



Maryland
Hospital Association

January 27, 2021

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

Re: Letter of Support- Senate Bill 393 – Maryland Medical Assistance Program and Health Insurance - Coverage and Reimbursement of Telehealth Services

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 393. As COVID-19 led many Marylanders to stay home, hospitals and doctors rushed to embrace the long-available but underused tool of telehealth—delivering health care remotely to keep both patients and providers safe. Emergency federal and state waivers freed hospitals and health systems to quickly ramp up telehealth. These services are universally supported by patients and by hospital caregivers. They recognize that beyond times of crisis telehealth broadens access to care, improves patient outcomes and satisfaction, and helps chip away at health inequities.

In particular, telehealth supports the estimated one in five Marylanders with behavioral health and substance use disorders (BH/SUD), which disproportionately affect underserved racial and ethnic communities. Hospitals occupy a unique position within the behavioral health care system, since they are often the first contact with providers for individuals with BH/SUD. In treating the whole person, hospitals address both physical and behavioral health conditions.

Telehealth helps BH/SUD patients overcome the stigma of treatment. SB 393 would remove originating site restrictions, which means patients can receive treatment—within state and federal prescribing guidelines—for these conditions in an environment where they feel safe. Additionally, the bill removes distant site restrictions, granting flexibility that improves access. When patients cannot access behavioral health services in their community due to workforce gaps, they turn to hospitals as safety nets. In many instances, their needs would be better managed at a lower level of care. Even if hospitalization is the appropriate level of care at the time, it is difficult to discharge patients without appropriate community behavioral health providers. Telehealth can alleviate some of those bottlenecks in community health services and improve treatment options for all Marylanders with BH/SUD conditions.

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

For more information, please contact:
Maansi Raswant, Vice President, Policy
Mraswant@mhaonline.org