

MDDCSAM - SB 567 FAV - Telehealth.pdf

Uploaded by: Adams, MD, Joseph

Position: FAV

Senate Bill 567 Telehealth Services – Expansion
Finance Committee February 17, 2021
Provided by Lea Selitsky, MD MPH on behalf of the MD-DC Society of Addiction Medicine

FAVORABLE

In the midst of the ongoing health crisis from the Covid-19 global pandemic, enhancing patient access to medical care through the use of telehealth is essential. Telehealth offers the opportunity to mitigate risks, particularly with regards to the spread of infectious diseases. Removing the requirement for face-to-face interaction protects both patients and healthcare workers from potential viral exposure. Minimizing the use of health facilities creates lower density care environments with less crowding.

Beyond the acute risks for Covid-19 transmission, there are other benefits of telehealth that minimize barriers to healthcare. Transportation to medical appointments is often an issue for patients in both rural and urban areas. Employed adults frequently have difficulty obtaining medical care due to time constraints with their work. The flexibility that telehealth offers is a major advantage.

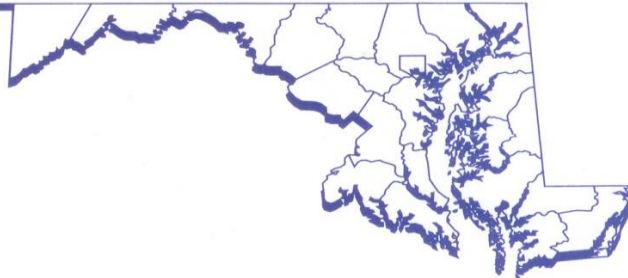
As addiction specialists, we believe telehealth is a particularly helpful tool to treat patients with substance use disorders. Given the overlapping opioid epidemic, expanding health care access at a time when many doors have shut is of utmost importance. While there are concerns about opioid misuse for patients receiving remote medical care, evidence in fact supports telehealth as an equivalent modality as far as both treatment retention and avoiding additional substance use. Although there are limitations to telemedicine, national organizations provide excellent guidance and strategies for effective use.

Continuing access to telehealth additionally must also be understood from a health equity perspective. The Covid-19 pandemic has highlighted large care gaps for our most vulnerable populations, which includes older adults, patients with limited English proficiency, low-income families, and racial minorities. These groups can benefit greatly from telehealth but have limited access to video capabilities. It is imperative that audio-only telehealth be protected as a provision in this legislation, given that advanced technology is not available to many of the patients with the greatest need for expanded remote medical care.

6b - SB 567 - FIN - MACHO - LOS.pdf

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: FAV



**2021 SESSION
POSITION PAPER**

BILL: SB 567 – Telehealth Services - Expansion

COMMITTEE: Senate Finance Committee

POSITION: Letter of Support

BILL ANALYSIS: SB 567 would change the health care services the Maryland Medical Assistance Program is required to provide via telehealth, the circumstances under which telehealth services are provided using telehealth methods, require through changes in law certain insurers, non-profit health service plans and health maintenance organizations reimburse for those services and within certain timeframes, and other related enhancements to the provision of telehealth services.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports SB 567 as a cost efficient way to expand access to care for individuals in Maryland communities and a valuable tool to increase access to residents in rural areas and decrease health disparities in communities. The following are the benefits for telehealth services:

- Convenient for patients
- Quicker access to care provider
- Eliminates travel time and money
- Patients in rural areas have fast and easy access particularly to specialty care
- Providers can significantly expand potential patient base
- No shows decrease
- Readmissions decrease as remote consults help manage conditions.
- Healthcare facility cost decrease because online visits are less expensive than urgent care and Emergency care
- Insurance companies can reduce costs.

Telehealth efforts have enabled Maryland residents to seek care and to maintain current care plans throughout the current pandemic emergency, freeing up practice and hospital space for those critical COVID-19 patients and helping to reduce the transmission of the virus. It is critical that further enhancements to the way telehealth is delivered continue for providers to be able to deliver this method of care effectively and efficiently.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 567. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaioral@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

6c - SB 567 - FIN - BON - LOS.pdf

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: FAV



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 17, 2021

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

RE: SB 567 – Telehealth Services – Expansion – Letter of Support

Dear Chair Kelley:

The Maryland Board of Nursing (“the Board”) respectfully submits this letter of support for SB 567 – Telehealth Services – Expansion. This bill alters the health care services the Maryland Medical Assistant Program is required to provide through telehealth. This bill requires the Maryland Department of Health (MDH) to apply to the Centers for Medicare and Medicaid Services (CMS) for an amendment to any of the State’s waivers to implement certain requirements. Additionally, this bill changes the definition of telehealth to include synchronous or asynchronous interactions, audio-only conversations, and remote patient monitoring services.

The Board feels that this bill has substantial value at promoting access to care, particularly during this time of COVID, but also for the already underserved rural communities. By expanding telehealth capabilities to include audio-only services, health care practitioners have a wider reach to engage and treat individuals. Additionally, the use of audio-only telehealth has been prominent in the behavioral health field, and has been found to benefit both the practitioners and patients. The bill establishes the standard for practice of telehealth and proactively addresses patient safety concerns by requiring that a health care practitioner providing telehealth services be held to the same standards of practice that are applicable to inpatient settings.

This bill aligns with Maryland’s Nurse Licensure Compact which allows nurses the privilege to practice in other compact states through telehealth. Currently, these nurses which include nurse practitioners, can practice in a compact state and are required to practice according to the statutes and regulations governing nursing practice in that state.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support for SB 567.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", written in a cursive style.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

6d - SB 567 - FIN - MDH - LOS.pdf

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: FAV



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 17, 2021

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

RE: SB 567- Telehealth Services - Expansion - Letter of Support

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for Senate Bill 567 (SB 567) - Telehealth Services - Expansion. The bill among other things would require health plans and Medicaid to provide health care services through an expanded definition of telehealth, including audio-only telehealth services and removes some restrictions on the originating site and distant site for telehealth services. The bill requires health plans and Medicaid to reimburse for all telehealth services at the same rate as if the services were delivered in-person.

This bill is a cost-efficient way to expand access to care for individuals in Maryland communities and a valuable tool to increase access to residents in rural areas and decrease health disparities in communities. Additionally, allowing for reimbursement of audio-only telehealth services increases access to health care services for those that do not have reliable internet or internet access at all. It equalizes the opportunity to access telehealth services, a health care services that usage of has expanded greatly during the COVID-19 pandemic.¹ Data shows an increase in the number of people accessing Mental health services increased from **7,398 in 2019 to 106,642 in 2020**, and the number of individuals who access Substance Uses disorder treatment services using telehealth rose **from 1,720 in 2019 to 26,084 in 2020**.²

This bill would codify the reimbursement of any type of telehealth service that has already been taking place during the pandemic, as both government and private payors have allowed telephone communications to be reimbursed as telehealth. Many stakeholders nationally have lauded the sweeping changes in regulation and payment across health care.³

¹ Data collected between mid-March and mid-October 2020 by the Centers for Medicare & Medicaid Services indicates over 24.5 million beneficiaries have received a Medicare telehealth service as compared to around 15,000 beneficiaries per week prior to the PHE.

² Data collected through ASO claims

³ Bart M. Demaerschalk et al., "American Telemedicine Association Telestroke Guidelines," *Telemedicine and E-Health* 23, no. 5 (May 1, 2017).

The Erisa Industry Committee, *Employers on Telemedicine: Government Standing in the Way* (June 17, 2020).

American Society of Health-System Pharmacists, *COVID-19 and Telemedicine Changes* (April 9, 2020).

Additionally, a BHA survey of Maryland behavioral health providers examined their views on the effects of COVID-19 on clients receiving behavioral health services in Maryland. It included the question, “Based on your observations or what others are telling you, why are individuals keeping their treatment/service appointments less often? (check all that apply)”. 31% selected “Reluctant to travel or use public transportation,” 25% selected “Reluctance to Be at Service Organization with Others,” and 14% selected “Difficulty in Obtaining Child Care” ([The Effects of COVID-19 on Individuals Receiving Behavioral Health Services and Supports in Maryland](#)). These answers reflect a significant reluctance or inability to receive in-person care, which increased access to telehealth helps address.

MDH respectfully requests a favorable report on SB 567 so that any Marylander can have access to the care that they need without being dependent on internet service providers.

I hope this information is useful. If you have questions or need more information about this subject, please do not hesitate to contact me at (410) 260-3190 or webster.ye@maryland.gov or Deputy Director of Governmental Affairs Heather Shek at heather.shek@maryland.gov and the same number.

Sincerely,

A handwritten signature in blue ink that reads "Webster Ye". The signature is written in a cursive, flowing style.

Webster Ye
Assistant Secretary, Health Policy

SB 567 Tele Health Expansion.pdf

Uploaded by: Bresnahan, Tammy

Position: FAV



200 St. Paul Place, #2510 | Baltimore, MD 21202
1-866-542-8163 | Fax: 410-895-0269 | TTY: 1-877-434-7598
aarp.org/md | mdaarp@aarp.org | twitter: @aarpmaryland
facebook.com/aarpmid

**SB 567 Telehealth Services – Expansion
Favorable
Senate Finance Committee
February 17, 2021**

Good Afternoon Chairwoman Kelley and members of the Senate Finance Committee. My name is Tammy Bresnahan and I am the Director of Advocacy for AARP MD. As you may know, AARP Maryland is one of the largest membership-based organizations in Maryland, encompassing over 850,000 members. I am here today representing AARP MD and its members in support of SB 567 Telehealth Services – Expansion.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

Senate Bill 567 requires Medicaid to provide health care services appropriately delivered through “telehealth” to program recipients regardless of their location at the time telehealth services are provided and allow a “distant site provider” to provide health care services to a recipient from any location at which the services may be appropriately delivered through telehealth. The bill expands the definitions of “telehealth” for both Medicaid and private insurance. Insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) must reimburse for a covered service appropriately provided through telehealth on the same basis and at the same rate as if delivered in person. A carrier may not impose as a condition of reimbursement for a telehealth service that the service be provided by a provider designated by the carrier. The bill’s insurance provisions apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2022.

Telehealth holds great potential for helping older Marylanders looking to maintain their independence and enjoy living at home longer. It offers a range of options to make healthcare easier and more accessible. From tracking vital signs with remote monitoring devices, to communicating easily with a nurse through a web portal, to receiving on-the-spot care from a doctor via video chat, telehealth aims to make life easier.

AARP
Real Possibilities

Telehealth also shows great potential for making healthcare more affordable, convenient, and self-directed, which may explain its rapid growth. For many caregivers, finding time to help manage their older family member's health issues can be difficult. Accompanying family/partners/friends to frequent doctor's appointments, coordinating care, and managing health records can prove challenging. Thankfully, telehealth makes the process easier for both older Marylanders and their caregivers, helping both keep their independence.

AARP MD encourages state governments to pass laws that encourage coverage and payment of telehealth services (including by removing unnecessary restrictions that limit beneficiary access) for eligible beneficiaries to improve access and the quality of care, allow patients to remain safely in the community, and assist with care transitions from institutional to community settings.

AARP supports SB 567 Telehealth Expansion and respectfully requests the Senate Finance Committee issue a favorable report. For questions please contact Tammy Bresnahan at tbresnahan@aarp.org or by calling 410-302-8451.

SB 567_MAS_Support.pdf

Uploaded by: Clark, Rachel

Position: FAV

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



The Maryland
Acupuncture
Society, Inc.

February 17, 2021

Re: SB 567 – FAVORABLE – Telehealth Services – Expansion

Dear Chairman Kelley and Members of the Senate Finance Committee:

Please accept this letter on behalf of the Maryland Acupuncture Society (“MAS”) as our support of Senate Bill 567 – Telehealth Services – Expansion. MAS represents over 1,000 licensed practitioners throughout the State of Maryland and we are in strong support of this bill.

At the start of the COVID-19 pandemic in 2020, the Maryland General Assembly passed emergency legislation that expanded telehealth services to assist in combating spread of the virus. HB 731 expands telehealth services to include audio only appointments and remote patient monitoring services, as well as codifying that telehealth services are covered on the same basis and at the same rate as in person visits.

Acupuncturists, like all healthcare practitioners, are dedicated to the health and safety of our patients, and one way we do this is by ensuring that we give them a multitude of options for accessing care. While we recognize that traditional acupuncture needling is not available during telehealth appointments, there are many other treatments offered through telehealth. These include health and wellness coaching, emotional treatment of the body, dietary therapy, movement therapy in the form of qi gong, as well as directing our patients to massage along different meridians and certain acupressure points.

Last year, our members and their patients found telehealth appointments to be very beneficial. Expanding access to care is important, especially during these stressful times, and this bill would ensure that telehealth services are treated no differently than in-person services. Furthermore, expanding coverage to include audio only appointments is very important. Not every patient has access to the internet or a smart phone.

For the reasons stated above, we **SUPPORT** SB 567. Thank you for your consideration of this important piece of legislation.

Sincerely,

Denise Tyson
President
Maryland Acupuncture Society

Health Care for the Homeless - SB 567 FAV - Preser

Uploaded by: Diamond, Joanna

Position: FAV

HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 567 – TELEHEALTH SERVICES – EXPANSION



Senate Finance Committee
February 17, 2021

Health Care for the Homeless strongly supports SB 567, which would make permanent a number of telehealth expansions that have existed under the public health emergency. Among the changes enumerated in the bill are, for Medicaid, effectively removing originating and distant site provisions so both the provider and patient may be off-site for a clinical setting, and requiring reimbursement for audio-only services.

Audio-only telehealth is lifesaving

Telehealth has immensely increased access to care for people experiencing homeless. While this increased access occurred during the public health emergency, the benefits are so concrete that we strongly believe increasing access to telehealth permanently is critical. **Make no mistake: the ability to provide phone-only services to our clients is lifesaving.** While we support the bill in its entirety, we would like to focus our testimony on the most vital aspects of the bill: maintaining access to audio-only services.

A collection of [case studies](#) based on interviews with staff at 17 Health Care for the Homeless programs throughout the country about their experience implementing telehealth demonstrates why increasing access to telehealth permanently is beneficial. Cases specific to Health Care for the Homeless in Maryland are highlighted below.

Contrary to prior belief, telehealth, particularly audio-only telehealth, works well for people experiencing homelessness. With our client population, we have generally found that phones are ubiquitous and inexpensive. Conversely, high speed internet access and video screens are exceedingly inaccessible. Allowing patients to receive services via audio-only telephones can make up for the lack of broadband access in many parts of the State and the lack of affordable internet and computer technology among lower-income families.

Currently 60% of our visits are through telehealth and 97% of those telehealth visits are phone only. Since implementing audio-only telehealth, we found our missed appointment rate, which was previously around 30%, fell in the first two months of use to 10%.¹ We widely attribute this to the fact that we are meeting our clients where they are and breaking

¹ While our missed appointment rate has increased slightly to slightly over 15%. However, this rate represents nearly half of our pre-telehealth missed appointment rate.

down barriers to care, such as an onerous public transportation system. Importantly, keeping our clients connected to care is pivotal.

Some clients experiencing homelessness report that telehealth feels safer and more accessible. Policies related to reimbursements and ongoing ability to conduct audio-only visits are likely to determine the ongoing use of telehealth. In other words, phone-only telehealth is the only type of telehealth accessible to the vast majority of our clients. If the ability to conduct phone-only visits goes away, so will our ability to provide any level of lifesaving telehealth care.

Audio-only telehealth is just a tool to deliver health care; all clinical standards and expectations still apply.

We believe there are widespread misconceptions about audio-only telehealth. At its core, audio is just another tool for delivering the same type of and level health care. No clinical or medical requirements, regulations, or standards have changed under audio-only telehealth. We provide the same quality therapeutic and medical services as we always have – whether in person, on video or by phone. The requirements to meet billable standards are robust and nothing about the way we practice is relaxed just because they are over the phone. As highlighted in the examples below, checking in with clients by phone on various issues is a valuable service but not always a *billable* service. There continues to be a distinct set of criteria for a service to be billable. The distinctions between what is a billable phone telehealth visit versus a non-billable phone call are exemplified below.

We urge a favorable report on Senate Bill 567.

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 in Harford, and Baltimore Counties. For more information, visit www.hchmd.org.

Real-life examples from Health Care for the Homeless staff of utilizing audio for both billable and non-billable services

Testimonial of Audrey Kelly, LCSW-C, Health Care for the Homeless Therapist Case Manager

Billable audio-only telehealth visits:

- *A client with mobility difficulties diligently attends our weekly teletherapy visits. During the past months, he has explored his trauma history, opened up about formative experiences, and reports feeling more integrated and capable in his daily life. I use similar interventions on the phone as I do in the office, including progressive muscle relaxation, guided imagery, and trauma-informed cognitive therapy approaches.*
- *One of my clients has a memory impairment and needs help scheduling transportation to and from his doctor's appointments. During a teletherapy visit, I helped this client to write down the important details for his appointment, role played calling to schedule a ride, and then helped him process his frustration and seek alternative solutions when it did not go as he expected. I use repetition and role play to build independent living skills during therapy visits. Being able to do this by phone has helped many of my clients to become more independent since the pandemic.*

Non-Billable Case Management:

- *After my client had a medical emergency at the clinic, I discovered that he had not been taking his medication regularly and one of his chronic conditions was not well controlled. The next day, I arranged a medication drop-off, helped him schedule appointments, and spoke with his medical providers to identify next steps in his care. Since then, I call him regularly to check in about medications, and am working with him on a plan to get better organized so that he attends all of his medical visits.*
- *After a new company started managing my client's apartment property, she started having numerous problems with pest control and appliance repair. Things were so bad that she considered moving. Her Peer Advocate and I were able to advocate to the property manager to address these issues. Since we were able to navigate this situation by phone, my client was able to stay home and stay safe during this pandemic. She says she feels more comfortable and confident in her apartment now.*

Testimonial of Kellie Dress, LCSW-C, Health Care for the Homeless Lead Therapist Case Manager

In general:

It stands out to me particularly as I have developed my relationships with my HCH clients during the pandemic and this has been largely thanks to telehealth.

Billable tele-therapy experiences:

- *One of my clients recently gave birth in August. She has a history of post-partum depression (PPD) in a previous pregnancy that ultimately resulted in an inpatient psychiatric hospitalization. She struggled during this most recent pregnancy with significant anxiety—exacerbated by the pandemic and a demanding job working in a hospital. She was very concerned about symptoms worsening and becoming severe after birth. I started working with her in May 2020 and a lot of our work centered around addressing her anxiety and building a healthy set of coping skills to minimize her risk of PPD recurring. She ended up needing an emergency c-section at 36 weeks and, as a result, the birth experience was quite traumatic for her. Both the client and I appreciated the ease with which telehealth allowed me to be available to support her postpartum. Even without the extenuating circumstances of a pandemic, postpartum can be an isolating and challenging time for mothers and parents. Caring for newborn while recovering from delivery (c-section or vaginal) can be overwhelming and while women may be aware that they are experiencing symptoms of depression/anxiety/etc., it can often take a back seat to caring for their new baby and older children with minimal support. My client might have had difficulty getting out to see a mental health professional for an appointment in these circumstances. She may have even felt uncomfortable inviting someone into her home as she manages the challenges of physical recovery, fatigue, breast feeding etc. Both she and I felt my ability to call her and be present, even just virtually, was critical in helping to prevent a PPD episode. We were able to process her birth trauma and take a preemptive approach to her anxiety and depressive symptoms. Additionally, I was able to assess for and address more concrete needs—such as connecting her to WIC and Sharebaby to get items needed for the baby---this helped to circumvent potential triggers for stress. Overall the ability to do telehealth work with this client allowed me to be accessible to her during a particularly vulnerable time where she might otherwise have been overwhelmed, isolated, and suffering with significant mental health symptoms. A text sent after one of our teletherapy sessions: **“You’ve brung so much to the table being my case manager and therapist seriously.”***
- *I have a client who frequently cycles through depressive episodes. When he is having an episode he has a tendency to self-isolate—he will no-show appointments and become avoidant with his providers. The client has insight into this tendency—he acknowledges that the isolating behaviors exacerbate his depressive symptoms, prolong depressive episodes, and often create new problems (i/e missing needed doctor appts, benefits reconsideration, etc) which increase stressful circumstances that can trigger decompensation back into another episode even after overcoming a previous one. Despite insight into these consequences, the client historically has had difficulty interrupting the cycle. Additionally, his avoidance of his mental health providers has made it challenging for him to make best use of these supports. This client and I have utilized telehealth as a tool to try and overcome his avoidance. At times when the client may have avoided an in-person visit or found it challenging to even get out of bed he has found it slightly less challenging to answer his phone and engage in a teletherapy*

*session. The client and I have processed making the choice to answer the phone and engage with me as his mental health provider. We have been able to simplify this small action as a larger tool to interrupt the cycle of his depression. Of course, he is able to and does still engage in avoidance. However, overall both he and I have noted an improvement and, markedly, he is appearing to experience a longer time between depressive episodes (his last one was approx. 4-5 months ago) which is allowing him to make increased progress toward stated goals (i/e getting his driver's license, looking into GED programs). A quote from a text sent after one of our teletherapy sessions: **"Kellie.. I want you to know something.. I'm glad that I have you helping me. Thank you.."***

Two non-billable telehealth experiences:

- *Most notable to me with regard to non-billable appts was my work with a client to get his driver's license. I was able to assist him over the phone in scheduling and rescheduling MVA appts to complete his written and driving skills tests. This client typically struggles with follow through toward identified goals so he has benefited from quick telehealth appts to assist with making appts and then reminding him and encouraging him to keep appts he may not have otherwise followed through with. This client successfully obtained his driver's license with assistance from myself and his PA. The impact of this achieved goal has been remarkable, particularly, for his self-esteem and overall mental health.*
- *I have a client who, prior to the pandemic, was largely disconnected from the program and his HCH providers. I believe he sometimes went multiple months without seeing or talking to his [case manager]. However, he has responded amazingly to telehealth check-ins and it has increased his engagement with [supportive housing]. Of note, he does not often engage long enough to complete full tele-therapy sessions. However, he has expressed appreciating my bi-weekly calls and has started to reach out for help when needed. We are establishing a good rapport and I am hopeful this will lead to even more openness and meaningful engagement. Most recently, I have been assisting him with navigating getting his ID and SS card back after his wallet was stolen.*

Testimonial of Kyle Berkley, LMSW, Health Care for the Homeless Therapist Case Manager

Examples of billable services:

- *I have had the privilege of working with a client, that identifies as transgender that moved to Baltimore from North Carolina. My client has a history of sexual trauma and abuse, dating back to being 6-years-old. Due to her history of sexual trauma, and complicated family challenges, my client moved to Baltimore City and lived briefly at a transitional house until she was housed. My client had a long history of not traveling beyond the corner store to purchase food for her apartment unit but had a desire to gain employment and continuing her education. My client's anxiety, PTSD, and depressive symptoms made it very difficult for her to travel for medical and mental health*

appointments. Telehealth created an opportunity to explore challenges and fears my client had, which included being in a violent relationship with her partner and being manipulated into sex work by her abuser. The telehealth visits also allowed my client and I to develop a safety plan and explore resources available to her.

- The second story that affirms the benefits of telehealth visits includes a client with a history of adjustment disorder, PTSD, and memory issues. Prior to the pandemic, my client missed several therapy and case management appointments due to challenges with his memory. Once the opportunity for telehealth visits was made available, my client and I met every Thursday. During the public outcry in relation to the murder of George Floyd, my client and I were able to discuss how these events affected him, as a person that lived through the Civil Rights Era. In the sessions, my client and I discussed the challenges and trauma he endured, how he coped with the events, and alleviated a lot of stress that he has carried for multiple decades. Since the discussions of his past trauma, my client and I have evolved our discussions into PrEP treatment, engaging sexually with his new partner, overcoming his divorce and surviving cancer.

Testimonial of Rachel Gonzalez, LMSW, Health Care for the Homeless Therapist Case Manager
Example of provision of both billable and non-billable services for client:

[Billable]: *I have a client who is currently 36 weeks pregnant. She has some cognitive impairments, other children not in her custody, CPS involvement, will be her second time giving birth in a year. She has a hard time keeping appointments, related to cognitive issues and general chaotic lifestyle, very poor support system. Basically, incredibly vulnerable. Last week we had an office appointment, for which she did not show. She called and said she was trying to come but was bleeding and didn't think she could make it. She had been to the hospital and they wanted to admit her, but she really wanted to keep her therapy appointment because she was so scared. She planned to come see me and then go back to the hospital, but when that proved to not be possible, we were able to do a telehealth phone only therapy session. This was particularly notable/beneficial because the client was in an extremely vulnerable/dangerous position and our ability to provide phone only services allowed her to meet all her needs at once; including medical care for her baby and therapeutic services and support from me.*

[Non-billable]: *Right now, she is stable and at home, resting. We've spoken on the phone briefly a couple of times since just to check in. It isn't safe for her to travel to the clinic right now because she is on bed rest until baby's arrival. It's also not wise for me to do home visits every few days considering I can't go in and she'd still have to get up and come to the door/outside. Also, not a great use of resources. But small, quick phone check-ins make her feel supported and give her peace of mind. The client understandably has a very negative opinion of social workers due to lengthy CPS involvement. It's been hard work to gain the trust. Phone only telehealth has helped us keep that relationship going when she needs it most but it would also be easiest to lose.*

2021 ACNM SB 567 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee
Bill Title: Senate Bill 567 - Telehealth Services - Expansion
Hearing Date: February 17, 2021
Position: Support

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) strongly supports *House Bill 567 – Telehealth Services - Expansion*. The bill is critical for ensuring that reimbursement continues to support telehealth services for our patients after the pandemic.

In providing services to women, certified nurse-midwives (CNMs) and other health care practitioners can use telehealth technology to increase access to care. Some examples are:

- **Hypertension – Prenatal and Post-Partum:** Telehealth, including remote patient monitoring, is a strategy for addressing hypertension for women in both prenatal and postpartum care. It allows for more frequent monitoring and clinical intervention than regular in-person visits.ⁱ A recent peer-reviewed research study showed that remote patient monitoring reduced prenatal admissions and induced labor for women with gestational hypertension.ⁱⁱ
- **Lowering Pregnancy Stress:** The Mayo Clinic’s “OB Nest” program, which includes several uses of telehealth communication resulted in lower pregnancy stress and higher patient satisfaction.ⁱⁱⁱ
- **PrEP:** Telehealth is being used to increase access to PrEP.^{iv}

We need consistent and fair reimbursement rules in order to continue to implement telehealth innovation across the health care spectrum, including somatic, behavioral health, and dental. We ask for a favorable report. If we can provide any further assistance, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443

ⁱ Hoppe, Kara et al. Telehealth with remote blood pressure monitoring for postpartum hypertension: A prospective single-cohort feasibility study. *Pregnancy Hypertension*. [Volume 15](#), January 2019, Pages 171-176.

ⁱⁱ Lanssens, Dorien et al. The impact of a remote monitoring program on the prenatal follow-up of women with gestational hypertensive disorders. [Obstetrics & Gynecology and Reproductive Biology](#) [Volume 223](#), April 2018.

ⁱⁱⁱ Butler Tobah, Yvonne et al. Randomized comparison of a reduced-visit prenatal care model enhanced with remote monitoring. American Journal of Obstetrics and Gynecology. December 2019.

^{iv} Touger, R. & Wood, B.R. Curr HIV/AIDS Rep (2019) 16: 113. <https://doi.org/10.1007/s11904-019-00430-z>.

2021 MASBHC SB 567 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 567 – Telehealth Services - Expansions

Date: February 17, 2021

Position: Support

The Maryland Assembly on School-Based Health Care is in strong support of *Senate Bill 567 – Telehealth Services - Expansion*. The bill supports the provision of telehealth as a strategy to improve health and educational outcomes for students served by school-based health centers. School-based health centers, approved by the Maryland State Department of Education (MSDE), have been able to remain open during the pandemic by continuing to serve students in their homes through telehealth (those without MSDE approval have generally been shuttered). These services have been critical to support the continuity of care to quarantined students, and providers can also assess if any extra supports are needed because the family may be facing multiple stressors.

MASBHC is advocating for changing State policies to support all school-based health centers to provide telehealth services after the pandemic. In addition to modernizing telehealth rules under MSDE, MASBHC is advocating for a fair and consistent reimbursement policy. During the pandemic, many reimbursement restrictions have been relaxed, and this bill seeks to make those permanent, including:

- Ensuring reimbursement follows the patient, so that the patient may be at the location best suited for them. This policy is critical to ensure school-based health centers can reach students in their homes or the homes of any family members;
- Covering telehealth for somatic, behavioral health, and oral health. The inclusion of all three is critical in order to maintain the overall health of students.
- Providing for reimbursement for audio-only services. This provision is a top priority for our school-based health centers. As we have seen with virtual education, many students struggle with access to computers and broadband. We ask for a favorable vote on this legislation.

If we can provide any additional information, please contact, Robyn Elliott at (443) 926-3443 or relliott@policypartners.net.

2021 MCHS SB 567 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Maryland Community Health System

Committee: Senate Finance Committee

Bill Number: Senate Bill 567 – Telehealth Services - Expansion

Hearing Date: February 17, 2021

Position: Support

Maryland Community Health System (MCHS) is in strong support of *Senate Bill 567 – Telehealth Services - Expansion*. Telehealth has become an essential component of health care services provided across the spectrum of practitioners. The bill ensures the stability and sustainability of our health care system beyond the pandemic.

Consumer-Centered: “As an FQHC, we have to meet people where they are.”ⁱ

Telehealth is transformative because it places the consumer in the center of the health care system. Consumers can choose how to engage their providers, through telehealth or in-person services, just as long as the care is clinically appropriate. Consumer engagement is reflected in falling no-show rates. For example, one of our FQHCs experienced a two-thirds reduction in no show rates in a five-month period ending in July 2021 in comparison to the prior year. When consumers keep appointments, this means they are getting the care needed to improve their health outcomes.

Senate Bill 3 Protects Consumer Access

The pandemic has accelerated the adoption of a hybrid model where providers offer both in-person and telehealth services to meet the needs of their patients. The legislation protects health care access by ensuring this model is sustainable after the public health emergency:

- **Ensuring Continuity of Care through Audio-Only Services:** As one of our providers reported, “We treat a lot of patients. If they are poor, if they are old, we may not be able to find out what’s going on with them without a phone.” By providing for continued reimbursement for audio-only services, the bill supports our patients who have the fewest resources, including access to broadband and transportation;

- **Bringing Health Care to the Consumer:** Before the pandemic, there were some Medicaid restrictions on the location of the patient. Generally, patients had to be at a clinical site to receive telehealth services rather than at home. This rule is a vestige from when telehealth was primarily used for primary care providers to consult with specialists. With the pandemic, Medicaid has waived those restrictions, and the bill ensures this flexibility will continue beyond the pandemic;
- **Sustaining the Health Care System with Reasonable Rates:** FQHCs, like many providers, plan to provide both in-person and telehealth services in the future. To sustain this hybrid model, reimbursement rates for telehealth must be equitable. Providers spend the same amount of time with a patient whether the visit is in-person or telehealth. While telehealth visits do not require physical space, they involve clinical preparation for the visit as well as enhanced technological and administrative support to interact with the patient; and
- **Recognizing Telehealth Across the Spectrum of Services:** The bill reflects Medicaid’s expansion of telehealth across all types of care – somatic, behavioral health, and oral health. It is crucial that we recognize the value of telehealth across the full spectrum of services.

We ask for the Committee’s full support of this legislation. We also note that there may be some valuable provisions on other telehealth bills, particularly SB 393, which focuses on the need to ensure parity for behavioral health services. We are committed to working with the Committee and other stakeholders as you review this bill and related telehealth legislation.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

5850 Waterloo Road, Suite 140, Columbia, Maryland 21045
410-761-8100

ⁱ A practitioner who serves transgender individuals at an FQHC

2021 MFeast SB 567 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 567 – Telehealth Services Expansion

Hearing Date: February 17, 2021

Position: Support

Moveable Feast supports *Senate Bill 567 – Telehealth Services Expansion*. The bill provides for reimbursement of the telehealth services beyond the pandemic. Telehealth is an important strategy in our health care system’s efforts to address inequities in health care.

Moveable Feast’s mission is to provide medically tailored meals to individuals facing life threatening illnesses to improve their quality of lives. We deliver meals to our clients’ homes since many of our clients face transportation and mobility issues. Telehealth is based on a similar principle – bringing health care directly to consumers so that they do not have to navigate scheduling and transportation challenges.

By providing for reimbursement of audio-only services, the bill addresses one of the major barriers to telehealth services. Many individuals and sometimes whole communities do not have access to broadband or computers. Audio-only visits are essential to connect people to the health services they need.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

901 North Milton Avenue, Baltimore, MD 21205 • 410.327.3420 • 410.327.3426 Fax • www.mfeast.org

Moveable Feast is a 501 (c)(3) charitable organization, contributions to which are tax-deductible. A copy of our current financial statement is available upon request by contacting our accounting office. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.

2021 MNA SB 567 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee
Bill Number: Senate Bill 567
Title: Telehealth Services - Expansion
Hearing Date: February 17, 2021
Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 567 – Telehealth Services - Expansion*. The bill provides for fair and consistent reimbursement rules to continue the support of telehealth after the pandemic. We would like to highlight the bill’s support of audio-only visits, which are critical to serve communities without access to broadband or have limited technology resources.

Under our Total Cost of Care Model in Maryland, it is critical that health care providers continue to be able to utilize telehealth to communicate efficiently and effectively with patients. According to the American Hospital Association Center for Health Innovationⁱ:

“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.”

Telehealth can be used to:

- Increase access to primary care services, urgent care, and specialist services in shortage areas;
- Support facilities and programs in managing the use of their ambulatory care space. If some patients can be treated through telehealth, it is a more efficient use of resources; and
- Increase patient satisfaction. Patients can probably be seen more quickly and without having to take time off from work.

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 or (443) 926-3443.

ⁱ 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

2021 MOTA SB 567 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401 ♦ Towson, Maryland 21286 ♦ motamembers.org

Committee: Senate Finance Committee
Bill Number: Senate Bill 567
Title: Telehealth Services – Expansion
Hearing Date: February 17, 2021
Position: Support

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 567 – Telehealth Services – Expansion*. This bill makes permanent in law several telehealth provisions permitted during the current health care pandemic.

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 and other community-based setting, the use of telehealth 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.

Patient counseling on the use of durable medical equipment is an example of use of telehealth in occupational therapy. Common equipment for seating and positioning, feeding, bathing and toileting lend themselves to synchronous and asynchronous telehealth solutions through measurements and follow-up that can be conducted remotely. Eliminating Medicaid’s originating site requirement that a patient be in a clinical health setting allows occupational therapists the ability to more closely utilize telehealth when providing services to a patient in their home and community.

In addition, being able to do provide services via audio-only means that individuals will have greater access to occupational therapist services. This is especially important as patients of all ages transition back home from a hospital or rehabilitation center and require assistance in home modifications and the use of durable medical equipment.

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 or (410) 693-4000.

2021 PPM SB 567 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV

Support

Senate Bill 567 – Telehealth Services - Expansion

Senate Finance Committee

February 17, 2021

Planned Parenthood of Maryland (PPM) supports *Senate Bill 567 – Telehealth Services - Expansion*. The bill provides for fair and consistent reimbursement policies for telehealth after the public health emergency. In particular, the bill provides for payment of audio-only visits, which are critical for individuals without access to computers or broad band.

During the pandemic, PPM has used telehealth to ensure our clients can continue to receive family planning services:

- **PrEP:** Telehealth, including asynchronous platforms, can expand access to PrEP. As with birth control, many individuals may be anxious to ask their providers about PrEP in a face-to-face encounter, so asynchronous communication increases accessⁱ;
- **Birth Control:** Our patients have continued to receive birth control without the interruption of coming to the office to make a visit. They can receive birth control from a mail order pharmacy or at a local pharmacy;
- **Uncomplicated UTIs:** Some sexually transmitted infections, such as uncomplicated urinary tract infections (UTIs), can be treated without an in-person visit. Untreated UTIs can impact future fertility and result in emergency room visits.

PPM asks for a favorable vote on the bill. We want Maryland to move forward, not backwards, in implementing telehealth. We care about the overall health, beyond birth control, of our patients. They deserve for their health care providers to be utilizing all the available communication tools. If we can provide any further information, please contact Robyn Elliott at (443) 926-3443.

ⁱ Touger, R. & Wood, B.R. Curr HIV/AIDS Rep (2019) 16: 113. <https://doi.org/10.1007/s11904-019-00430-z>.

2021 LCPCM SB 567 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Committee: Senate Finance Committee
Bill Number: Senate Bill 567
Title: Telehealth Services – Expansion
Hearing Date: February 17, 2021
Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 567 – Telehealth Services - Expansion*. This bill would require insurers, including the Maryland Medicaid Program, to reimburse for telehealth services provided through audio-only.

Prior to the current health care pandemic, Marylanders across the state experienced difficulties accessing behavioral health services. The onset of COVID last year has exacerbated that demand for behavioral health services, at a time when we know that there are not enough behavioral health providers overall.

One way licensed clinical professional counselors (LCPC) have adapted over the past year is by providing more services via telehealth. The importance of using technology to continue seeing clients when social distancing and stay at home orders went into effect cannot be overstated. Unfortunately, we know that using video format has not been available to everyone, for a variety of reasons. In instances where clients do not have a smartphone or computer, reliable internet, or sufficient privacy, professional counselors have been able to provide needed services via telephone to clients. This has ensured continuity of care throughout this crisis, and has allowed individuals seeking services for the first time, or returning to care, the ability to access services when they need it.

We know that the ability to provide behavioral health services via telehealth, including audio-only, will continue to be needed and a valuable tool in providing behavioral health services post-COVID.

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 or 410-693-4000.

2021 MSPA SB 567 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Senator Delores G. Kelley, Chair
Senator Brian J. Feldman, Vice Chair
Finance Committee
3 East, Miller Office Building
Annapolis, MD 21401

Bill: Senate Bill 567 – Telehealth Services – Expansion

Position: Support

Dear Chair Kelley, Vice Chair Feldman, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists’ Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state.

Many Marylanders rely on telehealth to receive care, especially during the pandemic. Students and families who lack transportation options or access to a nearby specialist also benefit from access to telehealth care. CMS reported that telehealth services usage among Medicaid and CHIP beneficiaries rose 2600% between March and June of 2020 when compared to the same period in 2019. Many of Maryland’s students and families also lack access to reliable technology and broadband services, which does not allow for the use of HIPAA-compliant video platforms. Allowing the continued use of audio-only telehealth services benefits all Marylanders, but especially those with these specific disadvantages. Senate Bill 567 would also allow for continuity in behavioral health services for students if there is an absence from school or if a student is out for an extended period.

MSPA is in support of Senate Bill 567 and we respectfully urge a favorable vote. If we can provide any additional information or be of any assistance, please contact please contact us at legislative@mSPAonline.org, or Rachael Faulkner at rfaulkner@policypartners.net or (410) 693-4000.

Respectfully submitted,

Kyle Potter, Ph.D., NCSP
Chair, Legislative Committee
Maryland School Psychologists’ Association

2021 NASW SB 567 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Testimony before the Senate Finance Committee

****Support****

**SB 567 –
Telehealth Services – Expansion**

February 17, 2021

Maryland's Chapter of the National Association of Social Workers (NASW-MD), which represents professional social workers across the state, supports SB 567 – Telehealth Services – Expansion.

The past year has been remarkable for the challenges and stresses which all Marylanders have faced as we have struggled with the health and financial aspects of COVID 19. Social workers provide more mental health services in our country than any other profession and social workers in Maryland have risen to the challenge and pivoted to continue providing quality mental health services while keeping themselves and their clients safe through the use of Telehealth. The process has taught us that telehealth is a vital form of providing care to clients who for one reason or another cannot access a practitioner in person.

This option must continue to be available during the rest of the public health emergency and beyond.

We support any legislation which makes telehealth accessible to more Maryland residents.

We ask that you give a favorable report on SB 567.

Respectfully,

Daphne McClellan, Ph.D., MSW
Executive Director, NASW-MD

5750 Executive Drive, Suite 100, Baltimore, MD 21228
(410) 788-1066 · FAX (410) 747-0635 · [nasw.md @verizon.net](mailto:nasw.md@verizon.net) · www.nasw-md.org

2021 TCC SB 567 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



THE COORDINATING CENTER
INSPIRED SOLUTIONS

Committee: Senate Finance Committee
Bill Number: Senate Bill 567
Title: Telehealth Services – Expansion
Hearing Date: February 17, 2021
Position: Support

The Coordinating Center (The Center) supports *Senate Bill 567 – Telehealth Services – Expansion*. This bill would make permanent telehealth services that are audio-only and allow telehealth services to be provided in an individual’s home or community.

The COVID-19 pandemic has been difficult for everyone, especially those receiving home and community-based services, many of whom are immune compromised. Over the past nine months, our staff have been able to safely provide care coordination services to clients in their homes through telehealth, including a mix of video and audio.

As a provider of complex care coordination, it is critical that we continue to protect the health and safety of our clients going forward. Our 200+ care coordinators (i.e., licensed social workers, nurses, and supports planners) are grateful for the flexibility provided by federal and state emergency orders, which recognize our team as essential workers and permit them to work with our 10,000+ clients with disabilities and complex needs via telehealth. These actions permit our team to continue providing essential health services during this crisis while following State of Maryland recommendations on staying home, teleworking, and maintaining physical distancing.

Even when the federal and state emergency orders end, The Center believes the current flexibilities should remain. Our primary concern is the elimination of the “home” being designated as an originating site for care coordination by Maryland Medicaid. If this occurs, our coordinators will need to resume in-person visits at a time when many of our clients and their family caregivers are not eligible for a vaccine, including children with complex medical needs.

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 or (410) 693-4000.

MCA President _SB571_Testimony9.pdf

Uploaded by: Marsalek, Dominique

Position: FAV



February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson
EHEA Committee
Maryland Senate
11 Bladen Street
Room 2, West Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for SB 571 on the “Counseling Compact” to be entered into the public hearing record. My name is Carol ZA McGinnis and I am an Associate Professor and Licensed Professional Counselor who resides and practices in Baltimore County, Maryland.

This Compact is important to me because I understand how difficult it can be to find help that is needed by my fellow citizens. Many times, a client may be in need of immediate services and the wait time for an in-State practitioner can be much too long given the seriousness of their symptoms. Allowing for the services across state lines provides our licensed professional counselors with the opportunity to help in other states, and will give our citizens increased access to counseling that is sorely needed now and in the foreseeable future.

Much like existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing state regulatory boards to better protect consumers through enhanced sharing of licensure information.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;
- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state’s authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state’s scope of practice.

As president of the Maryland Counseling Association (MCA), I represent the will of professionals who work and live in the state of Maryland and strongly urge you to support this Counseling Compact.

Sincerely,

Carol ZA McGinnis PhD, SIP, BC-TMH, NCC, LCPC
2020-2021 Maryland Counseling Association (MCA) President
president@mdcounseling.org

SB567_Testimony11.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 17, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 567** – Telehealth Services – Expansion

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Roni K. White and I am a licensed professional counselor who resides and practices in Montgomery County, Maryland.

Reimbursement for telebehavioral health modalities is important to me because the pandemic has negatively impacted residents of Maryland across socioeconomic experiences. Mental health illness and needs have not ceased during the pandemic, in fact symptoms have increased. It is essential that populations who receive health benefits from the Medical Assistance Program have access and equity to licensed professionals providing behavioral and mental health care.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

A handwritten signature in black ink, appearing to read "Roni K. White". The signature is stylized and cursive.

Roni K. White, NCC, LCPC
Psychotherapist
Apricity Wellness Counseling
12 S. Summit Ave. 100-A2, Gaithersburg, MD, 20877

SB567_Testimony12.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

Ellen M. Dumer, LCPC
Your Best Life Counseling, LLC
217 E. Churchville Road - Bel Air, MD 21014
888-610-7226 - edumer226@gmail.com

February 17, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 567 - Telehealth Services - Expansion**

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Ellen Dumer, LCPC and I am a Licensed Clinical Professional Counselor who resides and practices in Harford County, Maryland.

Reimbursement for telebehavioral health modalities is important to me and to my clients as it provides easier access to services. This is especially true for clients who are elderly, disabled, without transportation, and those who have work or home responsibilities that impact their ability to take time out of their schedule for transportation to an appointment. It is widely known that mental health services have been limited by many factors over the past year, with COVID being the most frequent reason for increased anxiety and depression across all demographics. My inquiries from new clients for telehealth has increased significantly. The location of my practice is a factor as clients from neighboring states who would otherwise be able to travel prefer not to have in-person visits.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

SB567_Testimony13.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 17, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 567** – Telehealth Services – Expansion

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Bethany Benson and I am a Therapist who resides and practices in Baltimore County, Maryland.

Reimbursement for telebehavioral health modalities is important to me because it will allow me to better serve my clients while also keeping them and myself safe. I have been able to provide mental health services for many families, children and adults throughout this pandemic and need to be able to continue to do so safely. The progress I have seen would be greatly impacted negatively if this bill is denied.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

Bethany Benson, LCPC
Associate Director- School Based
5820 York Road, Suite 201
Baltimore MD 21212

SB567_Testimony14.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 17, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 567** – Telehealth Services – Expansion

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Bethany Benson and I am a Therapist who resides and practices in Baltimore County, Maryland.

Reimbursement for telebehavioral health modalities is important to me because it will allow me to better serve my clients while also keeping them and myself safe. I have been able to provide mental health services for many families, children and adults throughout this pandemic and need to be able to continue to do so safely. The progress I have seen would be greatly impacted negatively if this bill is denied.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

Bethany Benson, LCPC
Associate Director- School Based
5820 York Road, Suite 201
Baltimore MD 21212

SB567_Testimony15.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 17, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 567** – Telehealth Services – Expansion

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Megan Wainwright and I am a LCPC who resides and practices in Montgomery County, Maryland.

Reimbursement for telebehavioral health modalities is important to me because the onset of this pandemic shook a lot of our clients and each other. Being able to use telebehavioral platforms allowed me to remain in close contact with my clients and their families. Previous to this, in-home therapy was not something a lot of my clients participated in so having an opportunity to do teletherapy with them while they were in the comfort of their homes allowed for a more immersive therapeutic experience. There have been gifts and rewards from having this accessibility heightened that I truly believe would not have happened if this was not an option.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

Sincerely,



Megan K Wainwright
LCPC Board Approved Supervisor
103 Brookes Ave
Gaithersburg, MD 20877

SB567_Testimony16.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 17, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 567** – Telehealth Services – Expansion

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Vivian Morgan and I am a Licensed Professional Counselor who resides and practices in Baltimore County, MD.

Reimbursement for telebehavioral health modalities is important to me because I have realized how critical telehealth is to providing care for my clients. Teletherapy is necessary. This Compact is important to me because this service delivery method is necessary for some people due to transportation, health, socio-economic, and other issues that prohibit travel. Mental health is as important as other health issues and should be treated as such. I work with many high school students who go to school out of state and are adjusting to significant life changes and need the support of their community providers. I also believe that individuals have the right to find practitioners who fit their need, no matter where they are located. Mental health services have a component in which the relationship of the counselor and client is critical to the efficacy of care.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

[NAME]
[TITLE]
[ADDRESS]

SB567_Testimony17.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 11, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: SUPPORT FOR SB 567 – Telehealth Services – Expansion

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Lisa Rabinowitz and I am a LCPC who resides and practices in Baltimore, MD.

Reimbursement for telebehavioral health modalities is important to me because telebehavioral health because I am able to serve my clients who don't have babysitters, cars or access to get to my office. I've been using it during the state of emergency and my clients have asked me numerous times if we can continue with zoom sessions

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,
Lisa Rabinowitz, LCPC

I can be reached at 410-736-8118.
Renewing Relationships
Rabinowitz Counseling Services, LLC

SB567_Testimony18.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Rachel Collins LPCP and I am a Clinical therapist who resides and practices in Baltimore County, MD.

Reimbursement for telebehavioral health modalities is important to me because it is the safest form of therapy for my clients.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

Rachel Collins LCPC
Stride Forward Counseling
9 Newburgh Avenue, Catonsville MD
Rabinowitz Counseling Services, LLC

SB567_Testimony19.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 17, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 567** – Telehealth Services – Expansion

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Paige Lewis and I am a licensed graduate professional counselor who resides and practices in Montgomery County, MD.

Reimbursement for telebehavioral health modalities is important to me because it allows me to continue providing services to clients that have financial barriers. It also allows me to continue practicing safely for myself and client's health without compromising their access to services.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

Paige Lewis

Licensed Graduate Professional Counselor
7201 Wisconsin Ave., Bethesda, MD 20814

SB567_Testimony20.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 17, 2021

The Honorable Senator Delores Kelley, Chairperson
Finance Committee
Maryland Senate
11 Bladen Street
Room 3, East Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 567** – Telehealth Services – Expansion

Dear Chairperson Kelley and Distinguished Members of the Senate Finance Committee:

I want to thank you for taking my written statement of support for SB 567 on telehealth reimbursement to be entered into the public hearing record. My name is Maya Georgieva and I am a Licensed Clinical Professional Counselor in Maryland as well as a Licensed Professional Counselor in Virginia. I reside in Arlington, Virginia and I practice in Falls Church, Virginia. In addition, I teach full-time in a CACREP-accredited graduate counseling program at Messiah University in Mechanicsburg, Pennsylvania. Since 2015, I have actively served the Maryland Counseling Association (MCA).

Reimbursement for telebehavioral health modalities is important to me because reimbursement for all mental health services is important. The pandemic has illuminated the ability of telemental health modalities to increase access for those in need.

We are still in the throes of a global pandemic and the need for health care and mental health services has never been greater. COVID-19 has revealed systemic flaws in our mental health services for providers and clients alike. It is imperative that we remove barriers to life saving services in a responsible and urgent manner.

This bill will update what Maryland health care services the Medical Assistance Program is required to provide through telehealth by broadening the circumstances under which the Program is required to provide telehealth and telebehavioral health. It is critical to update current Maryland code to align with best practices in our field by requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care services provided through telehealth.

While we are working to upload and implement the Counseling Compact in this state and throughout the U.S., this immediate action, removing barriers to critical supports and supporting mental health providers by broadening reimbursements in Maryland, is essential for the wellbeing of residents, families, and a social services system overburdened by staggering need.

I strongly urge you to support SB 567.

Sincerely,

Maya Georgieva, Ed.D., LCPC(MD), LPC(VA)

Assistant Professor, Messiah University
Licensed Counselor, Sunstone Counseling
MASERVIC President
MCA Credentialing Chair
mgeorgieva@messiah.edu
703-673-6147

SB571_Testimony1.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson
EHEA Committee
Maryland Senate
11 Bladen Street
Room 2, West Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for SB 571 on the “Counseling Compact” to be entered into the public hearing record. My name is Sharon McClurkin, and I am a Licensed Clinical Professional Counselor (LCPC) who resides and practices in Frederick County, Maryland.

This Compact is important to me because Frederick County borders Pennsylvania and West Virginia and Virginia with Interstate 270 and US Route 15 intersecting the County bringing hundreds of people every day from those bordering states to work in Frederick County and surrounding areas. They don’t understand why I can’t provide therapeutic services for them during their lunch time or immediately after work, both times when it is most convenient for them to receive services. Providing needed services for them does not take away from the ability to provide needed services for those who live in Maryland. It’s about receiving services when it’s convenient, where it’s convenient, and with whom they’re most comfortable. Also, Frederick is home to Hood College, a private higher education institution, whose 2019 Profile states their undergraduate students were from 26 States and Washington, DC. As soon as any of those students return to their home State or DC for any break, we are no longer able to provide their needed services. None of this makes sense. Telehealth is an invaluable tool that has no barriers except those we impose. Removing barriers provides exactly the Continuity of Care we Professional Counselors are Ethically and Morally mandated and expected to provide.

Much like existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing state regulatory boards to better protect consumers through enhanced sharing of licensure information.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;
- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state's authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state's scope of practice.

I strongly urge you to support this Counseling Compact.

Sincerely,

A handwritten signature in black ink that reads "Sharon A. McClurkin". The signature is written in a cursive style with a prominent initial "S" and a long, sweeping underline.

Sharon A. McClurkin, LCPC
Master of Science from Loyola University Maryland
Owner of Salt and Light Counseling LLC, a private group practice in Frederick, MD
Home address is 8003 Captains Ct., Frederick MD 21701

SB571_Testimony10.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson

EHEA Committee

Maryland Senate

11 Bladen Street

Room 2, West Wing

Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for SB 571 on the “Counseling Compact” to be entered into the public hearing record. My name is Jasmin Sias and I am a Licensed Graduate Professional Counselor who resides and practices in Baltimore County, Maryland.

This Compact is vital to me because it will allow counselors to provide services to diverse communities that lack quality mental health services. Families should not have to travel hours away from their homes to access a qualified mental profession.

Much like existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing state regulatory boards to better protect consumers through enhanced sharing of licensure information.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;
- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state’s authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state’s scope of practice.

I strongly urge you to support this Counseling Compact.

Sincerely,

Jasmin Sias

Licensed Graduate Professional Counselor

Baltimore County, Maryland

SB571_Testimony2.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson
EHEA Committee
Maryland Senate
11 Bladen Street
Room 2, West Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for SB 571 on the “Counseling Compact” to be entered into the public hearing record. My name is Kshipra Jain and I am a Licensed Professional Counselor who resides and practices in Washington, DC.

This Compact is important to me because there is a huge gap between the need for mental health services and the number of licensed providers who are able to serve clients in an ethical and safe manner. The education and training that we receive as mental health professionals is vigorous, regardless of state, as is the number of hours that we are required to put into continued education post-licensure. As such, the ability to practice across statelines will significantly allow for the reduction of inequities in terms of access to culturally competent mental and behavioral health services, based on socioeconomic status, (dis)ability status, gender diversity and sexuality, and other barriers to receiving adequate care. This is an important step in advocating for marginalized communities, who need treatment and support, yet may not be able to safely make it to in-person appointments, or find a well-suited clinician who specializes in the care they need, during a pandemic or otherwise.

Much like existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing state regulatory boards to better protect consumers through enhanced sharing of licensure information.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;
- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state’s authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state’s scope of practice.

I strongly urge you to support this Counseling Compact.

Sincerely,



Kshipra Jain, LPC, NCC

Therapist & Clinical Supervisor | 2480 16th St NW, Washington, DC 20009

SB571_Testimony3.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson
EHEA Committee
Maryland Senate
11 Bladen Street
Room 2, West Wing
Annapolis, MD 21401

RE: SUPPORT FOR SB 571 – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for HB 736 on the “Counseling Compact” to be entered into the public hearing record. My name is Catherine Eaton and I am a life long Maryland resident with a small business working as a Licensed Clinical Professional Counselor in Montgomery County. I also work as a remote supervisor for the Tri-County Youth Services Bureau, Inc, which provides school based counseling services for Calvert, Charles, and St. Mary’s Counties.

This Intrastate Compact is imperative for Maryland clinicians and residents because many of our clientele move among the DVM area and clients want to continue services with their current provider instead of starting over or having to join a long waitlist in their new residence. By providing clinicians the opportunity to practice over state lines via telehealth, we can increase access of care with qualified mental health professionals at a time when the need is greatest due to the pandemic.

There are similar intrastate licensing compacts already in place for other medical professionals such as nurses and adding this services for licensed clinical counselors would be mutually beneficial to all states involved.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;
- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state’s authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state’s scope of practice.

I strongly urge you to support this legislation and have Maryland be the first state to join the Counseling Compact!

With appreciation,

Catherine Eaton LCPC, GCDF, NCC
Licensed Clinical Professional Counselor and Board Approved Clinical Supervisor
Global Career Development Facilitator
National Board-Certified Counselor, Maryland License #LC5355
Secretary, Association for Adult Development and Aging (AADA)
Trustee, National Employment Counseling Association (NECA)
Past-President, Maryland Counseling Association (MCA 2018)

Pronouns: She/Her/Hers Phone: 240-401-8686 Fax: 888-977-1530 Email: counselorc@icloud.com
Upcounty Pastoral Counseling Services, 915 Russell Ave, Suite B, Gaithersburg, MD 20879
Residential Address: 8 Russell Ave, Unit #402, Gaithersburg, MD 20877

SB571_Testimony4.pdf

Uploaded by: Marsalek, Dominique

Position: FAV



John Duggan, EdD, LCPC

Silver Spring, MD • 202.374.1000 • JohnDuggan@dcDiversity.com

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson
EHEA Committee
Maryland Senate
11 Bladen Street
Room 2, West Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

Please accept my testimony in support of SB 571 – The Interstate Licensed Professional Counselors Compact. I am a Montgomery County resident and a member of the Maryland Counseling Association (MCA).

I hold a license to practice as a Licensed Clinical Professional Counselor, and I'm recognized as a Board Approved Supervisor in the Practice of Clinical Professional Counseling by the Board of Professional Counselors and Therapists for Maryland. I also hold professional licenses issued by the Commonwealth of Virginia Department of Health Professions Board of Counseling and the Board of Professional Counseling in the District of Columbia.

Often, clients work or travel from Maryland to neighboring jurisdictions. Possessing interstate practice privileges becomes an ethically necessary yet expensive proposition when providing behavioral health services in such a highly mobile region.

The Compact is a critical initiative that would eliminate barriers to the interstate practice of professional counseling. The Counseling Compact would improve client access to professional counseling services and enhance public protection through a shared interstate licensure data system.

The Counseling Compact utilizes a "mutual recognition" model of interstate practice, whereby Compact member states agree to "recognize" valid licenses issued by other member states. To use the Compact, a professional counselor must have a license in good standing in their home state—their primary state of residence—and the home

state must be a member of the Compact. When a licensee wants to work in another member state (known as a “remote state”), the licensee must obtain a “privilege to practice” from the Counseling Compact Commission, the interstate body composed of member state officials tasked with administering the Compact upon its enactment by ten states. A privilege to practice is equivalent to a license to practice professional counseling in the remote state.

The Counseling Compact preserves each member state’s authority to protect public health and safety through the existing state regulatory structure. Unlike national licensure initiatives that supersede state regulatory authority, an interstate compact allows a member state to continue to determine the requirements for licensure in that state, as well as to maintain that state’s unique scope of practice for all professional counselors practicing in that state, whether through a state-issued license or through a privilege to practice.

Membership in the Counseling Compact would confer many benefits for the State of Maryland. For example, the Compact:

- Improves access to professional counseling services for residents of Maryland;
- Preserves the existing state-based licensure system;
- Improves continuity of care for residents;
- Contains a specific provision allowing for interstate practice via telehealth;
- Simplifies and speeds up the current interstate licensure process;
- Requires continuing education for all who practice under the Compact; and
- Improves portability for military spouses:

Overall, the Counseling Compact will support military families, improve access to and continuity of care for Maryland residents, and increase license portability for professional counselors based in neighboring jurisdictions while maintaining the current state system licensure.

The Compact allows sharing investigative and disciplinary information among member states, thereby affording the State of Maryland Board of Professional Counselors Therapists better processes to protect public health, safety, and welfare of Maryland residents.

For the reasons stated above, I strongly urge FAVORABLE support for SB 571 – The Interstate Licensed Professional Counselors Compact.

Respectfully Submitted,

John P. Duggan, EdD, LCPC (MD), LPC (DC, VA), LSATP (VA)

SB571_Testimony5.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

Ellen M. Dumer, LCPC
Your Best Life Counseling, LLC
217 E. Churchville Road - Bel Air, MD 21014
888-610-7226 - edumer226@gmail.com

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson
EHEA Committee
Maryland Senate
11 Bladen Street
Room 2, West Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** - Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for SB 571 on the "Counseling Compact" to be entered into the public hearing record. My name is Ellen Dumer, LCPC and I am a Licensed Professional Clinical Counselor who resides and practices in Harford County, Maryland.

This Compact is important to me because is important to me and to my clients as it provides easier access to services. This is especially true for clients who are elderly, disabled, without transportation, and those who have work or home responsibilities that impact their ability to take time out of their schedule for transportation to an appointment. It is widely known that mental health services have been limited by many factors over the past year, with COVID being the most frequent reason for increased anxiety and depression across all demographics. My inquiries from new clients for telehealth has increased significantly. The location of my practice is a factor as clients from neighboring states who would otherwise be able to travel prefer not to have in-person visits.

Much like existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing state regulatory boards to better protect consumers through enhanced sharing of licensure information.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;
- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state's authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state's scope of practice.

I strongly urge you to support this Counseling Compact.

Sincerely,

SB571_Testimony6.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson

EHEA Committee

Maryland Senate

11 Bladen Street

Room 2, West Wing

Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for SB 571 on the “Counseling Compact” to be entered into the public hearing record. My name is Sara Pula and I am a Counselor Educator and Clinical Mental Health Counselor who resides and practices in Anne Arundel County, Maryland.

This Compact is important to me because increased access to counseling services across state lines is critical, particularly in an area such as ours that borders other jurisdictions such as Virginia, DC, Pennsylvania, and West Virginia. Counselors residing in Maryland often have clients who move to one of these local areas and due to current licensure regulations must find a new counselor and start the process over, even if they’ve been working with a counselor for some time and making great progress. I can’t tell you how disruptive and harmful this is to the well-being of our clients. The Counseling Compact would allow counselors to more easily serve clients as they relocate or move back and forth across state lines (e.g., Federal workers, college students, etc).

Much like existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing state regulatory boards to better protect consumers through enhanced sharing of licensure information.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;
- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state’s authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state’s scope of practice.

I strongly urge you to support this Counseling Compact.

Sincerely,

Sara Pula, PhD, LCPC ACS
President-Elect, Maryland Counseling Association
1179 Bay Highlands Drive, Annapolis, MD

SB571_Testimony7.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson
EHEA Committee
Maryland Senate
11 Bladen Street
Room 2, West Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for SB 571 on the “Counseling Compact” to be entered into the public hearing record. My name is Jason Quarantillo and I am a Professional Counselor who resides and practices in Harford County, MD.

This Compact is important to me because telebehavioral health services have become such a valuable way of supporting clients in need and increasing access and availability would be a valuable step. Being able to continue to provide support even in the situations where clients have crossed state lines makes a lot of sense when the wellbeing and best interest of the client is in mind.

Much like existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing state regulatory boards to better protect consumers through enhanced sharing of licensure information.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;
- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state’s authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state’s scope of practice.

I strongly urge you to support this Counseling Compact.

Sincerely,
Jason Quarantillo, LCPC
2015 Emmorton Road suite 201, Bel Air MD 21015

SB571_Testimony8.pdf

Uploaded by: Marsalek, Dominique

Position: FAV

February 16, 2021

The Honorable Senator Paul Pinsky, Chairperson
EHEA Committee
Maryland Senate
11 Bladen Street
Room 2, West Wing
Annapolis, MD 21401

RE: **SUPPORT FOR SB 571** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pinsky and Distinguished Members of the Senate Committee on Education, Health, and Environmental Affairs:

I want to thank you for taking my written statement of support for SB 571 on the “Counseling Compact” to be entered into the public hearing record. My name is Melissa Wesner and I am a Licensed Clinical Professional Counselor who owns a group counseling practice in Towson, Maryland.

This Compact is important to me because counselors and clients are more mobile than ever. This compact will increase the likelihood that clinicians can continue working with their clients without interrupting their care when the client moves out of state. It would also mean that therapists are able to meet with their clients while they are out of state for work or family. At present, the current laws result in gaps when clients go out of state temporarily, and it results in clients needing to find new providers when they move. Gone are the days when people grow up in one place and stay there for the rest of their lives. Our professions and the legislation that guides them need to change with the times, so that they reflect people’s real lives.

As we have seen with the temporary guidelines in place for COVID, flexibility to practice between states is incredibly important. For example, COVID and state guidelines that prohibit practicing counseling between state lines has resulted in college students needing to find new providers at the start of the pandemic when they were forced to move back home with family. This alone demonstrates the need for greater flexibility and change. COVID has shown mental health professionals, insurance companies, and the world that new technologies that allow for telehealth, online medical appointments, work from home, and schooling from home are vital. It has shown that we can be more flexible than we once were.

Much like existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing state regulatory boards to better protect consumers through enhanced sharing of licensure information.

The Counseling Compact will benefit those in need of critical lifesaving mental health support and counselors by:

- Enhancing mobility for counselors who meet uniform licensure requirements;
- Increasing access to care for clients;
- Ensuring continuity of care when clients or counselors relocate or travel to other states;
- Allowing military personnel and spouses to easily maintain certifications when relocating;

- Preserving and strengthening the current system of state licensure.

The Counseling Compact preserves each state's authority to regulate the profession. It does not alter scope of practice or impact state practice law. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state's scope of practice.

I strongly urge you to support this Counseling Compact.

Sincerely,

Melissa Wesner, LCPC
828 Dulaney Valley Road, Suite 12
Towson, MD 21204

SB0567 Telehealth Expansion.pdf

Uploaded by: Martin, Dan

Position: FAV

Senate Bill 567 Telehealth Services – Expansion

Finance Committee

February 17, 2021

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present this testimony in support of Senate Bill 567

Expanded use of telehealth has been a critical component in Maryland’s effort to mitigate spread of the coronavirus. Increased flexibility in the delivery of these services has protected providers and patients from exposure to the virus, ensured continuity of care for Marylanders unable to access in-person treatment, and increased overall access to care. The service expansion has become a vital part of Maryland’s continuum of care and it must be preserved.

The increased access to care that telehealth allows will be particularly important as Maryland works to address the serious behavioral health impact of COVID-19. Isolation, loss of income and grief resulting from the loss of a loved one – not to mention the threat of actually contracting the virus – are all having a profound effect on our mental health. Up to 40% of Marylanders have reported feeling anxious or depressed as a result of the pandemic and state crisis hotlines are receiving a startling increase in calls from individuals at risk for suicide. Drug-and-alcohol-related deaths jumped by more than 18% in the second quarter of 2020 as compared to the same period a year earlier, including a 30% increase in opioid-related deaths. If we expect to meet this increased demand, SB 567 is essential.

The bill does several important things:

- It expands access to audio-only telehealth in Medicaid and commercial health plans. This is an important health equity issue. Low-income families without access to the internet or smartphones and families living in rural communities with poor broadband service are unable to access audio-visual telehealth services.
- It prohibits Medicaid from limiting the delivery of telehealth based on the location of the recipient. This is particularly important for Marylanders experiencing homelessness and for individuals who may not feel safe accessing behavioral health treatment in their home.
- It requires commercial health plans to reimburse providers for telehealth services at the same rate as in-person care.

These provisions are vital in our efforts to address the health and behavioral health needs of Marylanders across the state. It is important to note, however, that SB 567 does not include several

critical provisions that are addressed in another telehealth bill (SB 393) this committee considered earlier in session. These additional provisions are essential to the behavioral health community, and they should be adopted in whatever telehealth legislation this committee chooses to advance. They include:

- Reimbursement of behavioral health programs for telehealth services delivered by peers and paraprofessionals – two critical sectors of the behavioral health workforce.
- Protection of consumer choice and assurance that a patient may not be required to use telehealth in lieu of an in-person visit.
- Reimbursement parity for telehealth services provided in the Medicaid program.

Telehealth is a critical tool in our efforts to meet an increasing demand for mental health and substance use treatment. For this reason, **MHAMD supports SB 567 and the additional telehealth provisions included in SB 393.**

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

SB 567 - Telehealth Expansion.pdf

Uploaded by: Martin, Rhya

Position: FAV



Senate Bill 567 – Telehealth Services - Expansion
Before the Senate Finance Committee
February 17, 2021
Position: SUPPORT

The University of Maryland Medical System strongly supports SB 567 – Telehealth Services Expansion. The COVID-19 public health emergency accelerated the maturity of our Telehealth programs across the University of Maryland Medical System’s (UMMS) thirteen member hospitals, affiliated practices, medical groups, and urgent care clinics. What would have otherwise crippled our healthcare system, the ability to deliver virtual care during the pandemic became critically important for our beneficiaries. Access to telehealth services without geographic restrictions, and via audio only transmission, helped ensure that patients could receive care where they are based on consumer choice and safety, and adjudicated by clinical judgment. We fully recognize and appreciate the high level of patient satisfaction delivered through Telehealth Services and plan to continue this high quality virtual care beyond the pandemic, with your help.

SB 567 would expand the health care services that the Maryland Medical Assistance Program is required to provide through telehealth. The approval of this bill would allow recipients of this program to receive health care services through telehealth regardless of their location. The pandemic has caused a sudden surge in unemployment resulting in the loss of employer-sponsored insurance for many Marylanders. It is critical that our citizens are able to receive the same telehealth services as they would if they were still covered by an employer sponsored insurance program. Additionally, many citizens have had to move farther away from metropolitan areas to reduce their living expenses; our residents in more rural areas of the state already face a number of obstacles regarding access to care. The implementation of telehealth services has been one of our greatest tools in combatting access to care and alleviating the disparity in these regions.

Telehealth Services allowed us to optimize technology to support secure, HIPAA compliant virtual care especially for some our underserved populations. Telehealth technology allowed for the continuity of care helping to enhance patient wellness, and improve efficiency and quality of care—with increased patient satisfaction. We also experienced access to real-time information related to social determinants of health which impact the lives of many patients in the communities that we serve. The efforts at greater provider to patient communication, and trust helped lead to improved health outcomes, reduced cost and waste, and duplication of services.

As a critical component of our COVID-19 mitigation strategy and infection prevention efforts, Telehealth programs were implemented across the University of Maryland Medical System hospitals and its affiliated health care locations. This includes Telehealth programs for primary and specialty care and remote Emergency Department Triage services. In response to the public health emergency, telehealth services allowed physicians and other providers to deliver care to our patients while supporting social distancing efforts, reducing exposure and spread of SARS-CoV-2 and other diseases, and reducing the utilization of personal protective equipment (a high value commodity during the public health emergency).

It is critical to our COVID-19 mitigation strategy that recipients of the Maryland Medical Assistance Program are able to receive health care services through telehealth so that we may continue to having success in minimizing the spread of COVID.

We look to your leadership in enacting this legislation and look forward to partnering with the Maryland Medical Assistance Program to extend our telehealth services to all residents of Maryland. For these reasons, we urge a favorable report on SB 567.

Respectfully submitted,

Donna L. Jacobs, Esq.
SVP, Government, Regulatory Affairs and Community Health
University of Maryland Medical System
250 W. Pratt Street
Baltimore, MD 21201
djacobs@umm.edu

SB567–Telehealth Services –Expansion-RMC-Support-0

Uploaded by: Matthews, Dakota

Position: FAV



John Hartline, Chairman

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
Website: www.rural.maryland.gov
Charlotte Davis, Executive Director

Testimony in Support of
Senate Bill 567 – Telehealth Services – Expansion
Finance Committee
February 17, 2021

The Rural Maryland Council **Supports** SB567 Telehealth Services – Expansion. On March 5, 2020 a state of emergency and catastrophic health emergency was proclaimed as COVID-19 began to spread throughout the state. As Marylanders were advised to avoid contact with others as much as possible to stop the spread of the virus, certain telehealth capabilities were expanded to require health insurance companies to reimburse health care providers who were providing telehealth services to patients that would have otherwise been covered in person. SB567 will extend the telehealth definition to include audio only and remote patient monitoring services and allow distant site providers to provide these services to program recipients from any location which the service may be appropriately delivered. The Council requests that these adjustments be made to safely provide adequate healthcare services to Marylanders who would possibly otherwise go without.

Rural Maryland is currently experiencing a shortage in healthcare providers, particularly in specialty areas, mental health and dental. In addition to having a lack of healthcare providers, Rural Marylanders tend to be both older and in worst health than their suburban counterparts. This puts many individuals of rural Maryland at a greater risk during the COVID -19 pandemic, making it less safe for them to leave their homes, especially to go to a high-risk location such as a medical facility.

Senate Bill 567 will allow for safer means of healthcare and provide easier access to healthcare for rural Marylanders. While telehealth is a more accessible option to many, those in certain parts of the state do not either own the proper materials for a telehealth visit or live in areas that lack proper broadband access to participate in a telehealth visit. By adding audio-only and remote patient monitoring services to the services covered under telehealth, it reaches those who would have been cut off from these services because of a lack of digital literacy or technology. Also, allowing Distant Site providers to provide services to a program recipient from any location increases the number of possible providers for each individual, allowing for more coverage and better health during these crucial times. According to the CDC, the amount of telehealth visits during the last two weeks of March 2020 rose 154% compared to the same time period from 2019. The increase may have been a result of the telehealth related policy changes made during that time.

The Rural Maryland council respectfully asks for your favorable support on Senate Bill 567 Preserve Telehealth Access Act of 2021

The Rural Maryland Council (RMC) is an independent state agency governed by a nonpartisan, 40-member board that consists of inclusive representation from the federal, state, regional, county and municipal governments, as well as the for-profit and nonprofit sectors. We bring together federal, state, county and municipal government officials as well as representatives of the for-profit and nonprofit sectors to identify challenges unique to rural communities and to craft public policy, programmatic or regulatory solutions.

“A Collective Voice for Rural Maryland”

SB0567-FIN-FAV.pdf

Uploaded by: Mehu, Natasha

Position: FAV

CITY OF BALTIMORE

BRANDON M. SCOTT,
Mayor



Mayor's Commission on Disabilities

7 E. Redwood Street, 9th Floor
Baltimore, Maryland 21202

SB 567

February 15, 2021

TO: Members of the Finance Committee
FROM: Janice Jackson, Mayor's Commission on Disabilities
RE: Senate Bill 567 – Telehealth Services – Expansion
POSITION: SUPPORT

Chair Kelley, Vice-Chair Feldman and Members of the Finance Committee, please be advised that the Mayor's Commission on Disabilities for Baltimore City ("MCD") **supports SB 567– Telehealth Services – Expansion**

If enacted, this bill shall alter the health care services the Maryland Medical Assistance Program is required to provide through telehealth; alter the circumstances under which the Program is required to provide health care services through telehealth; alter a provision of law requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse certain health care services provided through telehealth and to require reimbursement to be provided in a certain manner and at a certain rate; etc.

Further, MCD has received numerous complaints regarding the Mobility Link Service provided by the Maryland Transit Administration (MTA). As a person who utilizes a wheelchair and often depends on Mobility to go to medical appointments, I have experienced first-hand unreliability of the transit system which has sometimes led to missed and late appointments.

As a result of the pandemic and my underlying health conditions, I have not left my apartment building since March 2020. However, the telehealth option has enabled me to continue receiving medical care without the reliance of public transportation. The extension of telehealth will enhance my quality of life as well as others in the disability community. In addition, I am a strong proponent of expanded mental health telehealth services and providers. Because of increased isolation, many persons are reliant on telehealth for mental health care.

The MCD only wishes to amplify the dire need for this legislation for those persons with disabilities who depend for their well-being and quality of life on telehealth. This bill thus represents a critical step to improving the lives of our constituency.

For the above reasons, we respectfully request a **favorable report** on **Senate Bill 567**.

SB567 Telehealth Services - Expansion-Reece FIN FA

Uploaded by: Reece, E. Albert

Position: FAV

February 17, 2021

The Honorable Delores Kelley
Chair, Senate Finance Committee
241 House Office Building
Annapolis, MD 21401

Re: Senate Bill 567 - Telehealth Services – Expansion

Dear Chair Kelley,

The University of Maryland School of Medicine strongly supports SB 567 – Telehealth Services Expansion. The COVID-19 public health emergency accelerated the maturity of our Telehealth programs across our Faculty Practice plan. What would have otherwise crippled our healthcare system, the ability to deliver virtual care during the pandemic became critically important for our beneficiaries. Access to telehealth services without geographic restrictions, and via audio only transmission, helped ensure that patients could receive care where they are based on consumer choice and safety, and adjudicated by clinical judgment. We fully recognize and appreciate the high level of patient satisfaction delivered through Telehealth Services and plan to continue this high quality virtual care beyond the pandemic, with your help.

In response to the public health emergency, telehealth services allowed physicians and other providers to deliver care to our patients while supporting social distancing efforts, reducing exposure and spread of SARS-CoV-2 and other diseases, and reducing the utilization of personal protective equipment (a high value commodity during the public health emergency).

Telehealth Services allowed us to optimize technology to support secure, HIPAA compliant virtual care, especially for some our underserved populations. Telehealth technology allowed for the continuity of care helping to enhance patient wellness and improve efficiency and quality of care—with increased patient satisfaction. We also experienced access to real-time information related to social determinants of health which impact the lives of many patients in the communities that we serve. The efforts at greater provider to patient communication, and trust helped lead to improved health outcomes, reduced cost and waste, and duplication of services.

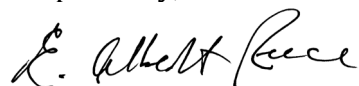


The authority granted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that broadened the waiver authority under section 1135 of the Social Security Act alleviated restrictive provider criteria allowing for other providers to bill for telehealth services. Reimbursement parity for telehealth providers will help this service continue to thrive and build robust telehealth care programs. All of our clinical departments are extremely supportive of this effort, including department Chairs:

Brian Browne, MD	Emergency Medicine
Peter Crino, MD, PhD	Neurology
Kevin Cullen, MD	Oncology
Steven Czinn, MD	Pediatrics
Stephen Davis, MBBS	Medicine
Tom Hornyak, MD, PhD	Dermatology
Bennie Jeng, MD, MS	Ophthalmology
Christine Lau, MD, MBA	Surgery
Jill RachBeisel, MD	Psychiatry
William Regine, MD	Radiation Oncology
Peter Rock, MD, MBA	Anesthesiology
Thomas Scalea, MD	Trauma
Sanford Stass, MD	Pathology
Rodney Taylor, MD, MPH	Otorhinolaryngology -Head and Neck Surgery
Graeme Woodworth, MD	Neurosurgery

We look to your leadership in enacting this legislation and look forward to partnering with you on this critical and innovative healthcare initiative. For these reasons, we urge a favorable report on Senate Bill 567 - Telehealth Services – Expansion.

Respectfully,



E. Albert Reece, MD, PhD, MBA

*Executive Vice President for Medical Affairs, UM Baltimore
John Z. and Akiko K. Bowers Distinguished Professor and
Dean, University of Maryland School of Medicine*

NCADD-MD - SB 567 FAV - Telehealth - Preserve Tele

Uploaded by: Rosen-Cohen, Nancy

Position: FAV



**Senate Finance Committee
February 17, 2021**

**Senate Bill 567
Telehealth Services – Expansion**

Support

NCADD-Maryland supports Senate Bill 567 – Telehealth Services – Expansion.

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, third-quarter data from the Maryland Department of Health shows a 14% increase in the number of opioid overdose deaths in 2020, over the same period the year before. The numbers were up even before the impact of the pandemic early last year. We have also seen a disturbing trend in the increasing numbers of Black Marylanders dying from overdoses.

What the pandemic has taught us is that telehealth is a life-saving tool in the delivery of health care services, including substance use disorder and mental health treatment. With the existence of a massive digital divide, the use of the telephone has been the only way tens of thousands of Marylanders have been able to access health care services. When the public emergency declarations are lifted, the digital divide will unfortunately still be with us. We therefore must continue the use of telehealth, including audio-only technology.

Surveys have shown both consumer satisfaction and efficacy. The Maryland Addiction Directors Council conducted a survey of clients that showed that 78% of those using telehealth had a positive experience either all of the time or most of the time. Specifically with the use of audio-only telehealth, 80% of respondents reported positive experiences all or most of the time.

The Behavioral Health Administration conducted provider surveys in the spring and again in the fall of 2020. The second survey results show the following important outcomes:

- No outpatient SUD respondent indicated an inability to provide telehealth in the second survey, compared to 25% in the first survey;
- 42% of programs reported individuals were keeping their treatment/service appointments more often at the time of the second survey compared to 36% in the first; and

- Outpatient SUD programs were twice as likely to indicate that individuals were taking their medications as prescribed more often (32%) in the second survey than in the initial survey (15%).

With the two guiding principles that telehealth should be used when clinically appropriate, and when preferred by the consumer, the use of telehealth should continue indefinitely. And with the myriad regulations and safeguards that already exist, there should be no hesitation to continue audio-only to ensure everyone has access to care.

We strongly urge a favorable report on Senate Bill 567.

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.

SB 567 - Telehealth Services - Expansion.pdf

Uploaded by: Siri, Michelle

Position: FAV

BILL NO: Senate Bill 567
TITLE: Telehealth Services – Expansion
COMMITTEE: Finance
HEARING DATE: February 17, 2021
POSITION: **SUPPORT**

The Women's Law Center of Maryland (WLC) is a statewide nonprofit law firm that seeks to ensure the safety, economic security, and autonomy of women. Our mission is advanced through advocacy and also through direct legal representation of survivors of domestic violence. By increasing access to justice, we work to increase the independence of women throughout our state.

We write today in support of Senate Bill 567 and urge a favorable report. The bill provides for fair and consistent reimbursement policies for telehealth after the public health emergency has ended. Currently, coverage for many individuals for telehealth services is set to expire at the end of 2021. Yet, we know that the health needs, and the inability to easily access health care, will not end in this year.

In particular, the bill permits, and provides payment for, audio-only visits, which are critical for individuals without access to computers or broad band, so long as the treating provider determines it to be safe, effective, and clinically appropriate. Healthcare access, much like access to justice, should never be dependent upon financial resources and this legislation would help ensure that is the case. The pandemic has increased health disparities within our communities, and as women – and Women of Color in particular – continue to bear the brunt of those challenges, this legislation would be a step towards closing the gap in health care.

This legislation is an opportunity for our communities to learn from, and progress past, the challenges the current pandemic has created. SB 567 will propel us forward, rather than return us back. For those reasons, the WLC asks for a favorable report on the bill.

The Women's Law Center operates two legal hotlines, and three direct legal services projects: the Protection Order Advocacy and Representation Projects in Baltimore City, Baltimore County and Carroll County, the Collateral Legal Assistance for Survivors Project, and the Multi-Ethnic Domestic Violence Project.

SB567 - LAC - FAV Written Testimony 2021.02.17.pdf

Uploaded by: Steinberg, Deborah

Position: FAV



Telehealth Services - Expansion – SB 567
Senate Finance Committee Hearing
February 17, 2021
Favorable

The Legal Action Center (LAC) is a non-profit law firm that uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people with criminal records, substance use disorders, and HIV or AIDS. LAC chairs the Maryland Parity Coalition and advocates for laws and policies in Maryland that will improve access to health care and end discrimination for people with mental health and substance use disorders. **LAC supports SB 567, Telehealth Services – Expansion, because telehealth is essential to reducing health disparities and improving access to health care, particularly for mental health and substance use disorder care.** LAC encourages you to support SB 567 and ensure that Marylanders can continue to access the telehealth services they need in the wake of the COVID-19 pandemic, fight health disparities and address the overwhelming need for mental health and substance use disorder services that will continue long after the public health emergency is over.

We are concerned that the failure to require Medicaid reimbursement for audio-only telehealth services at the same level as in-person or audio-visual telehealth services will undermine the State’s ability to meet the needs of Maryland’s most vulnerable residents. LAC also urges the Committee to adopt additional protections, set out in SB 393, that would:

- Expand originating sites in private insurance;
- Ensure reimbursement for telehealth services delivered by licensed and certified mental health and substance use disorder providers and programs;
- Authorize reimbursement of remote patient monitoring for mental health and substance use disorders in private insurance and Medicaid;
- Require all health care plans to comply with the Mental Health Parity and Addiction Equity Act in their coverage of telehealth services; and
- Preserve a consumer’s right to choose how to receive their health care services.

Authorizing Audio-Only Telehealth is Necessary for Health Equity

Approximately 36% of Marylanders lack access to high-speed internet, based on the FCC standard.¹ Even more Marylanders are unable to use audio-visual telehealth because they lack the technological literacy to use it effectively or cannot afford the required devices. Some individuals, especially those with eating disorders or other mental health conditions, are more comfortable and willing to get health care when they do not need to look at themselves – or their provider – on a screen. Authorizing audio-only telehealth is necessary to reduce the digital divide and improve health equity. The Lieutenant Governor’s Commission to Study Mental and Behavioral Health in Maryland has made the same recommendation for behavioral health providers, recognizing that the expansion of the use of telehealth is crucial “to reduce barriers to service delivery, especially in

¹ Task Force Report, Task Force on Rural Internet, Broadband, Wireless and Cellular Service 6 (January 2, 2019), https://rural.maryland.gov/wp-content/uploads/sites/4/2019/01/2018_MSAR11544_Task-Force-for-Rural-Internet-Broadband-Wireless-and-Cellular-Service-Report-1.pdf.

communities without information technology resources and regions that lack suitable broadband infrastructure.”²

Enabling Payment Parity Ensures the Sustainability of Telehealth Expansions.

Given the myriad of benefits to patients, it is necessary that Maryland incentivize providers to continue to offer telehealth services by reimbursing them at the same rate that they are reimbursed for in-person services. The costs of audio-visual and audio telehealth are the same as, if not greater than, services provided in person because the professional salaries, overhead fees, and all of the requirements for the service to be billable – such as length of visit, documentation, quality of care – remain the same. Absent payment parity, providers cannot continue to offer services that are not sustainable for their practices and will be less willing to invest in the costs of purchasing and maintaining telehealth equipment and HIPAA-compliant platforms. For telehealth to be an effective tool for improving access to health care in Maryland, it must continue to be reimbursed at the same rate as in-person services.

Medicaid beneficiaries rely on audio-only telehealth to a far greater extent than individuals with private insurance because they are less likely to have access to high-speed internet, audio-visual capable technologies, and the technological literacy to use such devices. Maryland needs to protect its most vulnerable residents and ensure they have access to the same health care – and meaningful choice in how they receive their health care – as individuals enrolled in private insurance. Whereas HB SB 567 expressly requires payment parity in commercial insurance and does not do so for Medicaid, **LAC urges the Committee to adopt the SB 393 standard that explicitly requires payment parity in Medicaid to ensure consistency across payers and to prevent Medicaid beneficiaries from losing access to telehealth because their providers cannot afford to sustain it.**

Expanding Originating Sites Improves Access to Health Care.

LAC supports the provision in SB 567 to ensure that Medicaid enrollees can use telehealth in their homes or wherever they are located. This provision is essential for protecting access to health care for people regardless of their geographic location, physical or mental disability, housing or homelessness situation, and degree of safety or privacy within their home. When patients can receive care wherever they are – especially for behavioral health services which are still encumbered by stigma – they can maintain their privacy and comfort and reduce unnecessary burdens such as transportation, childcare costs, missed work and appointment scheduling rigidity.³ Providers too have reported additional benefits to using telehealth, since they can see into the patient’s living environment and better tailor their treatment plans to meet their patient’s needs. Expanding originating sites for telehealth is necessary to improve health care access, especially for patients with mental health and substance use disorders.

LAC urges the Committee to adopt this same standard for private insurance, as proposed in SB 393, to ensure consistency across payers and to preserve health care access for consumers in need of mental health and substance use disorder care.

² 2020 Report, Commission to Study Mental and Behavioral Health in Maryland 21 (Dec. 31, 2020), <https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/024800/024835/20210033e.pdf>.

³ Client Response to Telehealth: Community Behavioral Health Association Survey, Community Behavioral Health Association of Maryland (July 10, 2020), <http://mdcbh.org/files/manual/169/Telehealth%20Survey.pdf>.

Additional Considerations are Necessary to Protect Access to Telehealth for Marylanders with Mental Health and Substance Use Disorders.

In addition to payment parity in Medicaid and expanding originating sites in private insurance, we urge the Committee to adopt the following provisions from SB 393 in any telehealth legislation:

- Ensure reimbursement for telehealth services provided by licensed and certified mental health and substance use disorder providers and programs in Maryland, including those services provided by peers and paraprofessionals in such programs, recognizing the elevated need for behavioral health services during and after the COVID-19 public health emergency.
- Authorize reimbursement for remote patient monitoring (RPM) for mental health and substance use disorders in private insurance and Medicaid, as these services have been effective tools for medication management and they can help alleviate some of the burden of the significant behavioral health workforce shortage.
- Require all plans to comply with the federal Mental Health Parity and Addiction Equity Act for coverage of telehealth services to ensure that neither Medicaid nor commercial plans can discriminate against patients with mental health and substance use disorders.
- Preserve consumer consent so that patients can work with their providers to decide the mode of service delivery – whether it be in person, audio-visual telehealth, or audio-only telehealth – that is the most appropriate for them, and ensure that commercial plans are permitted to count telehealth visits only if the patient elects to receive services via telehealth, consistent with the existing standard.

For these reasons, we encourage you to support SB 567 and to consider the additional protections in SB 393 to ensure comprehensive access to telehealth for Marylanders with mental health and substance use disorders.

Deborah Steinberg
Health Policy Attorney
Legal Action Center
dsteinberg@lac.org
202-544-5478 x 305

SB 567 - Support - MPS WPS.pdf

Uploaded by: Tompsett, Thomas

Position: FAV



February 14, 2021

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

RE: Support – SB 567: Telehealth Services – Expansion

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work 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 branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

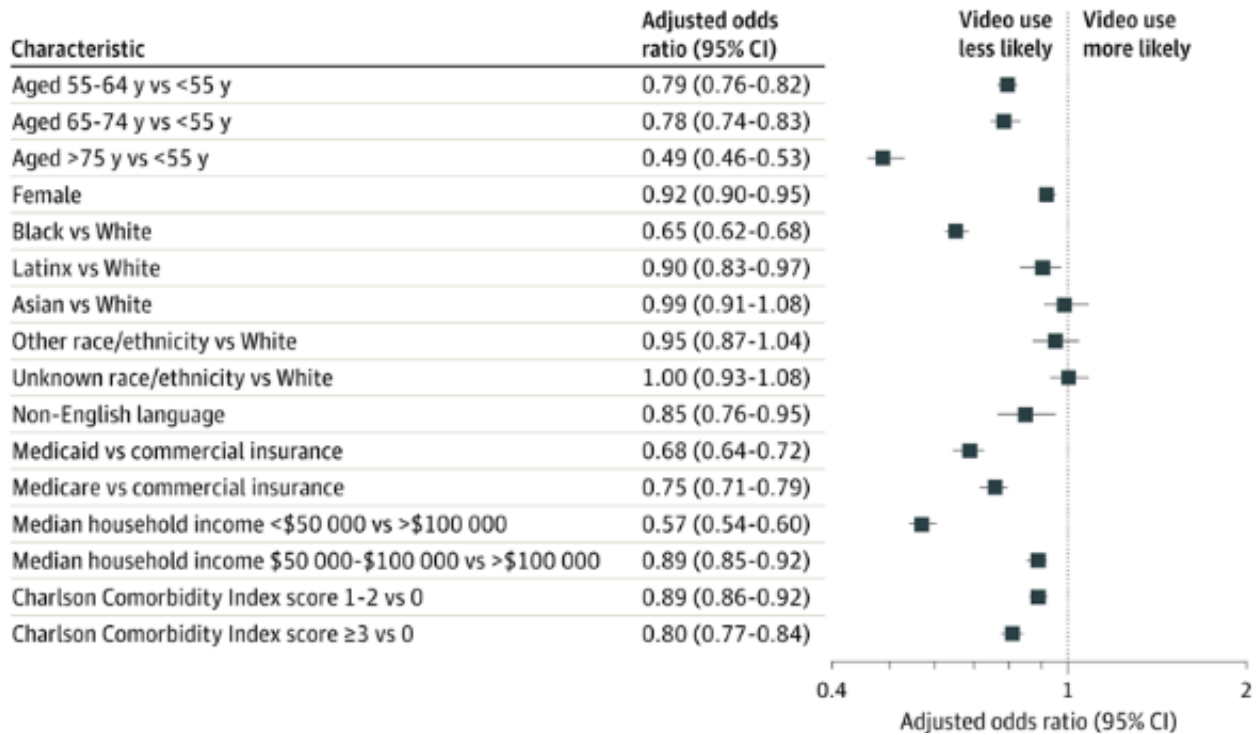
MPS & WPS support Senate Bill 567: Telehealth Services – Expansion (SB 567), which would codify many of the temporary changes to telehealth services covered under state commercial plans and Medicaid. The changes have been put in place to ensure continued access to care during the pandemic and have allowed clinics and private practices to stay open when they may have otherwise been forced to close. Furthermore, expanding coverage to telehealth has dramatically changed the way many of our doctors deliver psychiatric care. Our members have quickly adapted to telehealth and note that no-show rates have significantly decreased, with patients no longer having to leave their homes or consider travel to access care.

MPS & WPS support SB 567's provisions for pay parity for telehealth services and its requirement that insurers refrain from using stricter utilization review reviews for telehealth. MPS & WPS are especially grateful for SB 567's inclusion of reimbursement for audio-only services, as we see it as a tool for equitable access to care. For patients who lack broadband access or video-only technology, the ability to reach patients over the telephone during the pandemic has been critical to ensuring continuity of care. A recent study by Johns Hopkins found that despite the growth in telehealth this last year, lower video use was also observed among women (8% less likely), Black people (35%), Hispanics (10%), and low-income families (43% less likely for household income less than \$50,000). Americans over 75 suffered a similar gap, with 51% less ability to use video. Additionally, patients who are hesitant to see a physician face-to-face may feel more comfortable seeking care via audio-only telehealth.

The following chart shows the study's results:



**Washington
Psychiatric Society**



Ensuring patients continue to receive clinically safe and efficient care should be a priority for legislators as Maryland continues to grapple with the pandemic. In addition to the increased anxiety among individuals afraid of becoming sick, the pandemic’s social distancing policies have also led to people becoming isolated or unemployed. Poor mental health outcomes are linked to both situations. The pandemic has also placed an unmeasurable burden on our frontline workers, and we must address their mental health. Lastly, Maryland’s data shows that COVID-19 has disproportionately impacted our Black and Latinx residents. Before the pandemic, these patients were less likely to receive care due to lack of insurance, stigma, and distrust in the health care system. MPS & WPS have seen the promise in telehealth’s potential to expand access to care and help our state save lives.

MPS & WPS would ask the committee for a favorable report of SB 567. If you have any questions with regards to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Joint Legislative Action Committee
of the Maryland Psychiatric Society and the Washington Psychiatric Society

SB 567 - Telehealth Services - Expansion - MedStar

Uploaded by: Townsend, Pegeen A.

Position: FAV

SB 567 – Telehealth Services - Expansion

Position: *Support*

Bill Summary

SB 567 makes permanent four policy changes put in place during COVID-19 to remove barriers to telehealth. Specifically:

- Easing restrictions on originating and distant sites so that both providers have greater ability to deliver telehealth services to patients in the most appropriate physical location;
- Allowing for reimbursement parity between in-person and telehealth services;
- Acknowledging the value of health care services delivered via audio-only modalities, especially to vulnerable and underserved populations with internet and technology challenges – the communities most likely to have limited access to health care services; and
- Removing barriers to coverage for remote patient monitoring services, to allow providers to provide proactive care and health management to a broader group of patients, to prevent unnecessary healthcare utilization.

Bill Rationale

The critical flexibilities relating to telehealth put in place during the COVID-19 pandemic have been essential in allowing health care providers to respond swiftly to an urgent need to improve access to care by expanding eligible telehealth services, patients, and care sites. These changes helped ensure that only patients who absolutely required in-person visits would need to leave their homes for medical care and helped hospitals preserve in-person capacity for the sickest patients.

MedStar Health has experienced a rapid transformation, with telehealth now normalized into how we treat patients in the region. From March through December 2020, MedStar Health provided: 61,295 on-demand video e-visits directly to patients in their homes (an average of almost 200 daily, with a peak of more than 500 in a single day in March); 46,776 emergency medicine video consults to hospitals and urgent care sites; and 394,729 scheduled video visits to patients from ambulatory care providers.

This transformation can be seen in the fact that 60 percent of behavioral health visits and 40 percent of cardiology visits over this period were delivered via telehealth. Our experience points to a significant reduction in no-show and cancellation rates and very high patient satisfaction, with an average rating of 4.9 (out of 5) across our telehealth programs. While the majority of MedStar’s telehealth encounters do occur over video, older patients and those without access to internet have benefited tremendously from the ability for audio-only telehealth sessions, where clinically appropriate.

Without intervention, the telehealth flexibilities put in place during the pandemic that allowed for this evolution in care delivery will expire once the Public Health Emergency concludes. The experience over the last several months demonstrates that telehealth is an important and viable patient-centered tool to expand access, provide care more efficiently, and address issues of health equity and disparities across our state.

For the reasons above, we ask that you give SB 567 a **favorable** report.

Final_Senate Bill 567 - Telehealth Services – Expa

Uploaded by: Whitaker, Jake

Position: FAV



LARRY HOGAN
GOVERNOR

STATE HOUSE
100 STATE CIRCLE
ANNAPOLIS, MARYLAND 21401-1925
(410) 974-3901
(TOLL FREE) 1-800-811-8336

TTY USERS CALL VIA MD RELAY

SB 567 - Telehealth Services – Expansion
Position: Support
Senate Finance Committee
February 17, 2021

Dr. Aliya Jones, Deputy Secretary, Behavioral Health Administration, Maryland Department of Health
Jake Whitaker, Deputy Legislative Officer, Governor’s Office

Chair Kelley, Vice Chair Feldman, and Members of the Committee:

Senate Bill 567 (SB 567) will increase meaningful access to health care by significantly expanding the availability of services delivered through telehealth. This bill alters the statutory definition of telehealth to include audio-only conversations like telephone calls. Additionally, SB 567 would require private health plans and Medicaid to reimburse health care providers for telehealth services delivered through audio-only modalities.

SB 567 will reduce barriers to accessing health care in low-income communities and rural areas. Many Maryland patients do not have the financial resources to purchase expensive audio-visual technology to meet the current statutory requirements for telehealth. Marylanders living in rural areas often do not have access to broadband internet infrastructure that makes quality audio-visual communication possible. Audio-only conversations, like telephone calls, help eliminate these barriers to treatment and result in a more equitable delivery of medical services.

In response to the COVID-19 pandemic, Governor Hogan issued an executive order on March 20, 2020 allowing providers enrolled in the Medicaid program or those participating in Behavioral Health Administration programs to deliver health care services using audio-only calls or conversations. The availability of audio-only services has been lauded by the provider community as a safe and effective modality for delivering medical care. However, the current telehealth statute excludes audio-only conversations from the definition of telehealth. SB 567 will remove the current exclusion of audio-only conversations and ensure that Marylanders continue to benefit from the expansion of telehealth services after the conclusion of the state of emergency.

The COVID-19 pandemic has created additional challenges for individuals with substance use disorders and mental health issues. Overdose deaths in Maryland and across the United States have increased since the beginning of the pandemic. Additionally, the number of individuals in Maryland who accessed substance use disorder treatment services using telehealth has risen from 1,720 in 2019 to 26,084 in 2020. Patients living in underserved communities and rural areas are often disproportionately impacted by these challenges, as these communities frequently lack the medical resources and information technology infrastructure to receive quality



health care services. SB 567 will ensure that the Marylanders most affected by the COVID-19 pandemic will continue to have increased access to critical behavioral health services after the state of emergency has ended.

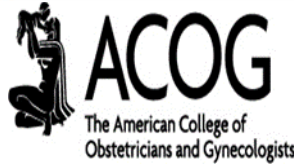
Since taking office, Governor Hogan and Lieutenant Governor Rutherford have remained committed to addressing the heroin and opioid epidemic, including expanding access to critical behavioral health and substance use disorder treatment services. The COVID-19 pandemic has only exacerbated the need for these critical treatment services. Improving access to mental health and substance use disorder treatment services will remain critical even after the COVID-19 pandemic has ended. SB 567 is an important step in making sure that these important health care services are more accessible and remain available to Marylanders after the conclusion of the state of emergency.

For these reasons, the Administration respectfully requests a favorable report on SB 567.

SB0567 - Telehealth Services - Expansion.pdf

Uploaded by: Wise, Steve

Position: FAV



Hospice & Palliative Care Network
OF MARYLAND

MID-ATLANTIC
ASSOCIATION OF
COMMUNITY HEALTH
CENTERS
*Serving Maryland and
Delaware*



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

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

DATE: February 17, 2021

RE: **SUPPORT** – Senate Bill 567 – *Telehealth Services - Expansion*

On behalf of the Maryland State Medical Society, the Maryland Academy of Family Physicians, the Maryland Chapter of the American College of Emergency Physicians, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Section of the American College of Obstetricians and Gynecologists, the Mid-Atlantic Association of Community Health Centers, the Hospice & Palliative Care Network of Maryland, LifeSpan Network, HealthCare Access Maryland, the Maryland Society of Eye Physicians & Surgeons, the Maryland-National Capital Homecare Association, and the Maryland Clinical Social Work Coalition we submit this letter of **support** for Senate Bill 567.

Senate Bill 567 makes a number of changes to the telehealth laws, addressing practices that have increased patient access and health outcomes during the current public health crisis and which will continue to do so even when it subsides. Accordingly, they should be permanently authorized. Two provisions in particular are very important to health care providers who have relied heavily upon telehealth to continue to provide care to their patients during the pandemic – authorization of audio-only and reimbursement parity with in-person services.

In 2020, the General Assembly adopted Chapter 15 expanding the use of telehealth, an action which proved indispensable in the months that followed as the COVID-19 pandemic grew and in-person patient interactions were limited, except when unavoidable. However, the legislation did not define telehealth to include audio-only calls (*i.e.* telephone calls) with patients. Medicare and Medicaid acted at the federal level to allow reimbursement for audio-only patient interactions under those programs, and by Executive Order 20-04-01-01,

Governor Hogan also allowed for telehealth to be provided through audio-only interactions. Providers across the State depended upon this tool to communicate with patients who either do not have access to the internet, do not have access to appropriate technology or are not familiar enough with the technology to utilize it. Senate Bill 567 takes the critical step of codifying this practice and ensuring that audio-only communications are classified as an acceptable means of practicing telehealth.

Second, the legislation requires health insurers to reimburse providers who use telehealth at the same rate as if the service were provided in person. The insurers seek to have this provision of the bill removed. However, providers strongly disagree with any argument that providing telehealth does not require the same amount of professional knowledge and time that an in-person visit does: the provider is still spending equal time with the patient, maintaining health records, asking staff to conduct the necessary follow up and so forth. To the extent that the insurers believe certain providers are misusing telehealth or billing inappropriately for it, they have ample tools at their disposal to address those issues.

As providers of health care during this extremely challenging time, we urge the Committee to adopt these very reasonable changes to the telehealth statute.

For more information call:

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

SB 567-Health Care Practitioners - Telehealth Serv

Uploaded by: Witten, Jennifer

Position: FAV



Maryland
Hospital Association

February 17, 2021

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

Re: Letter of Support- Senate Bill 567 – Telehealth Services – Expansion

Dear Chair Kelley:

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 567.

Telehealth has long improved access to care and health outcomes. As COVID-19 led many Marylanders to stay home, health care providers rushed to use telehealth—delivering care remotely to keep patients and caregivers safe. From Western Maryland, to Baltimore City, to the Eastern Shore, patients used telehealth to maintain continuity of care. Emergency federal and state waivers allowed health care providers to ramp up telehealth quickly. These services were universally supported by patients and by hospital caregivers. In many ways, telehealth is the “silver lining” of the COVID-19 pandemic. All see first-hand what health care and policy experts have known: telehealth broadens access to care, improves patient outcomes and satisfaction, and chips away at health inequities. **Quite simply, telehealth works for Marylanders.**

MHA worked with a coalition of providers to introduce SB 3, the Preserve Telehealth Access Act, which has been before this committee this session. SB 3’s provisions would expand access to telehealth in the same ways as SB 567 proposes to do. Maryland hospitals therefore offer strong support for SB 567 as well.

I. History of Telehealth Adoption and Shift to Telehealth Services During COVID-19 Pandemic

During the 2020 General Assembly session, legislators introduced two bills to ease barriers and expand access to telehealth. From the outset of COVID-19, it was clear these measures would be instrumental to promote access to care. Over the past year, federal and state waivers allowed more access to care via telehealth and ensured continuity of care during this unprecedented public health crisis.

As in-person visits declined, telehealth visits emerged as a viable, safe, and effective way to provide care. About five times more Marylanders used telehealth in 2020 than in 2017. **At one Maryland hospital, telehealth visits boomed from 11 per week to 4,500 per week (410% increase).** National data show telehealth services to Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries rose 2,600% between March and June 2020, compared to the same period in 2019.

Data show care patterns have and will continue to change as telehealth becomes mainstream. That is why reimposing barriers to telehealth will not be a return to normal. It would be an undeniable step backwards for Marylanders—particularly the most vulnerable.

II. Fundamental Components of SB 567

A. *Remove Originating and Distant Site Restrictions*

The distinction of “originating sites” (where the patient is located) and “distant sites” (where the treating provider is located) is maintained by Medicare and Medicaid. During COVID-19, federal and state laws restricting what could be considered an originating or distant site were relaxed to keep patients and providers safe.¹ These flexibilities expanded access to care, as patients no longer have to surmount transportation, childcare, leave, and other barriers to medical appointments. Maryland’s hospitals support the removal of restrictions on originating site and distant site, so that providers can continue to meet patients where they are.

B. *Coverage and Reimbursement for Audio-Only Health Care Services*

To fully address health equity in telehealth use, however, the value of audio-only health care services cannot be understated. The digital divide in Maryland between households with high-speed internet and corresponding devices with audio-visual capabilities is significant and cuts across traditional rural/urban lines. Generally, urban areas have more broadband access, as is the case across most densely populated areas in Maryland. Yet, even in Baltimore City—Maryland’s most populated city—more than 40% of households lack high-speed internet needed for audio-visual services.² Roughly 30% of households also lack a computer, laptop, or tablet to conduct an audio-visual visit.³ In Maryland’s rural areas—particularly with median incomes below the state average—over 30% of households do not subscribe to high-speed internet, and over 25% do not have connective devices. **For urban and rural areas, audio-only health services may be the only modality a significant portion of their population can access.** To restrict coverage and reimbursement for audio-only health services would essentially isolate these Marylanders from necessary health care, especially in the aftermath of a pandemic.

¹ Centers for Medicare & Medicaid Services (CMS). “Medicare Telemedicine Health Care Provider Fact Sheet” www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet (accessed Jan. 25, 2021); CMS. “COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers” www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf (accessed Jan. 25, 2021); CMS. “Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic” www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid (accessed Jan. 25, 2021)

² “In 2020, many Marylanders still lack high-speed internet. And that’s a problem for work and school.” The Baltimore Sun. Aug. 7, 2020. baltimoresun.com/coronavirus/bs-md-pandemic-broadband-access-20200807-6ugb7j7dkneyvntm7dyvjgydmm-story.html

³ Horrigan, John B. “Disconnected in Maryland: Statewide Data Show the Racial and Economic Underpinnings of the Digital Divide” The Abell Report, Volume 34, Number 1 (Jan. 2021) abell.org/sites/default/files/files/2020_Abell_digital%20inclusion_full%20report_FINAL-web.pdf

Moreover, telehealth use during COVID-19 highlighted the disproportionate effects the digital divide has on already underserved and disadvantaged communities. Black and Latinx communities, who have long-standing disparities in access to care, more often rely on audio-only health services.⁴ Areas with lower median household incomes, and older residents, including many with impaired eyesight or motor skills, relied on audio-only health services due to lack of internet and audio-visual capable devices.⁵ Similarly, MHA’s members experienced this firsthand, with hospitals sharing that patients with Medicaid were leveraging audio-only services at high rates. For example, one hospital reported 29% of Medicaid patients using audio-only services. Continued coverage and reimbursement for audio-only services safeguards this access for Marylanders.

C. Reimbursement Parity for Telehealth Services Compared to In-Person Services

Commercial and public payers started to systematically reimburse for telehealth services for the first time during the pandemic. This allows providers to sustainably deliver the services. Yet, as virtual visits became the safest, and often only, form of health care delivery during the pandemic, hospitals rapidly scaled up technology (software and hardware), connectivity infrastructure, staffing and IT support—in some cases purchasing devices for patients to use in their own homes. The original investment in and continued maintenance of those components will require adequate reimbursement if providers are to continue offering those services. It would be a severe disservice to Marylanders to indirectly dissuade telehealth use by paying providers less for a vital, valuable, and equivalent service. Creating reimbursement parity for telehealth services allows to sustainably continue delivering telehealth services across the state.

D. Expansion of Remote Patient Monitoring (RPM) Services

RPM services most often refer to decentralized monitoring, meaning a patient uses a device in their home to give clinical information to a provider at their office. This means the practitioner can monitor the patient’s condition without requiring a formal visit and immediately respond if needed. Although most RPM devices are designed to monitor specific physiologic conditions or processes, recent studies found even ubiquitous devices, such as smartwatches with clinical apps installed, could detect pre-symptomatic COVID-19 or other respiratory illnesses.^{6 7} RPM can

⁴ Eberly, Lauren A., et al. “Patient Characteristics Associated with Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic” *JAMA Network Open* (Dec. 29, 2020) jamanetwork.com/journals/jamanetworkopen/fullarticle/2774488

⁵ Darrat, Illaaf, et al. “Socioeconomic Disparities in Patient Use of Telehealth During the Coronavirus Disease 2019 Surge” *JAMA Otolaryngology-Head & Neck Surgery* (Jan. 14, 2021) jamanetwork.com/journals/jamaotolaryngology/fullarticle/2775067

⁶ Mishra, Tejaswini, et al. “Pre-symptomatic detection of COVID-19 from smartwatch data” *Nature Biomedical Engineering*, Vol. 4 (2020) www.nature.com/articles/s41551-020-00640-6

⁷ Radin, Jennifer M., et al. “Harnessing wearable device data to improve state-level real-time surveillance of influenza-like illness in the USA” *The Lancet Digital Health* (Feb. 1, 2020) [thelancet.com/journals/landig/article/PIIS2589-7500\(19\)30222-5/fulltext](https://thelancet.com/journals/landig/article/PIIS2589-7500(19)30222-5/fulltext)

prevent conditions for worsening, which could lower health care costs for emergency visits and save precious lives in the process. Removing restrictions around RPM ensures that these services are accessible to all Marylanders.

III. The Future of Telehealth

The rise in telehealth during COVID-19 offers a substantial opportunity to improve health care access for millions of Marylanders—particularly those with geographic and socio-economic barriers to care. Legislators, policymakers, and federal and state agencies in the U.S. are making telehealth coverage and reimbursement permanent because they recognize the power of telehealth to advance health and health care.^{8 9}

For these reasons, we urge a *favorable* report.

For more information, please contact:
Jennifer Witten, Vice President, Government Affairs
Jwitten@mhaonline.org

⁸ CMS. “Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021” www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1 (accessed Jan. 25, 2021); Sullivan, Thomas. “FCC Chair Ajit Pai Issues Call to Expand Telehealth.” *Policy & Medicine* Jul. 15, 2020. www.policymed.com/2020/07/fcc-chair-ajit-pai-issues-call-to-expand-telehealth.html; “The Doctor Will Zoom You Now.” *The Wall Street Journal* Apr. 26, 2020 www.wsj.com/articles/the-doctor-will-zoom-you-now-11587935588

⁹ “Virginia Expands Telehealth Coverage During COVID-19 Emergency.” mHealth Intelligence. Nov. 20, 2020. mhealthintelligence.com/news/virginia-expands-telehealth-coverage-during-covid-19-emergency?eid=CXTEL000000520230&elqCampaignId=16927&

SB 567 Telehealth-CBH-FWA.pdf

Uploaded by: Doyle, Lori

Position: FWA



Testimony on SB 567
Telehealth Services - Expansion
Senate Finance Committee
February 17, 2021

POSITION: SUPPORT WITH AMENDMENTS

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

The combined impacts of the COVID pandemic and a workforce crisis that predated the pandemic require creative thinking and an expanded use of technology in order to meet current and projected demand for behavioral health services. The technology solutions required include the use of video and audio-only telehealth and remote patient monitoring (RPM). We thank Governor Hogan for providing much-needed telehealth flexibility via executive order and for this legislation aimed at maintaining much of that flexibility.

CBH urges amendment language expanding the use of remote patient monitoring.

While the pandemic jump-started our use of video and audio-only telehealth, the use of RPM in Maryland continues to lag behind. Our members struggle to hire paraprofessional staff to render important services such as medication monitoring. Many now rely on a technology that allows clients to download their meds in their own homes. Staff are alerted when the meds are downloaded so they can focus their limited time and attention on those clients who are struggling with medication adherence, an almost certain precursor to negative outcomes, such as emergency department and inpatient utilization. Maryland's regulations currently restrict the use of RPM to three health conditions (congestive heart failure, chronic obstructive pulmonary disease and diabetes) – although the regs identify the target populations as “high-risk, chronically ill individuals,” a definition that certainly includes those with serious mental illness - and precludes payment for the durable medical equipment or apparatus involved. As the workforce crisis continues to deepen we must look to technologies, such as RPM, as staff extenders.

CBH urges amendment language requiring Medicaid to reimburse for audio-only telehealth at the same rate as in-person services.

SB 567 requires commercial insurance carriers to reimburse audio-only telehealth at the same rate as in-person services but does not require the same of Medicaid. The populations served by commercial carriers and Medicaid are quite different; the Medicaid population is poorer and generally their behavioral health disorders tend to be of greater severity and more chronic in nature. These chronic behavioral health conditions often require frequent – and sometimes daily – monitoring and support in order to avert the use of emergency departments and inpatient care. Many of our clients lack the financial means to purchase smart phones or other video technology and the data plans to support them. Others live in rural areas where broadband coverage is spotty at best. Rates must be adequate to ensure that individuals without other options continue to have access to needed services. It is important to note that audio-only services must meet the same



requirements for billing as in-person services in terms of practitioner eligibility, required length of interaction, and documentation of the interaction.

We urge a favorable report on SB 567 with these amendments.

Senate Bill 0567 – Telehealth Services - Expansion

Uploaded by: Dunn-O'Farrell, Laurarose

Position: FWA

Date: February 9, 2021

Bill: Senate Bill 0567 – Telehealth Services - Expansion

Position: Support with Amendment

Senate Bill 0567 serves to expand telehealth access regardless of recipient and provider physical locations and support licensed and/or certified health care providers to render mental health services via telehealth platform. As written, there is promotion of care access, however, I respectfully request and propose clarification of the following section, (c)(1)(i) and (ii) [located on page 6, lines 14-19] which states:

“An entity subject to this section: (i) shall provide coverage under a health insurance policy or contract for health care services appropriately delivered through telehealth; and (ii) may not exclude from coverage a health care service solely because it is provided through telehealth and is not provided through an in-person consultation or contact between a health care provider and a patient.”

Proposed revision for section (c)(1)(i):

“...shall provide equitable coverage and reimbursement under a health insurance policy or contract for health care services appropriately delivered through telehealth regardless of entity or facility type.”

This proposed amendment enables health care providers to render a telehealth care service - including mental health - and be reimbursed equitably for the telehealth services provided regardless of entity-type, if the provider is a covered provider under the health insurance policy or contract. Reimbursement stratification continues to remain as a barrier for healthcare providers seeking employment and may, in-part, perpetuate impediment of care access.

As a physician assistant (PA) working in psychiatry and telemedicine, I am concerned about how this clause may be viewed as-written. In particular, insurers may interpret this section as rationale to withhold or restrict reimbursement for a service based on the entity or facility type. For instance, reimbursement has varied in outpatient mental health services based on office/clinic setting, such as with designated Outpatient Mental Health Clinics (OMHCs) versus a private clinic or office setting. These settings may accept the same insurance type and despite the health care provider having appropriate licensing and authorization to perform such telemental health (TMH) or psychiatric services *and* regardless of being a “covered provider” under the health insurance policy or contract, reimbursement differentiation is significant. This disparity of reimbursement coverage based on the entity or facility between in-person mental health services *and* TMH impedes the care access Senate Bill 0567 and telehealth services, inherently, strives to expand. It is vital that telehealth services continue beyond the public health emergency of COVID-19 with community access regardless of location (by both the recipient and health care provider), and that all licensed medical providers be eligible for service reimbursement (physicians, nurse practitioners, and physician assistants) regardless of the entity/facility

type, to further extend this care access. Otherwise, it may also be an employment deterrent for certain health care providers.

As a PA providing health care access in psychiatry and telemedicine, I advocate **SUPPORT WITH AMENDMENT** of Senate Bill 0567.

Sincerely,

A handwritten signature in black ink, appearing to read 'Laurarose Dunn-O'Farrell', written in a cursive style.

Laurarose Dunn-O'Farrell, MPAS, MS, PA-C, LCPC
Physician Assistant and Licensed Clinical Professional Counselor
Email: Lrosedunn@gmail.com
Phone: 443.392.6836

6e - SB 567 - FIN - MHCC - SWA.pdf

Uploaded by: Ye, webster

Position: FWA



MARYLAND HEALTH CARE COMMISSION

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

**2021 SESSION
POSITION PAPER**

BILL NO: SB 567
COMMITTEE: Finance Committee
POSITION: SUPPORT WITH AMENDMENTS

TITLE: Telehealth Services – Expansion

BILL ANALYSIS

Senate Bill 567 (“SB 567”) requires health plans and Medicaid to provide health care services through telehealth and imposes as a condition of reimbursement that health care services be delivered through telehealth. The bill changes the existing definition of telehealth to include medically necessary somatic, dental, or behavior health services to a patient, and removes restrictions on the originating site and distant site for telehealth services. The bill also includes audio-only in the definition of telehealth. SB 567 requires health plans and Medicaid to reimburse for all telehealth services at the same rate as if the services were delivered in-person.

POSITION AND RATIONALE

The Maryland Health Care Commission (the “Commission”) supports SB 567 with amendments. The Commission has worked collaboratively with the many stakeholders, consumer and behavior health representatives, and the largest private payors to identify areas for compromise as it relates to bill mandates on payment parity for audio-only visits with in-person and audio-video visits as a permanent feature of health care reimbursement in Maryland.

Telehealth has shown great potential to improve access to care during the coronavirus public health emergency (PHE)¹. The PHE triggered the rapid adoption of telehealth as many health care facilities were closed in April and May except for the most urgent in-person visits. Virtual

¹ Data collected between mid-March and mid-October 2020 by the Centers for Medicare & Medicaid Services indicates over 24.5 million beneficiaries have received a Medicare telehealth service as compared to around 15,000 beneficiaries per week prior to the PHE.

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.

visits of all types hosted on telehealth platforms and public facing platforms such as Facetime[®], ZOOM[®], and Facebook[®] surged. In addition, government and private payors have allowed telephone communications to be reimbursed as telehealth. Many stakeholders nationally have lauded the sweeping changes in regulation and payment across health care.^{2,3,4}

The Commission believes that waivers allowing health care practitioners to use telehealth as a mode of care have been effective during the coronavirus pandemic. Assessing the effectiveness and benefit of these telehealth waivers is appropriate before permanently mandating coverage in Maryland law. Allowing the telehealth waivers that payers had in place on March, 2020 to continue through June 30, 2023 will provide stability while a thoughtful study is underway. The Commission recommends that the bill be amended as follows:

AMENDMENTS

AMENDMENT NUMBER ONE /* Health General*/

- Page 5, after line 18, insert:

3) WHEN APPROPRIATELY PROVIDED THROUGH TELEHEALTH:

(I) AT A RATE THAT EXCLUDES CLINIC FACILITY FEES UNLESS THE SERVICE IS PROVIDED BY A HEALTH CARE PRACTITIONER NOT AUTHORIZED TO BILL A PROFESSIONAL FEE SEPARATELY;

(II) CONFORMS TO THE SPECIFIC CURRENT PROCEDURE TERMINOLOGY OR HEALTH CARE PROCEDURE CODE SYSTEM REQUIREMENTS UNDER WHICH THE SERVICE IS BILLED;

(III) IS BILLED USING THE HEALTH CARE ENTITY'S CODING REQUIREMENTS FOR DISTINGUISHING THAT THE SERVICE IS DELIVERED VIA TELEHEALTH; AND

(IV) NOTHING HEREIN SHALL SUPERSEDE THE AUTHORITY OF THE HEALTH SERVICES COST REVIEW COMMISSION TO SET THE APPROPRIATE RATE FOR HOSPITALS.

AMENDMENT NUMBER TWO: /* Insurance Article*/

Page 6, strike lines 28 – 30 and replace with:

(II) SUBJECT TO SUBPARAGRAPHS (III)-(VI), WHEN APPROPRIATELY PROVIDED THROUGH TELEHEALTH, ON THE SAME BASIS AND AT THE

² Bart M. Demaerschalk et al., "[American Telemedicine Association Telestroke Guidelines](#)," *Telemedicine and E-Health* 23, no. 5 (May 1, 2017).

³ The Erisa Industry Committee, [Employers on Telemedicine: Government Standing in the Way](#) (June 17, 2020).

⁴ American Society of Health-System Pharmacists, [COVID-19 and Telemedicine Changes](#) (April 9, 2020).

SAME RATE AS IF THE HEALTH CARE SERVICE WERE DELIVERED BY THE HEALTH CARE PROVIDER IN PERSON.

(III) THE RATE EXCLUDES CLINIC FACILITY FEES UNLESS THE SERVICE IS PROVIDED BY A HEALTH CARE PRACTITIONER NOT AUTHORIZED TO BILL A PROFESSIONAL FEE SEPARATELY;

(IV) CONFORMS TO THE SPECIFIC CURRENT PROCEDURE TERMINOLOGY OR HEALTH CARE PROCEDURE CODE SYSTEM REQUIREMENTS UNDER WHICH THE SERVICE IS BILLED;

(V) IS BILLED USING THE HEALTH CARE ENTITY'S CODING REQUIREMENTS FOR DISTINGUISHING THAT THE SERVICE IS DELIVERED VIA TELEHEALTH; AND

(VI) NOTHING HEREIN SHALL SUPERSEDE THE AUTHORITY OF THE HEALTH SERVICES COST REVIEW COMMISSION TO SET THE APPROPRIATE RATE FOR HOSPITALS.

AMENDMENT NUMBER THREE:

- *UNCODIFIED LANGUAGE:*

(A) Require the Commission to report to the General Assembly by DECEMBER 1, 2022 on:

(I) Quality and costs of telehealth and audio-only services

- (i) The impact of the transition from in-person to telehealth and audio-only visits on disparities in access to primary care and behavioral health services
- (ii) The effect of differential uptake of telehealth and audio-only among different patient populations on health disparities
- (iii) The comparative effectiveness of telehealth, audio-only visits, and in-person visits on the total costs of care and patient outcomes of care

(II) Alignment of telehealth and audio-audio only services with the new models of care

- (i) Opportunities for using telehealth and audio-only to improve patient-centeredness of care
- (ii) Services for which telehealth and audio-only can substitute for in-person care while maintaining the standard of care
- (iii) The impact of alternative care delivery models on telehealth and audio-only coverage and reimbursement

(III) Consumer and provider satisfaction with telehealth and audio-only services and the implementation options

- (i) Consumer awareness and availability of telehealth and audio-only service
 - (ii) Practitioner assessment on the efficiency and effectiveness of telehealth, audio-only, and in-person visits
 - (iii) Small practices ability to implement telehealth and audio-only health care
 - (iv) Patient privacy risks and benefits of telehealth and audio-only care
 - (v) **APPROPRIATENESS OF AUDIO-ONLY SERVICE ACROSS THE CONTINUUM OF CARE FROM VIRTUAL TELECOMMUNICATIONS SERVICES USED FOR PATIENT CHECK-INS TO IN-PERSON EVALUATION AND MANAGEMENT SERVICES AS DEFINED IN THE BERENSON-EGGERS TYPE OF SERVICE TYPOLOGY FOR SOMATIC AND BEHAVIORAL HEALTH SERVICES.**
- (IV) Any other issues of importance identified by MHCC
- (B) MHCC shall make recommendations on:
- (I) Coverage of audio-only service as a telehealth service or virtual communication service
 - (II) Payment levels for audio-only and telehealth care relative to in-person care

AMENDMENT NUMBER FOUR:

Page 8, after line 12, strike lines 13 and 14 and replace with:

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect **JULY 1, 2021. It shall remain effective for a period of **2 years** and, at the end of **JUNE 30, 2023,** this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.**

For these reasons, the Commission recommends a favorable report on SB 3 with the proposed amendments.

6f - SB 567 FIN - Pharmacy Board - SWA.pdf

Uploaded by: Ye, webster

Position: FWA



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Board of Pharmacy
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4755

2021 SESSION
POSITION PAPER

BILL NO: SB 567

COMMITTEE: Health and Government Operations

POSITION: Support with amendments

TITLE: Health Care Practitioners – Telehealth – Out-of-State Health Care Practitioners

BILL ANALYSIS: This bill authorizes out-of-state health care practitioners to provide telehealth services to patients located in Maryland, provided the health care practitioner is licensed and in good standing in another state and registers with the appropriate health occupations board in Maryland. The bill further sets forth the requirements an out-of-state practitioner must meet in order to register with the relevant board, including completion of an application, completion of a criminal history records check, and payment of a fee. The bill establishes that an out-of-state health care practitioner must practice in accordance with the laws, rules, regulations, scope of practice, and standard of practice set forth by the appropriate board; provides a mechanism for potential discipline of an out-of-state practitioner registered to practice telehealth in Maryland; and requires each board to publish information regarding out-of-state practitioners registered with the board.

POSITION AND RATIONALE:

The Maryland Board of Pharmacy (the “Board”) supports the underlying purpose of SB 567– to increase access to care, particularly telehealth services, for patients in Maryland. The Board knows that lack of access to affordable, quality health care is a significant issue throughout the country, especially during the ongoing pandemic. Because of the particulars of the practice of pharmacy, however, the Board does not believe the bill can be applied to pharmacists and pharmacies engaged in the practice of pharmacy in Maryland.

Specifically, the majority of pharmaceutical services take place in a pharmacy – a facility which must, by law, hold a permit issued by the Board, whether located in or outside of Maryland. Md. Code Ann., Health Occ. § 12-401. Maryland law, however, does not require every pharmacist, pharmacy technician, or intern working at a non-resident pharmacy to obtain licensure or registration in Maryland; rather, a non-resident pharmacy must have one pharmacist on staff licensed to practice pharmacy in Maryland and “designated as the pharmacist responsible for providing pharmaceutical services to patients in [Maryland].” Md. Code Ann.,

Health Occ. § 12-403(e). Arguably, SB 567 would require **every** pharmacist, pharmacy technician, and intern working in non-resident pharmacy to register with the Board, which would impose more of a burden on non-resident practitioners than current law.

Accordingly, although it supports the intent and aims of SB 567, the Board respectfully requests two amendments to the bill, both of which clarify that it does not apply to the practice of pharmacy.

Amendment Number 1:

On page 6, in line 12, after “1996,” insert:

“(8) THIS SECTION DOES NOT APPLY TO ANY INDIVIDUALS OR ENTITIES LICENSED, REGISTERED, OR PERMITTED TO PRACTICE PHARMACY IN ACCORDANCE WITH TITLE 13 OF THIS ARTICLE.”

Amendment Number 2:

On pages 11-12, strike lines 26 through 5, beginning with “12-301” and ending with “TELEHEALTH.”

Thank you for your consideration of this testimony. The Board respectfully requests a favorable report on SB 567 including the proposed amendments. If you have any additional questions, please contact the Board’s Executive Director, Deena Speights-Napata, at deena.speights-napata@maryland.gov or (410) 764-4753.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration

6a - SB 567 - FIN - Optometry - LOC.pdf

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: UNF



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Maryland Board of Examiners in Optometry
4201 Patterson Avenue, Room 307
Baltimore, MD 21215
Phone: 410-764-4710

February 17, 2021

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

RE: SB 567 – Telehealth Services – Expansion

Dear Chair Kelley:

The Maryland Board of Examiners in Optometry (the “Board”) is submitting this Letter of Concern for SB 567 – Telehealth Services – Expansion.

Telehealth, which includes the related concept of telemedicine, is a rapidly-evolving tool for the delivery of health information and services. The Board supports the appropriate use of eye and vision telehealth services to supplement access to high-value, high-quality eye and vision care because when used appropriately, can serve to improve patient coordination and communication among and between doctors of optometry and ophthalmologists, as well as other primary care or specialty care providers.

Though we may have differences between eye and vision services delivered via telehealth and the diagnosis and health care delivered in-person by an eye doctor, any differences must *take into account Standard of care to promote the health of the citizens of Maryland. This means that Standard of care must remain the same regardless of whether eye and vision services are provided in-person, remotely via telehealth, or through any combination thereof.* Eye and vision telehealth services cannot, based on current technologies and uses, replace an in-person comprehensive eye examination provided by an eye doctor to issue a refractive prescription either for eyeglasses and /or contact lenses.

Moving eye and vision services to a telehealth platform would negatively impact patient safety for the following reasons:

- Telehealth refractive services rarely take into account a patient's medical background nor do they maintain the same standard of care.

- Telehealth refractive services do not facilitate patient care coordination with primary care when a serious medical condition is detected.
- Many times, the prescribing doctor is out-of-state which does not allow for adequate follow up.
- Telehealth refractive services are delivered using devices not approved by the FDA.
- Refractive tests, including online vision tests and other mobile vision-related applications, cannot be, based on current technologies and uses, used to provide a refractive diagnosis and/or an eyeglass or contact lens prescription, due, in part, to these tests not currently including a controlled testing environment, subjective refraction, or professional judgement. Additionally, self-administered vision tests, based on current technologies and uses, and cannot be relied on as accurate for an objective refraction.
- Photographs obtained by patients, their family members, or their friends outside of a clinical setting may not be of adequate quality, or may not include the information needed to make an accurate diagnosis.

Thank you for your consideration of the Board's concerns and if you have any additional questions, please contact the Board's Executive Director, Patricia G. Bennett at 443-934-0816 or patricia.bennett@maryland.gov.

Sincerely,

Patricia G. Bennett

Patricia G. Bennett
Board Executive Director

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

MMCOATelehealthPolicyRecommendationsFINAL02102021.

Uploaded by: Briemann, Jennifer

Position: INFO

BEYOND COVID-19

Telehealth Policy in
Maryland's
HealthChoice
Program

*Prepared by
Maryland Managed Care Organization Association
February 2021*

MMCOA



MARYLAND MCO ASSOCIATION

Telehealth: Past, Present, and Future

The COVID-19 pandemic gave rise to a sharp increase in the number of Medicaid HealthChoice members accessing care through telehealth services. However, even before the novel coronavirus, telehealth utilization was growing. Following Governor Hogan's March 5, 2020 State of Emergency declaration, the Secretary of Health temporarily expanded the definition of a telehealth originating site to include a participant's home or any other secure location as approved by the participant and the provider for purpose of delivery of Medicaid-covered services. This declaration applies to services delivered to a Medicaid member via Fee-For-Service (FFS) or through a HealthChoice Managed Care Organization (MCO). This regulatory expansion ensured that Medicaid members could access health care services in their own home or other secure location while mitigating possible exposure to COVID-19. This, along with numerous other flexibilities granted to MCOs to ensure the continued care of our members, has enabled those enrolled in the Medicaid HealthChoice program the ability to access quality care while the State of Emergency remains in effect. These expansions will remain in effect until further notice by Maryland Department of Health, but now is the time to begin thinking about what the delivery of telehealth services will look like post-COVID-19. As policymakers begin these discussions, special consideration needs to be given to the unique needs of Marylanders served by HealthChoice MCOs, including technological, transportation, geographic, and translation/linguistic concerns.

Willingness to Use Telehealth Services

In 2019, only 11% of consumers were likely to use telehealth services. In 2020, that number now stands at 76%.

McKinsey COVID-19 Consumer Survey, April 27, 2020

Barriers to Health Choice Telehealth Delivery

According to a 2019 Pew Research Center survey, only 56% of households with an income of less than \$30,000/year have internet access, compared to 94% of households with an income of \$100,000/year or more.

Pew Research Center, 2019

Recommendations for State Telehealth Policy

When developing and implementing policies governing the delivery of telehealth services post-COVID-19 State of Emergency, the Maryland Managed Care Organization Association (MMCOA), comprised of the nine MCOs serving the 1.5 million Marylanders enrolled in the HealthChoice Program, respectfully requests that the considerations listed below be incorporated into those policies.

- MMCOA supports the ongoing collection and analysis of clinical data as telehealth policy is developed to ensure that implemented policies result in positive health outcomes for HealthChoice members.
- MMCOA supports the elimination of "originating site" requirements, allowing reimbursement via telehealth delivery.
- MMCOA supports retaining and strengthening certain regulatory flexibilities and oversight surrounding audio-only delivery of telehealth services, provided that the delivery is clinically appropriate and that MCOs and health care providers have discretion in determining effectiveness of this modality, given the medical needs of the patient and the services delivered.
- MMCOA supports retaining certain flexibilities that allow providers to be reimbursed for telehealth services, if the services delivered are within the provider's scope of practice and that the provider maintains a current, valid, and unrestricted license.
- MMCOA supports the reinstating of technology standards that require providers to use HIPAA-compliant technology in the delivery of telehealth services, a requirement that was relaxed by the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) during the federal Public Health Emergency. To ensure patient privacy and system interoperability, resulting in safer delivery of care and better patient outcomes, delivery platforms must be HIPAA-compliant.
- MMCOA supports the Maryland Department of Health, in collaboration with MCOs and other stakeholders, to develop tools and processes by which fraud can be detected in the delivery of telehealth services.
- MMCOA supports allowing telehealth visits, as described in the policy recommendations above, to be counted as services provided to meet HEDIS requirements for health plans as currently permitted by NCQA.

MMCOA: A partner to our members, policymakers, and the State of Maryland

The Maryland MCO Association (MMCOA) is the trade association for Maryland's managed care organizations. The Association consists of nine member MCOs, and our aim is to educate Marylanders about the unique role that MCOs play in controlling costs and providing excellent health care. We do this by advocating for a more effective, integrated, and comprehensive Medicaid program to ensure access to affordable high-quality health care for all Medicaid enrollees.

Our Members

Aetna Better Health

Amerigroup Maryland, Inc.

CareFirst BlueCross BlueShield Community Health Plan Maryland

Jai Medical Systems

Kaiser Permanente - Mid-Atlantic States

Maryland Physicians Care

MedStar Family Choice, Inc.

Priority Partners MCO, Inc.

UnitedHealthcare of the Mid-Atlantic, Inc.