Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services – HB0551
Health and Government Operations Hearing
February 10, 2021
FAVORABLE

Delegate Pendergrass, Delegate Pena-Melnyk and members of the House Health and Government Operations Committee, thank you for accepting testimony from me today on this very important, lifesaving bill. I am the mother of two adult sons and the grandmother to three, one of whom resides in Maryland. Telehealth services have been a lifeline for us in recent months and will continue to be critical in the future because of some of the changes COVID-19 brought about. Changes that will last far beyond the current crises.

Telehealth has also been a lifeline for other Marylanders as they access mental health (MH) and substance use disorder (SUD) care during the pandemic. Telehealth coverage must be expanded permanently in private and public insurance to help address the skyrocketing need for MH and SUD care as result of COVID-19 and as Maryland recovers from the pandemic. HB0551 has several unique and critical differences from other related bills you are considering, including explicit and continuing coverage of the audio only treatment delivery mode, the payment parity requirement in both commercial insurance and Medicaid and patient choice in the delivery mode that works best for them, which can change from visit to visit. I hope you will read the stories of my family members' experiences below to understand why these factors are critical.

I volunteer with several organizations and see the need for these services in each role. As the President of the Parkland Magnet Middle School PTSA at my grandson's school – a majority/minority school with a high FARMS rate –I am aware of at least five (5) students in the last year that have experienced significant MH crises which eventually led to suicidal ideation and/or suicide attempts because they were unable to access MH services sooner. Three years ago, a child at the school completed suicide so we are very attuned to the need for our students to have access to services. Several of the parents that I have assisted have had difficulty accessing care due to transportation challenges and other issues. Some, like myself, have secured appointments for care, only to spend the appointment time fighting technology to have a video call, when a simple phone/audio only appointment would have provided much more benefit. My grandson has been hospitalized twice in the last two years for suicidal ideation while we struggled to get appointments with counselors and psychiatrists that were close enough to home that he didn't have to miss two hours of school each week to drive to appointments or wait months for an appointment.

We moved to Montgomery County 4 ½ years ago from the Eastern Shore (Salisbury) so I am also very aware of the technology challenges that the more rural areas face with large proportions residents having no reliable internet access and very few providers available for in person services, thereby making MH and SUD services non-existent, particularly for pediatric patients. My 78-year-old mother still lives in Salisbury and essentially homebound, so she is only able to access MH services via audio only because, in her words, "the smart phone is smarter than me" so she is challenged to access care if video is a requirement and in person is not a real possibility for her. Even in Montgomery County, within the Rockville city limits on Comcast Cable, I often cannot maintain a connection if I turn on my camera so, even over Zoom (the most stable platform), we end up having audio only sessions just to stay connected in this urban area of the state.

I will also share with you that I have struggled with some issues of depression since the death of my 7-week-old granddaughter on August 18, 2016, the very day I moved to Rockville. At the time, my husband and I were raising our 14-year-old grandson due to his mother and father's (my youngest son) MH and SUD issues. I was trying to get him settled in a new home, new school, my husband had a new job, I had just resigned my City

Council seat – a position I loved dearly – to move here and we did not know anyone in the area. So I threw myself into the PTA at his school and carried on with several other volunteer activities I did as a councilmember where feasible. I really just kept moving to outrun my feelings, in retrospect. In late 2019, I realized that I needed to seek counseling myself, but I also knew the challenges we had endured trying to access services for my son and grandson and I wasn't up for that daunting task of finding care for myself. Last January, I took on that challenge and found a provider I was able to connect with. Two months later, COVID-19 hit. I was never a fan of telehealth and resisted it at first. But that being the only option at the time, we began making virtual appointments. I quickly realized that this was much better suited to my needs as some days – before COVID (BC) – I had to force myself to leave the house to go to the store or to an appointment with my therapist. As 2020 wore on (endlessly) I was hospitalized five (5) times for a chronic health condition and once for surgery. Each time I was able to get the support I needed and continue my treatment via audio only sessions. The Wi-Fi connections in the hospital made video appointments impossible and I would not have kept a video appointment in a hospital gown, or in my bed as I recovered from surgery. I would have missed many appointments and lost my slot with that provider if not for the ability to meet remotely and with audio only. I will also add that my chiropractor and primary care physician already receive a higher reimbursement rate for 15-20 minute appointments than my therapist does for a 50 minute appointment so the requirement for reimbursement rate parity is absolutely critical for video and audio only appointments. From my stories, I hope you can see how passage of this bill with have a tremendous impact on the Marylanders' access to mental health and substance use care. I am passionate about this issue because I can see that many of the issues – my health issues, proximity to providers for my grandson, son and mother – are not going away with COVID-19 and the silver lining of the pandemic it is that we have found that telehealth is an excellent, and in many cases the only, way for our family to access much needed care. These and other important points addressed in the bill are listed below.

The Coverage for Mental Health & Substance Use Disorder Telehealth Benefits bill (SB 393/HB 551) will improve access to life-saving MH/SUD treatment by:

- Authorizing patients to receive telehealth services in their **homes or wherever they are located** to maximize access to care while reducing financial barriers.
    - My grandson had a provider here in Rockville who dropped him from her caseload because of "missed appointments". The only appointments he missed were twice when the provider's platform struggled to maintain a connection (a common issue for them) and twice when my grandson visited his mother on the Eastern Shore and the provider refused to continue the visits because he was physically on the other side of the street that is the Maryland/Delaware state line. There was no less need for his counseling because he was on the other side of the street, in fact, the need was greater because of the challenges he has during those visits. With telehealth visits, it should not matter if the patient is physically located in a different place than usual.
- Authorizing **audio-only/telephonic** telehealth to reduce health disparities associated with race, income, and place of residence, while progress is made to bridge the digital divide.
    - Four generations of my family has benefited from the audio only telehealth in recent months for reasons that will not go away with the pandemic.
        - My 78-year-old mother lives in Wicomico County where internet access is very sporadic, there are very few providers, and she is frequently limited by mobility issues that could cause her to miss appointments. We provided her with a smart phone (which she says is smarter than she is) because she struggles to use the video and audio technology. She can easily use the telephone though and that is how she is now able to access services. If not for the audio only option, she would miss too many appointments and be discharged.
        - My son has over 5 years in recovery from a substance use disorder but still

needs the support of mental health services. In his early recovery, he lost several jobs because he missed so much time going to appointments with his counselor, support meetings, probation appointments, etc. This severely hindered his efforts to restart his sober life as a productive, contributing member. He was sometimes discharged by providers as "non-compliant" because he could not leave work or didn't have transportation to the appointment. Being labeled "non-compliant" makes it infinitely more difficult to obtain another provider. He now works as a commercial electrician and rarely has WiFi access on construction sites and is unable to do audio visual appointments. He is able to sit in his car and have an audio only telehealth visit with his counselor with whom he would otherwise not be able to continue treatment.

- My 14-year-old grandson is autistic and has ADHD, OCD, and Depressive Disorder. Even though we live in the wealthiest, most populous county in the state, there are no in network provider that meets his needs near us. The closest provider they can offer is 45 minutes away in Columbia, which would require that he miss two to three hours of school every week to see his therapist without the option of telehealth. Because of his autism, and because he is a teenager, he struggles to open up to people face to face. We have found that he is much more open and forthcoming with the audio only service delivery mode.
- For myself, I started with my therapist in person in January 2020. My March we were forced to switch to telehealth like everyone else. But even in the city limits of Rockville, with comcast cable, we struggled to keep a synchronized connection (the video often lags behind the audio and makes it hard to follow the conversation). We quickly found ourselves having to turn off the camera to carry on the discussion but that too was often problematic, so we transitioned to audio only – telephone calls. We have continued that for several months now and it has been a lifeline for me. I have a chronic, life threatening medical condition for which I was hospitalized 5 times last year and had an additional hospitalization for surgery that left me bed ridden for over two months. Obviously, those situations, which happen frequently for me, prohibit in person visits and I am not comfortable being on video in a hospital gown with IVs etc., nor am I comfortable doing so from my bed. Missing all those appointments would not only have put my mental health at risk but would likely have seen me discharged from my provider as they need to fill the appointments to make a living. I would likely have been charged hundreds of dollars in missed appointments as well because the hospitalizations are not planned events that allow for 48 hours' notice of cancellation of the appointments.

- Requiring payment for telehealth services **at the same rate** as in-person services to ensure that providers are fully reimbursed for the care they provide.
    - Simply put, if my provider is not reimbursed the same rate for providing 50 minutes of talk therapy via audio only as they are for talking with me for 50 minutes in person, they will not offer the audio mode of delivery. They are already paid far less than my somatic health primary care provider or even my chiropractor, providing the same service with higher technology costs at a lower reimbursement rate is simply not a sustainable business model.
- Authorizing certified MH/SUD programs to be reimbursed for **peers and paraprofessionals** providing telehealth services, under supervision.
- Requiring reimbursement for remote patient monitoring (RPM) for patients with MH/SUD.
- Requiring plans to **comply with the Mental Health Parity and Addiction Equity Act** and eliminating

barriers to MH/SUD telehealth services that are more restrictive than those for medical/surgical telehealth services.

- Protecting the **patient's right to consent** to receive services via the service mode they choose.

COVID-19 has increased the need for MH and SUD services in Maryland.

State and national data have demonstrated that the COVID-19 pandemic has exacerbated people's mental health conditions and substance use. Significantly more people are struggling with MH/SUD, and they are reaching out for professional help.

- The number of overdose deaths from drugs and alcohol in Maryland increased 12% in the first three quarters of 2020 compared to the same time period in 2019.
- Calls and online outreach to Maryland's 211 call center to connect residents with mental health resources increased by 353% in the fourth quarter of 2020 compared to 2019, and text volume increased by 425%.
- During late June 2020, 40% of adults in the U.S. reported struggling with mental health or substance use. Approximately twice as many adults reported suicidal ideation in 2020 compared to 2018.
- The proportion of children's mental health-related visits to the emergency department increased between 24%-31% in October 2020 compared to October 2019.
- Patients who survive COVID-19 have a significantly higher rate of being diagnosed with anxiety and mood disorders in the three-month period following their COVID-19 diagnosis than those with other diagnoses.

Black and brown communities are being hit the hardest by these dual public health crises of COVID-19 and MH/SUD, and access to care must increase in these communities.

- In Maryland, substance use fatalities among Black individuals increased 35% from 2017 to 2019 while reported data reflected a 10.8% decrease among white individuals, according to Opioid Operational Command Center.
- At the beginning of the pandemic, suicide rates increased dramatically among Black Marylanders.
- Black and brown individuals are reporting higher rates of suicidal ideation, adverse mental health symptoms, and alcohol or drug use during the pandemic than white individuals.
- Black patients with SUD who are diagnosed with COVID-19 have the highest rates of hospitalization and death across all populations.
- Even before the pandemic, overdose mortality rates have continued to increase for Black Americans, Asian Americans, Hispanic Americans, and American Indians, while the overall overdose death rate declined in 2018.

Telehealth has been essential for delivering MH and SUD care during the pandemic.

Utilization of telehealth for MH and SUD services has far exceeded that of any other health care condition and has remained high even as rates of telehealth have decreased for other types of services. Appointment "no-shows" dropped dramatically, and patients wish to continue using telehealth after the pandemic.

- In September 2020, U.S. telehealth claims were up almost 3,000% compared to September 2019, based on FAIR Health data. That month, mental health conditions accounted for over half (51.83%) of the telehealth claims , and any other diagnosis accounted for 3% or less of claims.
- According to the Community Behavioral Health (CBH) Association of Maryland's survey of 4,000 patients, more than 70% of respondents would continue using telehealth at least half the time after the pandemic. The top reasons clients wanted to continue to use telehealth, besides reducing the risk of COVID-19 exposure, include:
    - Appointment flexibility (61%)
    - Travel time (49%)
    - Transportation (39%)
    - Physical disability (25%)
    - Preference (16%)
    - Childcare (15%)

- The CBH survey also demonstrated that 75% of patients reported having the same or better therapeutic connection with their MH/SUD providers when using telehealth.
- Telehealth significantly reduces no-show rates and improves patient retention.

Audio-only telehealth is necessary to bridge the digital divide.

Patients primarily use audio-only telehealth because they lack access to reliable internet, sufficient data plans, appropriate devices, or technological literacy. Without audio-only telehealth visits, the most vulnerable patients (older, low-income, homeless persons) will lose access to care. Other patients rely on telephone visits with their MH and SUD providers because they lack privacy or safety in their homes.

- Across Maryland, 14.7% of the overall state population is underserved with respect to internet access.
- Approximately 425,000 Marylanders lack high-speed internet. Most of them live in rural communities, but almost a quarter of those who lack internet access live in urban areas where the cost is prohibitive.

The Maryland Addiction Directors Council (MADC)'s survey found that 87% of patients had a positive experience using audio-only telehealth with their SUD treatment provider most if not all of the time, with another 11% reporting a positive experience some of the time.

Thank you for your time and for all you do!

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