



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

2/10/2021

Testimony in SUPPORT of HB 551: Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services

The current Covid 19 pandemic and the resulting economic and social disruption has further endangered citizens of Maryland who suffer from mental health (MH) and substance use disorders (SUD). HB 551 will ensure access to MH and SUD treatment to all Marylanders, regardless of race, income, disability, location, or insurance coverage.

Overdose deaths have increased in Maryland from January to June compared to 2019 statistics. An overwhelming percentage of these deaths belong to marginalized populations (eg. people of color, and lower income populations).

In a nationwide survey conducted by the CDC to assess the pandemic's impact on mental health 1 in 3 adults reported symptoms of anxiety or depression (30.9%), one-quarter reported a trauma- and stressor-related disorder (26.3%), and more than 1 in 10 (13.3%) reported starting or increasing their use of alcohol or drugs because of COVID-19. Additionally, calls to Maryland's 211 resource center for mental health resources have risen steadily including a 24% jump from June to July.

While utilization of telehealth has begun to decline nationwide after peaking in mid-April, utilization for behavioral health services has remained high and, as recently as October 4, 2020, accounted for 41% of total visits. No other medical specialty service utilized telehealth for more than 14% of visits.

This proposed bill would:

- Allow patients to receive care in their homes and in the location of their choice, with appropriate privacy protections, to maximize access to care while reducing financial barriers, such as transportation and childcare costs;
- Allow patients to receive services via audio-only telephones to account 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;
- Authorize the SUD and MH professionals who deliver care and support services at SUD and MH program locations – including alcohol and drug trainees, paraprofessionals and peers – to deliver services via telehealth with reimbursement to the program;

- Allow reimbursement of telehealth services to be on par with in-person visits to ensure that professional service costs for community-based SUD and MH telehealth services are fully reimbursed; and
- Ensure consumers can choose how to receive the SUD and MH services they need.

The impact of COVID-19 on Marylanders with SUDs and MH conditions will extend long after the public health emergency, and expanded telehealth services – an effective means for delivering behavioral health services – is essential to meet their health care needs.

Thank you and I ask for a favorable report on HB 551.

Sources:

Mark Czeisler, et al., “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020,” MMWR Vol. 69 No 32, 1049, 1054 (Aug. 14, 2020), https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w