



January 28, 2021

The Honorable Shane E. Pendergrass  
House Health & Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401

RE: Support with Amendment – HB 191: Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement – Sunset Termination

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 House Bill 191: Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner Telemedicine Reimbursement – Sunset Termination (HB 191), which would ensure that psychiatrists and psychiatric nurse practitioners delivering care through ACT teams or mobile crisis services through the Maryland Medical Assistance Program could continue to reach patients via telehealth after September 30, 2021. Ensuring patients continue to receive clinically safe and efficient care should be a priority for legislators as Maryland continues to grapple with the pandemic. Since the beginning of the pandemic, temporary flexibilities to deliver telehealth have provided continued access to care 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.

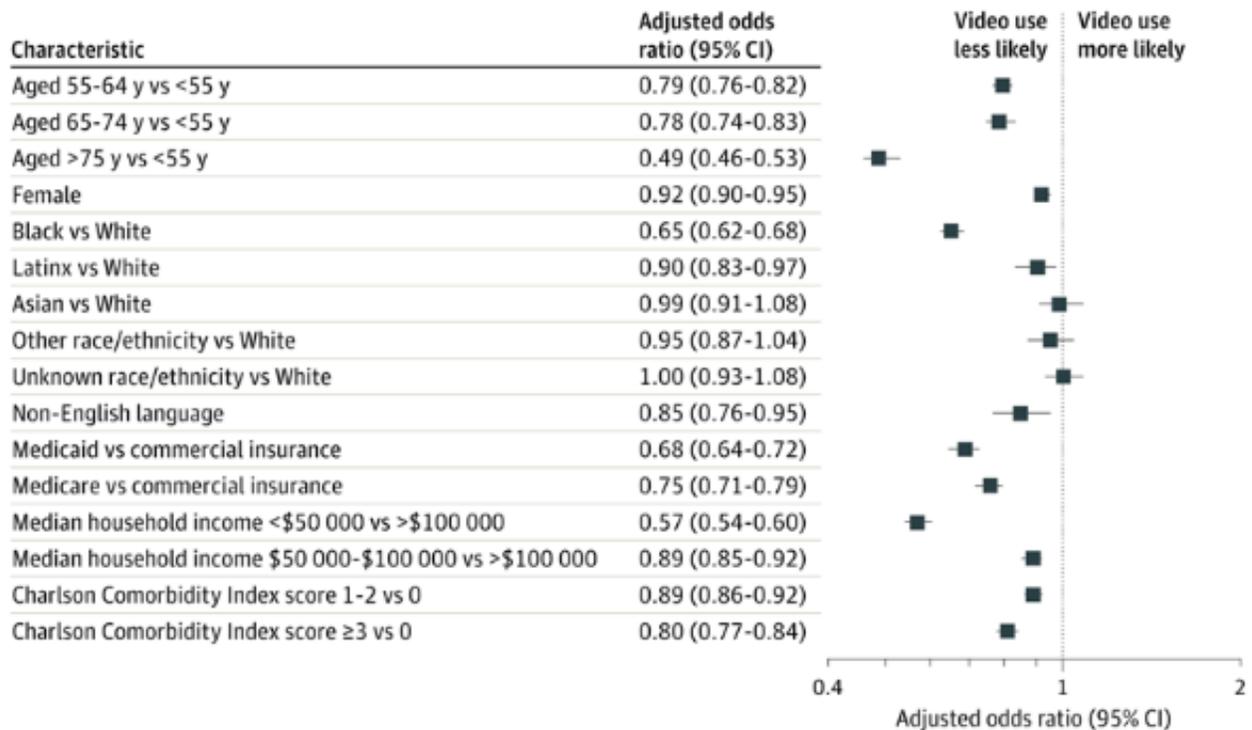
While MPS & WPS recognize that this legislation is dealing solely with the sunset provision of this law, MPS & WPS respectfully ask that you also consider amending the bill to include audio-only services under the definition of telehealth services, as we see it as a tool for equitable access to care. 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 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



**Washington  
Psychiatric Society**

low-income families (43% less likely for household income less than \$50,000). 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:



We have already seen the tremendous gains in access to psychiatric care achieved by the temporary expansion of audio-only services, which will continue to be critical in the coming months.

With the amendment adopted, MPS & WPS would then ask the committee for a favorable report of HB 191. If you have any questions with regards to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

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