral health specialist is difficult—leading to treatment interruptions and noncompliance. The flexibility of telehealth also supports caretakers, who often put their lives on hold to bring their loved ones to the care they need.<sup>2</sup> We have heard testimonials from patient families who attributed their ability to break the cycle of generational poverty to this simple adjustment, which allowed the patient’s needs to be fully met without needlessly sacrificing the caretaker’s invaluable time for higher education or work.

In recognition of the immeasurable value telehealth can bring to the Medicaid population, last year MHA convened a group of member hospitals with targeted behavioral health services to

---

<sup>1</sup> 84 Federal Register 15680, 15683 (April 16, 2019), [www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare](http://www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare).

<sup>2</sup> Chiang LC, Chen WC, Dai YT, Ho YL. The effectiveness of telehealth care on caregiver burden, mastery of stress, and family function among family caregivers of heart failure patients: A quasi-experimental study. [www.ncbi.nlm.nih.gov/pubmed/22633448](http://www.ncbi.nlm.nih.gov/pubmed/22633448).

determine how implementation of a Maryland Medicaid Remote Behavioral Services Pilot can reduce access barriers for this population and ensure continuity of care. Due to financial constraints, however, this pilot was only intended for a subset of the Medicaid population. The passage of SB 502 would bypass the pilot stage and bring these services to all who need it.

The Maryland Model encourages unique approaches to caring for patients in the community and improving population health. The proposed legislation is an important step to expand access to essential health care services and assist in meeting the goals of the Maryland Total Cost of Care Model.

For these reasons, we urge you to give SB 502 a *favorable* report.

For more information, please contact:

Jennifer Witten

Jwitten@mhaonline.org



# Mt. Washington Pediatric Hospital

*Where Children Go to Heal and Grow*

An affiliate of University of Maryland Medical System and Johns Hopkins Medicine

February 18, 2020

Senate Bill 502- Health Insurance- Telehealth- Delivery of Mental Health Services- Coverage for Home Settings

**Position: Support**

Dear Chair of Senate Finance and Committee Members,

On behalf of the Administration and the Department of Psychology at Mt. Washington Pediatric Hospital, we are pleased to offer written testimony in support of Senate Bill 502 (Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings). We strongly support the initiative to increase access to telepsychology services to Maryland Medicaid patients in their homes.

The mission of Mt. Washington Pediatric Hospital is to maximize the health and independence of the children and families we serve. Pediatric Psychology is an important component of our services that is in high demand among our patient population. However, there are often significant barriers to patient attendance at hospital-based appointments.

Patient and families report to our staff that they often cannot attend appointments because of a lack of access to affordable transportation, incompatibility with their existing work schedules, and conflicts with academic demands. In addition, we see patients who travel more than three hours for a one-hour appointment because they are unable to find providers close to their homes. As a result, a growing number of patients have requested appointments via telephone or videoconferencing. While commercial payers have begun to reimburse for telepsychology, children receiving Medicaid do not have access to this type of care as it is not covered.

In 2017, the Mt. Washington Pediatric Foundation agreed to fund a limited number of Medicaid families who would benefit from remote mental health services via telepsychology. This internal grant was intended to target families with significant geographic, financial, educational and physical barriers to consistent in-person attendance at our facility. The grant has covered services:

1. For Medicaid families where the parents do not have transportation, and who cannot use Medicaid transportation because it does not allow siblings;
2. For patients who attend college in Maryland and have been able to remain with their current therapist;

Accredited by The Joint Commission  
and by Commission on Accreditation  
of Rehabilitation Facilities

[mwph.org](http://mwph.org)

**Mt. Washington Pediatric Hospital**  
1708 West Rogers Avenue  
Baltimore, Maryland 21209  
410-578-8600

**Mt. Washington Pediatric Hospital  
at Prince George's Hospital Center**  
3001 Hospital Drive  
Cheverly, Maryland 20785  
410-792-9738

3. For families where the parents both work and attend school, and cannot spare the time to drive to the hospital, but can make the child available at home;
4. For patients in our Diabetes, primary care and other medical clinics, who are more likely to adhere to their medical regimens if they have more frequent contact with their psychologist, and therefore avoid costly medical complications.
5. For patients in the MWPH specialty program in feeding disorders, where it has been a great advantage to be able to work with families in the actual setting in which they are feeding their children.

Families have reported that they are pleased with the quality of the technology and that they appreciate the convenience. They have demonstrated outcomes that are similar to what is seen for families and children provided with traditional therapy within our hospital.

Telepsychology services have been highly beneficial to the families that have been funded through the grant. SB 502 would bring these benefits to more families who are unable to access the care they need for their children, improving health and avoiding future costs.

Thank you

SIGNED ELECTRONICALLY

Mary Miller  
Chief Financial Officer

SIGNED ELECTRONICALLY

Steven Band, Ph.D.  
Director of Psychology and Neuropsychology

SIGNED ELECTRONICALLY

Kenneth Gelfand, Ph.D.  
Psychology Manager

TO: The Honorable Delores G. Kelley, Chair  
Senate Finance

FROM: Deirdre Johnston, M.D.  
Assistant Professor of Psychiatry and Behavioral Sciences  
Johns Hopkins Medicine

DATE: February 19, 2020

Johns Hopkins supports **Senate Bill 502 Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings**. SB 502 will require the Maryland Medical Assistance Program to provide mental health services to be delivered through telehealth in a patient’s home setting.

Johns Hopkins has made significant investments in innovative telehealth projects throughout the state of Maryland. Telehealth can be a powerful tool to address physician shortages, and at the same time expand access to behavioral health services. Provider efficiencies may be improved through decreased travel time and time off work, resulting in lower total cost of care. We have launched pilots in several of our departments aimed at using telehealth to provide care in both traditional and nontraditional settings. However, Maryland Medicaid current restrictive coverage of telehealth services continues to limit severely our ability to serve patients in that program.

The Johns Hopkins programs that best demonstrate the need for coverage of Medicaid expansion in the patient’s home setting:

- The Psychogeriatric Assessment and Treatment in City Housing (PATCH) program allows for Johns Hopkins experts to deliver mental health treatment and support to seniors with mental illness or dementia, and their caregivers, who live in Baltimore City and other subsidized housing. A registered nurse visits the patient at home and consults with a psychiatrist at a remote location. Frail older persons, particularly those with dementia, and their caregivers often have difficulty getting to the doctor’s office, and both the patient and the caregiver benefit from live video consultations in the home setting.
- The Johns Hopkins Assertive Community Treatment (ACT) program on Caroline Street follows adults with severe chronic mental illness in Baltimore City. The interdisciplinary ACT team provides in-home mental health treatment to approximately 80 patients with complicated psychiatric and medical multimorbidity. The team evaluates most patients in the home setting, at least weekly, and more

frequently when needed. This program performs about one to six mobile telehealth physician total visits a month in addition to face-to-face visits. These patients may have trouble adhering to primary care, and complications of their diabetes, COPD, hypertension, and other chronic medical comorbidities are a constant concern. The ACT team is currently applying for pilot funding to test the use of mobile telehealth with the aim of improving access to primary care.

These programs have been incredibly successful in improving the quality of care to the vulnerable patients they serve and reducing health care costs. This bill will remove restrictions of Medicaid in home settings for mental health services and will enable Johns Hopkins to continue to expand these services within the community. For these reasons, Johns Hopkins urges a **favorable report on Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings.**

cc: Members of Senate Finance  
Senator Delores G. Kelley



# **Maryland Telehealth Alliance\_FAV\_SB 502**

Uploaded by: Zent, Teresa

Position: FAV



**SB 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings**

Senate Finance Committee

February 19, 2020

**Position on the Bill: SUPPORT**

**Submitted By:** Maryland Telehealth Alliance

The Maryland Telehealth Alliance supports SB 502 – Health Insurance – Delivery of Mental Health Services – Coverage for Home Settings because it recognizes that requiring mental health patients to leave their homes for all therapy treatment, whether in-person or through telehealth, can be a significant barrier to improving mental health throughout the State.

Public policy in Maryland has long recognized that telehealth is a solution to shortages of health care in certain populations and under certain circumstances and historically has strongly supported telehealth initiatives, laws and regulations eliminating barriers to it. It is well known that there is a shortage of mental health providers throughout the State. In even shorter supply are mental health providers who make home visits. Teletherapy is increasingly utilized to fill these gaps in Maryland's mental health services.

Teletherapy delivered in the home can provide access to mental health care for Marylanders whose circumstances make it difficult for them to engage in crisis counseling or in a continuing program of therapy in person if they are limited to receiving that care only at Medicaid or private payor approved originating sites. Factors such as limited access to transportation, limited operating hours at clinics or other approved originating sites, mobility constraints, fears about leaving environments that make them feel safe, children home sick from school who shouldn't miss a regularly scheduled therapy session. These are a few examples of barriers to receiving care outside the home. No one needing mental health services should be denied that care simply because they need it delivered to them at home.

For these reasons, Maryland Telehealth Alliance supports SB 502 and requests a favorable report.

# **MarylandSeniorCitizensActionNetwork\_FWA\_SB0502**

Uploaded by: Burton, Kim

Position: FWA



# Maryland Senior Citizens Action Network

## MSCAN

AARP Maryland

Alzheimer's  
Association,  
Maryland Chapters

Baltimore Jewish  
Council

Catholic Charities

Central Maryland  
Ecumenical Council

Church of the Brethren

Episcopal Diocese of  
Maryland

Housing Opportunities  
Commission of  
Montgomery County

Jewish Community  
Relations Council of  
Greater Washington

Lutheran Office on  
Public Policy in  
Maryland

Maryland Association of  
Area Agencies on Aging

Maryland Catholic  
Conference

Mental Health  
Association of Maryland

Mid-Atlantic LifeSpan

National Association of  
Social Workers,  
Maryland Chapter

Presbytery of Baltimore

The Coordinating  
Center

MSCAN Co-Chairs:  
Carol Lienhard  
Kimberly Burton  
443-901-1550 x 210

## Testimony in Support of SB 502 with amendment Health Insurance-Telehealth-Delivery of Mental Health Services – Coverage for Home Settings Senate Finance Committee February 19, 2020

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing and care needs of Maryland's low and moderate-income seniors. We appreciate the opportunity to offer support for SB 502 which will expand accessibility to mental health and substance use disorders for older adults who need to receive such services in their homes or other sites where telehealth can be delivered. MSCAN would, however, ask that an amendment be added to change the definition of "telehealth" to be inclusive of both mental health and substance use disorder services. With the amendment, the bill would read: **"TELEHEALTH" INCLUDES THE DELIVERY OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES TO A PATIENT IN THE PATIENT'S HOME SETTING.**

Maryland's fastest growing demographic are individuals over the age of 80. In fact, with an estimated 10,000 American's turning 65 each day, the older adult population is on an unprecedented rise. While most adults grow old without a behavioral health disorder, the Substance Abuse and Mental Health Services Administration claims that nearly 1 in 4 older adults experience a behavioral health disorder and less than 30% receive the treatment they need. In addition, older adults are the fastest growing group in need of treatment for alcohol use disorder.

Individuals who are confined to their homes or live in underserved and rural areas have higher rates of isolation and loneliness which are significant risk factors for late life mental illness and substance use disorders. Conditions causing pain and disability are also risk factors for the development of mental health and substance use disorders which, in turn, exacerbate co-morbid health conditions and chronic illnesses. Barriers to behavioral health treatment for the general older adult population include stigma, transportation, cost and location. Older adults overwhelmingly indicate a preference for in-home services. SB 502 allows for the definition of telehealth to include the delivery of mental health care services to a patient *in the patient's home*. As previously stated, MSCAN members would like substance use disorder services to also be delivered, when appropriate, in an individual's home.

MSCAN respectfully requests your favorable report on SB 502 with amendments.

# **MHAMDCoalitionofMentalAging\_FWA\_SB502**

Uploaded by: Burton, Kim

Position: FWA

**Testimony in Support of SB 502 with amendment, Health Insurance-Telehealth-Delivery of Mental Health Services – Coverage for Home Settings**

Senate Finance Committee

February 19, 2020

The Mental Health Association of Maryland (MHAMD) is a voluntary, non-profit citizens' organization concerned with all aspects of behavioral health. MHAMD's Coalition on Mental Health and Aging is comprised of representatives from aging, mental health, consumer, family and professional associations and government agencies working together to improve the quality and accessibility of behavioral health assessment, treatment, recovery and illness prevention services for older Marylanders. Coalition members enthusiastically support SB 502 and we would like to add a friendly amendment that reflects the provision of both mental health and substance use disorder services. The amendment would be to change the definition of telehealth so that it reads:

**“TELEHEALTH” INCLUDES THE DELIVERY OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES TO A PATIENT IN THE PATIENT’S HOME SETTING.**

By virtue of their age, many older adults experience a plethora of physical, social, mental and environmental circumstances that raise the risk of developing both mental health and substance use disorders in later life. Never before has our State been faced with these challenges at such a high rate among the geriatric population. SB 502 is a critical piece of legislation to address growing mental health and substance use disorder needs among our older citizens for several reasons:

- Health, mobility and functional problems will not prevent an older adult from receiving behavioral health care because the older adult could receive in-home services and will not have to travel.
- The pervasive preference that older adults express for in-home mental health and substance use disorder services care can be honored.
- Frail and vulnerable older adults in home and community based service waivers and programs can be offered behavioral health services on par with the somatic services they can receive through telehealth in their homes (parity).
- Stigma, a primary barrier to behavioral health services, will be minimized because the individual does not have to go to a location where they may be seen by others nor will they have to be transported by a relative or friend from whom they'd like to keep treatment private.

SB 502 is a logical and life-saving solution for many of Maryland's older adults and, by extension, their loved ones and care partners. The Maryland Coalition on Mental Health and Aging urges a favorable report on SB 502 with an amendment to change the definition of telehealth to read: **“TELEHEALTH” INCLUDES THE DELIVERY OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES TO A PATIENT IN THE PATIENT’S HOME SETTING.**

# **MDDCSAM\_FWA\_SB 502**

Uploaded by: Ciekot, Ann

Position: FWA



SB 502 Health Insurance - Telehealth - Delivery of Mental Health Services - Coverage for Home Settings  
Health Care Practitioners – Telehealth

Senate Finance Committee February 19, 2020

**SUPPORT WITH AMENDMENT** to include substance use treatment services as well as mental health services.

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

The requirement that a recipient of telehealth services must be present at a health care facility (the originating site) at the exact time that a provider at a distant site is ready – severely limits their value. Accessing services from home would immensely enhance their effectiveness.

For those without resources or support to easily navigate public transportation, who are home bound, or who find it difficult to travel for every health visit, this requirement effectively prevents access.

Missed appointments and lack of engagement are common and serious problems in all healthcare settings, undoubtedly exacerbated by the inconvenience of traveling to scheduled appointments.

These occur even more often in behavioral health treatment. Physical or psychological challenges can contribute. **Irregular follow-up is a common contributor to unsuccessful treatment.**

The critical shortage of behavioral health providers is the number one barrier limiting access to care. Accessible telehealth has the potential to ameliorate this barrier relatively quickly. With the current opioid epidemic and the rising suicide rate, these advances are urgently.

Health services with telehealth are held to the same standards of practice that apply to in-person health care settings, including the prescribing of controlled and dangerous substances. This would not be affected by the location of services.

Providers would be able to give more frequent feedback and encouragement to patients. Periodic checking in on progress with treatment plans would be possible. Problems with medication, or new symptoms, would be addressed sooner. Efficiency and effectiveness of health services would improve.

\*\*\*\*\*

# **NCADD\_FWA\_SB 502**

Uploaded by: Ciekot, Ann

Position: FWA



Senate Finance Committee  
February 19, 2020

**Senate Bill 502**  
**Health Insurance - Telehealth - Delivery of Mental Health Services –**  
**Coverage for Home Settings**

**Support with Amendments**

The National Council on Alcoholism & Drug Dependence-Maryland supports Senate Bill 502 **with an amendment to include substance use services**. Fundamentally, NCADD-Maryland believes that the appropriate use of technology in the delivery of somatic and behavioral health care should be utilized to its potential. Telehealth is an important part of a health care delivery system that leads to success with regard to access, patient compliance, and positive health outcomes.

For substance use disorders, telehealth can increase access to addiction treatment services by removing the barriers of geography and stigma. The chronic nature of the disease calls for new ways for clinicians to stay connected with patients over extended periods of time. The ability of patients to be able to be in non-clinical settings will be a benefit to those who are in crisis and not able to get to such a setting; those who are home-bound; and those whose personal lives are so busy and possibly chaotic that they cannot physically be in a clinical setting in a timely manner.

To allow for this expansion without being inclusive of both mental health and substance use disorders is not smart policy. The prevalence of co-occurring mental health and substance use disorders is at a minimum 40% of those needing treatment. Under this bill, a clinician would be able to use telehealth with the client in their home and talk about their depression, but if the conversation turned to their alcoholism, the conversation would have to stop. From a clinical perspective, this does not make sense. From a legal perspective, this bill would be in violation of the federal Parity Act.

As technology continues to develop and its uses expand in applications related to health care, policies must ensure that no disease space, no clinician type, and no patient be left behind. We urge a favorable report on Senate Bill 502 with an amendment to include substance use disorder services:

Amendment No. 1

On page 2, in line 20, after MENTAL HEALTH insert AND SUBSTANCE USE DISORDER

*The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.*

**CBH\_FWA\_SB502**

Uploaded by: Doyle, Lori

Position: FWA



**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.

**MdCSWS\_FAV\_SB0502**

Uploaded by: Kasemeyer, Pam

Position: FWA



## The Maryland Clinical Social Work Coalition

The MdCSWC, sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,500 licensed clinical social workers in Maryland.

TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Steven S. Hershey, Jr.

FROM: Judith Gallant, LCSW-C, Chair, Maryland Clinical Social Work Coalition

DATE: February 19, 2020

RE: **SUPPORT** – Senate Bill 502 – *Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings*

---

The Maryland Clinical Social Work Coalition (MdCSWC), sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,500 licensed clinical social workers in Maryland. On behalf of MdCSWC, we **support** Senate Bill 502.

Senate Bill 502 expands access to mental health services by requiring Medicaid and private insurance to provide coverage for mental health services appropriately delivered through telehealth to a patient in the patient's home setting. There remain significant challenges to assuring access to mental health services, especially in rural areas. Senate Bill 502 will allow more individuals to receive necessary services, especially those who have transportation issues or difficulty leaving home. MdCSWC urges a favorable vote.

**For more information call:**

Pamela Metz Kasemeyer  
Danna L. Kauffman  
Richard A. Tabuteau  
410-244-7000

Greater Washington Society for Clinical Social Work: [www.gwscsw.org](http://www.gwscsw.org)

**Contacts:** Coalition Chair: Judy Gallant, LCSW-C; email: [jg708@columbia.edu](mailto:jg708@columbia.edu); mobile (301) 717-1004  
Legislative Consultant: Pamela Metz Kasemeyer, Schwartz, Metz & Wise PA, 20 West Street, Annapolis, MD 21401  
Email: [pmetz@smwpa.com](mailto:pmetz@smwpa.com); mobile (410) 746-9003

**Pam Kasemeyer\_FWA\_SB0502**

Uploaded by: Kasemeyer, Pam

Position: FWA



The Maryland State Medical Society  
 1211 Cathedral Street  
 Baltimore, MD 21201-5516  
 410.539.0872  
 Fax: 410.547.0915  
 1.800.492.1056  
 www.medchi.org



TO: The Honorable Delores G. Kelley, Chair  
 Members, Senate Finance Committee  
 The Honorable Steven S. Hershey, Jr.

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

DATE: February 19, 2020

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 502 – *Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we submit this letter of **support with amendment** for Senate Bill 502. Senate Bill 502 requires Medicaid to provide mental health services appropriately delivered through telehealth to a patient in the patient’s home setting. The bill also expands the definition of “telehealth” for purposes of private insurance coverage to include the delivery of mental health care services to a patient in the patient’s home.

Given access issues to mental health services, especially in Maryland’s rural areas, this bill will allow more individuals to receive necessary services. More importantly, for those individuals who have transportation issues or difficulty leaving home, this bill will enable them to receive treatment. In addition to mental health services, we would suggest that substance use disorder services also be included in the bill. With this change, we would urge a favorable vote.

**For more information call:**

Danna L. Kauffman  
 Pamela Metz Kasemeyer  
 J. Steven Wise  
 Richard A. Tabuteau  
 410-244-7000

**MDH\_FWA\_SB502**

Uploaded by: Ye, Webster

Position: FWA



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

February 19, 2020

The Honorable Delores G. Kelley, Chair  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: Letter of Support with Amendments – SB 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings**

Dear Chair Kelley and Committee Members:

The Department of Health (Department) respectfully submits this letter of support with amendments regarding SB 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings.

As introduced, SB 502 would require the Department to reimburse for mental health services delivered to Medicaid participants in their homes through telehealth. The bill would take effect on January 1, 2021. The Department estimates that expanding its Telehealth Program to include the home as an originating site for mental health services would have an annual fiscal impact of approximately \$10.6 million TF (\$6.5 million FF, \$4.1 million GF).

The Department is dedicated to implementing a telehealth policy that best serves the needs of Maryland residents enrolled in the Medicaid program. In the interest of this goal, the Department has made a series of incremental expansions to its Telehealth Program over the last several years. Most recently, the Department eliminated all restrictions on providers authorized to serve as a distant site. All provider types are now permitted to receive reimbursement for services rendered under the Department's telehealth regulations, as long as the provider's licensing board allows telehealth in its scope of practice.

Given the substantial fiscal impact of SB 502, however, the Department would support implementation of this bill in a limited pilot program. Under this model, the Department would establish a telehealth pilot focused on the delivery of a limited package of services to participants located in their own homes. A federal waiver would be required, which would permit the Department to limit the scope of the pilot and mitigate the fiscal impact. Such a waiver enables the Department to assess the impact of the service delivery model on health outcomes and costs before implementing coverage on a broader scale.

The Department proposes amendments to SB 502 to this effect (attached). For more information about the Department's Medicaid telehealth implementation, please see the two attached documents.

Thank you for your consideration of this information. If you have questions or need more information about this subject, please contact Webster Ye, Director of Governmental Affairs, at (410) 260-3190 or [webster.ye@maryland.gov](mailto:webster.ye@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert R. Neall", with a long horizontal flourish extending to the right.

Robert R. Neall  
Secretary

By: Department of Health  
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL NO. 502  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “Maryland” in line 4 down through “setting” in line 10, inclusive, and substitute

**“DEPARTMENT OF HEALTH TO APPLY, ON OR BEFORE A CERTAIN DATE, TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR A WAIVER UNDER A CERTAIN PROVISION OF FEDERAL LAW TO ESTABLISH A TELEHEALTH PILOT PROGRAM; AUTHORIZING THE DEPARTMENT TO LIMIT PARTICIPATION TO CERTAIN INDIVIDUALS, AND TO CERTAIN GEOGRAPHIC AREAS IN THE STATE”.**

AMENDMENT NO. 2

On pages 1 and 2, strike in their entirety the lines beginning with line 12 on page 1 through line 4 on page 2, inclusive, and substitute

**“BY ADDING TO**

**ARTICLE – HEALTH – GENERAL**  
**SECTION 15-141**  
**ANNOTATED CODE OF MARYLAND**  
**(2017 REPLACEMENT VOLUME AND 2019 SUPPLEMENT)”.**

AMENDMENT NO. 3

On page 2, strike in their entirety the lines beginning with line 8 on page 2 through line 15 on page 4, inclusive, and substitute

**“15-141.2**

**(A) ON OR BEFORE DECEMBER 1, 2020, THE DEPARTMENT SHALL APPLY TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR AN AMENDMENT TO THE STATE’S §1115 HEALTHCHOICE DEMONSTRATION WAIVER TO IMPLEMENT A PILOT PROGRAM TO PROVIDE LIMITED TELEHEALTH COVERAGE IN A HOME SETTING.**

**(B) IF THE AMENDMENT IS APPROVED UNDER SUBSECTION (A) OF THIS SECTION, THE DEPARTMENT SHALL ADMINISTER THE PILOT PROGRAM.**

**(C) THE DEPARTMENT MAY LIMIT:**

**(1) THE TYPE OF TELEHEALTH SERVICES AVAILABLE UNDER THE PILOT PROGRAM TO BEHAVIORAL HEALTH RELATED SERVICES THAT ARE DELIVERED IN A HOME SETTING;**

**(2) THE TOTAL NUMBER OF PARTICIPANTS IN THE PILOT PROGRAM;**

**(3) THE TOTAL NUMBER OF PROVIDERS ELIGIBLE TO DELIVER TELEHEALTH SERVICES UNDER THE PILOT PROGRAM; AND**

**(4) OPERATION OF THE PILOT PROGRAM TO CERTAIN GEOGRAPHIC REGIONS OF THE STATE.**

AMENDMENT NO. 3

On page 4, in lines 18 and 20, in each instance, strike “**JANUARY 1, 2021**” and substitute “**OCTOBER 1, 2020**”.



**Telehealth Utilization**

The Maryland Department of Health (the Department) Telehealth Program covers services delivered to Medicaid participants enrolled in the HealthChoice managed care program and on a fee-for-service (FFS) basis statewide. Since October 2019, all providers enrolled in the Medical Assistance Program may practice telehealth as a distant site so long as it is within the scope of their license.

To bill for telehealth services, the distant site provider uses a GT modifier on their claim.<sup>1</sup> In FY 2018:

- Almost 7,000 unique participants received a telehealth service,
- More than 26,000 services delivered via telehealth, and
- More than 90 percent of telehealth services delivered were behavioral health.

**FFS and MCO Utilization for FY 2017 and FY 2018**

The majority of telehealth services are delivered on a FFS basis. From FY17 to FY18, the number of Medicaid participants accessing FFS telehealth services grew by 42% and the number of FFS telehealth services delivered increased by 57%.

**Table 1: FFS Telehealth Services—Total Individuals and Services with a GT modifier, FY17 & FY18**

	<b>FY17</b>	<b>FY18</b>
<b>Number of Enrollees</b>	4,536	6,433
<b>Number of Services</b>	18,722	29,441
<b>Total Payments</b>	\$1,347,992	\$2,301,623

MCOs reimburse a relatively small volume of telehealth services by comparison. In FY17, 948 participants received 1,193 services with the GT modifier (see Table 2). In FY18, the number of participants and telehealth services decreased, with 501 unique participants receiving 993 services.

**Table 2: MCO Telehealth Services—Total Individuals and Services with a GT Modifier, FY17 & FY18**

	<b>FY17</b>	<b>FY18</b>
<b>Number of Enrollees</b>	948	501
<b>Number of Services</b>	1,193	933

**Remote Patient Monitoring**

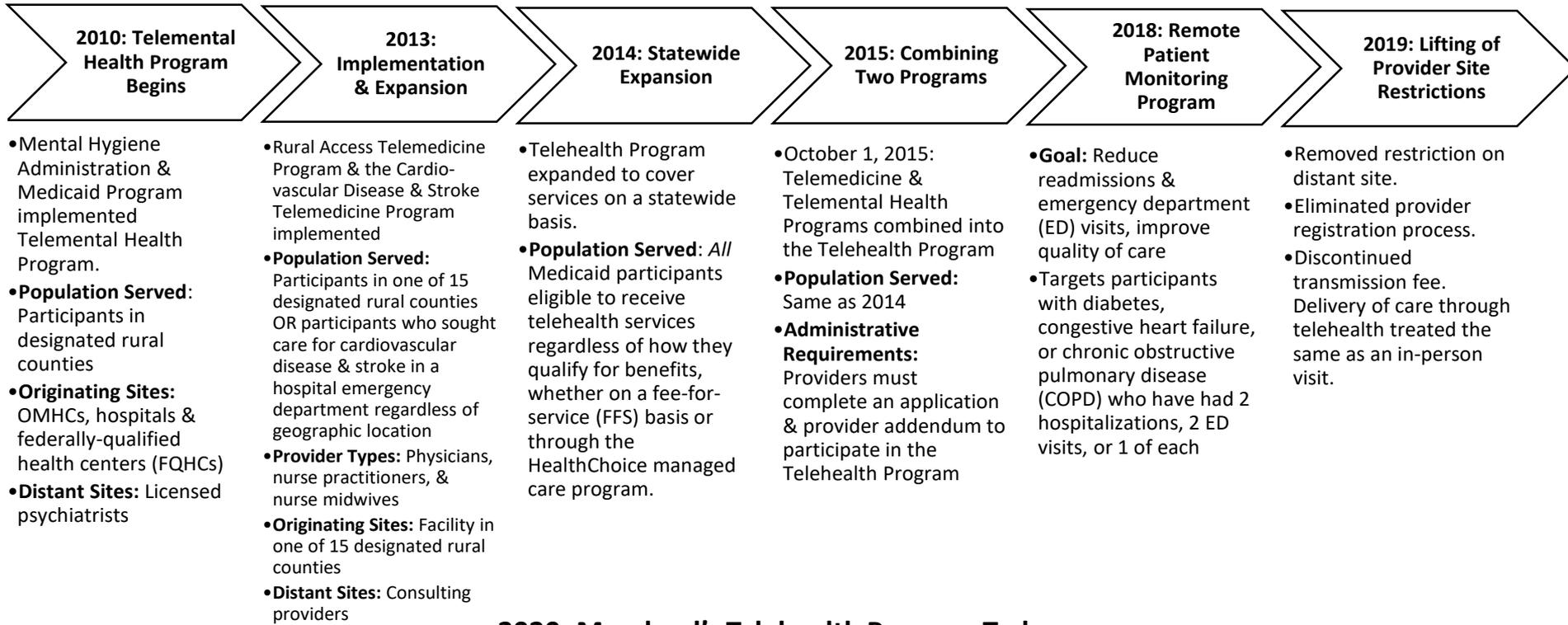
The Telehealth Program includes Remote Patient Monitoring (RPM) for specific chronic conditions. Service uptake has been limited. Fewer than 10 participants utilized RPM under FFS in both FY17 and FY18. Fewer than 10 participants utilized RPM through their MCO in FY 2017 and 23 participants utilized RPM in FY18.

**Conclusion**

The Department has seen increases in telehealth utilization over the last several fiscal years. The Department expects utilization to continue to grow, with further increases following removal of distant site limitations.

<sup>1</sup>Based on historical data, providers may not consistently use the GT modifier. Until October 2019, the Department reimbursed originating sites a transmission fee. The total transmission fee claims exceeded total GT modifier claims by >500 in FY17 and >400 in FY18. As a result, actual utilization of telehealth services may be higher than the data presented.

# Brief Overview: Progression of Maryland's Telehealth Program



## 2020: Maryland's Telehealth Program Today

Technological advances are reducing barriers to access while reducing the cost of providing services to patients. At inception, the transmission fee offset the expenses of telehealth equipment & software to engage in & to facilitate the use of telehealth. Because equipment & software are now more widely available, the telehealth transmission fee has been discontinued. This is consistent with policies adopted by other states.

**Any & all** provider types are now permitted to receive reimbursement for services rendered under the Department's telehealth regulations as long as the provider's licensing board allows telehealth in its scope of practice. Distant site restrictions have been eliminated.

### Originating Sites:

- College or university student health or counseling office
- Community-based SUD provider
- Elementary, middle, high, or technical school w/a supported nursing, counseling or medical office
- Local health department
- FQHC
- Hospital, including the emergency department
- Nursing facility
- Opioid treatment program (OTP)
- Outpatient mental health center (OMHC)
- Physician, psychiatric nurse practitioner, nurse practitioner, or nurse midwife office
- Renal dialysis center
- Residential crisis services site

- A deaf or hard of hearing participant's home or any other secure location as approved by the participant & the provider

### Telehealth Utilization

- Almost 7,000 unique participants received a telehealth service in FY 2018.
- More than 26,000 services delivered via telehealth in FY 2018.
- More than 90 percent of telehealth services delivered were behavioral health.

**MPS\_UNF\_SB502**

Uploaded by: Tompsett, Tommy

Position: UNF



February 19, 2020

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

RE: Oppose – SB 502: Health Insurance - Telehealth - Delivery of Mental Health Services - Coverage for Home Settings

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS opposes Senate Bill 502 (SB 502). Unlike the provision of somatic telehealth care to the patient's home, providing telemental health care to the patient's home is potentially counterproductive. Many interventions used by psychiatrists involve behavioral activation for depression or graduated exposure for anxiety. Using home-based telemental health likely impedes such interventions. In addition, the difficulty of managing acute mental illness, such as acute psychosis, suicidality, or homicidality, in a telemental health care setting when a patient is in their home is also tremendously more complicated.

From a child psychiatrist's perspective, MPS contends that the use of home-based telemental health is particularly problematic. For the same reason that Home and Hospital schooling is contraindicated for the school avoidant population, home-based telemental health results in the same problems, namely, reinforcement of the avoidance. Thus, providing telemental health care may unintentionally result in more children with mental health issues staying in their homes, which from a psychiatric perspective would otherwise indicate the need for a higher level of care.

For these reasons, MPS respectfully asks the committee for an unfavorable report on SB 502. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Legislative Action Committee for the Maryland Psychiatric Society

## **MHCC\_INFO\_SB502**

Uploaded by: Renfrew, Megan

Position: INFO

STATE OF MARYLAND



Andrew N. Pollak  
CHAIR

Ben Steffen  
EXECUTIVE DIRECTOR

## MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215  
TELEPHONE: 410-764-3460 FAX: 410-358-1236

February 18, 2020

The Honorable Delores G. Kelley  
Chair, Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

### **RE: SB 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings - INFORMATION**

Dear Chair Kelley:

The Maryland Health Care Commission (the “Commission”) would like to provide the Senate Finance Committee with information related to Senate Bill 502 (SB 502). SB 502 requires Medicaid to provide mental health services through telehealth in a patient’s home, to the extent that the State budget allows. As experts in telehealth, the Commission believes that the delivery of mental health services through telehealth in a patient’s home can help overcome obstacles to treatment. Given Medicaid’s concerns about the potential budget impacts of this bill, the Commission recommends that the Committee consider conforming this bill with House Bill 1208, which establishes a pilot program.

Since 2014, the Commission has awarded nearly 16 telehealth grants to qualified health care organizations to implement innovative telehealth pilots in the State. These grants assess the value of telehealth interventions across various care settings. Lessons learned inform future applications of telehealth, better practices and implementation efforts, and policies to support the advancement of telehealth. Findings also support planning and design of larger telehealth initiatives.

Telehealth, when used to provide mental health services in a patient’s home, can address obstacles to care delivery. Arguably, one of the greatest impediments of seeking mental health

*Note: The Maryland Health Care Commission is an independent State agency. The position of the Commission may differ from the Maryland Department of Health*

services is stigma and misconceptions.<sup>1</sup> Virtual care in the privacy of a patient's home can help address fears associated with seeking care in a health care setting. Telehealth supports patient recovery at home and can reduce the need for long distance travel, particularly in rural areas.<sup>2</sup> Mental health care providers use telehealth as a means to broaden their reach and availability to patients in need of care, including patients in areas which, without telehealth, have insufficient mental health care providers.

Use of telehealth among the Medicaid population is expected to increase as consumers and providers become more accepting of virtual health care visits. The Federal government has encouraged States to implement telehealth in Medicaid programs.<sup>3</sup> Approximately fourteen States have adopted policies that explicitly allow for a Medicaid recipient's home to serve as an originating site under certain circumstances.<sup>4</sup> A key challenge to the use of telehealth in the home include lack of high-speed internet in some parts of the State, particularly in areas with low population density. Provider willingness to participate in Medicaid, scheduling, and after hours availability should also be considered.

As noted above, the Commission recommends the Committee consider amending this bill to conform with House Bill 1208, implementing a pilot program rather than a permanent program. This would allow Medicaid to assess the use of telehealth for the delivery of mental health services in the patient's home. Findings from the pilot program will likely identify potential barriers to the program's success and changes in Medicaid policy that are necessary to support mental health services provided by telehealth in the home setting on a permanent basis.

I hope you find this information useful. Please feel free to contact me at (410) 764-3566 or [Ben.Steffen@maryland.gov](mailto:Ben.Steffen@maryland.gov), or Megan Renfrew, Government Affairs and Special Projects, at (410) 764-3483 or [Megan.Renfrew@maryland.gov](mailto:Megan.Renfrew@maryland.gov) if you have any questions.

Sincerely,



Ben Steffen  
Executive Director  
Maryland Health Care Commission

---

<sup>1</sup> Understanding Stigma as a Mental Healthcare Barrier, National Alliance on Mental Illness, June 8, 2017, [www.nami.org/Press-Media/In-The-News/2017/Understanding-Stigma-as-a-Mental-Healthcare-Barrie?feed=In-the-news](http://www.nami.org/Press-Media/In-The-News/2017/Understanding-Stigma-as-a-Mental-Healthcare-Barrie?feed=In-the-news).

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (2016). Rural Behavioral Health: Telehealth Challenges and Opportunities. In Brief, Volume 9, Issue 2, [www.store.samhsa.gov/system/files/sma16-4989.pdf](http://www.store.samhsa.gov/system/files/sma16-4989.pdf).

<sup>3</sup> Letter from Tim Hill, Acting Director, Department of Health and Human Services, to State Medicaid Director's, (June 11, 2018), [www.medicaid.gov/federal-policy-guidance/downloads/smd18006.pdf](http://www.medicaid.gov/federal-policy-guidance/downloads/smd18006.pdf).

<sup>4</sup> Center for Connected Health Policy, Telehealth Medicaid & State Policy (Spring 2019), [www.cchpca.org/sites/default/files/2019-05/cchp\\_report\\_MASTER\\_spring\\_2019\\_FINAL.pdf](http://www.cchpca.org/sites/default/files/2019-05/cchp_report_MASTER_spring_2019_FINAL.pdf).

*Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.*