

March 4, 2020

House Bill 1208 - Maryland Medical Assistance Program - Telehealth - Pilot Program - SUPPORT

Chair Pendergrass and members of the House Health and Government Operations Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland strongly supports HB 1208, legislation that would require the Maryland Department of Health (MDH) to apply to the federal Centers for Medicare and Medicaid Services for a waiver amendment to implement a Medicaid telehealth services pilot program.

According to NAMI National statistics, nearly 1.4 million Marylanders live in a mental health professional shortage area, and close to 760,000 adults in Maryland have a mental health condition, but only 4 in 10 Marylanders received any behavioral health treatment last year.

Barriers to accessing behavioral health services exist across the state - individuals residing in rural areas face challenges including having to travel long distances for services or long wait times for an appointment. These issues, coupled with challenges that impact behavioral health widely, parity and network adequacy issues, inadequate funding, and lack of specialty services, create a great demand for innovative ways to provide care to individuals. Evidence supports that telehealth can help to overcome challenges in accessing behavioral health services to reduce the existing treatment gap.

Telehealth can be used across the continuum of care to deliver and enhance behavioral health services. The Substance Abuse and Mental Health Services Administration (SAMHSA) identified examples of telehealth used across six domains of care illustrated in the table below. There are telehealth tools available to support care at each step in the care process from assessment to collaboration.

Telehealth across the Behavioral Health Continuum of Care

Domain	Telehealth Example
Assessment	Online substance use questionnaire
Treatment	Cognitive-behavioral therapy through videoconferencing
Medication management/monitoring	Text message reminders to take medications as directed
Continuing care	Group chats for relapse prevention
Education	Webinars for clients and providers
Collaboration	Interactive video for consultation

There is a growing body of evidence demonstrating the effectiveness of telehealth at facilitating positive health outcomes. These findings below support the adoption and implementation of telehealth as an effective tool for promoting recovery and wellness.

1. A systematic review conducted by the Agency for Healthcare Research and Quality found sufficient evidence supporting the effectiveness of telehealth for psychotherapy. Results from a pilot study looking at the relations between trauma-focused cognitive-behavioral therapy (CBT) via telehealth and outcomes in 15 adolescents in southeastern U.S. Study results revealed that each component of the trauma-focused CBT model could be delivered via telehealth without compromising program model fidelity. Telehealth services resulted in statistically significant clinical improvements and high satisfaction ratings from client caregivers and providers alike. The researchers noted that the findings were comparable to treatment results yielded in office-based settings.
2. A randomized controlled study of 100 participants over 105 weeks found that a comprehensive online depression care management program resulted in lowered depression, better overall mental health, increased satisfaction with mental health care and coping skills, and increased confidence in handling depression.
3. A recent SAMHSA publication on the use of technology-based therapeutic tools in behavioral health services reported that the use of telephones has been shown to improve treatment and medication compliance; monitor recovery from mental illness and SUD; and motivate potential clients to enter treatment. The report also noted that telephonic interventions resulted in reduced symptoms of anxiety and depression.



NAMI Maryland strongly supports reduction of barriers to medication and treatment – especially for individuals with severe mental illness. There are 300,000 adults and children in Maryland’s public behavioral health system and telehealth is a proven way to provide a range of services this population needs.

For these reasons, NAMI Maryland asks for a favorable report on HB 1208.

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