



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.