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DEPUTY MAJORITY WHIP

Health and Government
Operations Committee

Subcommittees

Chair, Health Occupations
and Long Term Care

Insurance and Pharmaceuticals

House Chair, Joint Committee on
Children, Youth, and Families



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Statement of Delegate Ariana Kelly in Support of HB 191
Maryland Medical Assistance Program - Psychiatrists and Psychiatric
Nurse Practitioner Telemedicine Reimbursement - Sunset
Termination**

Thank you Madame Chair and Members of the Committee.

Assertive Community Treatment or ACT is an evidence-based program that uses a team approach to serving those in the public behavioral health system with some of the most challenging needs. These are individuals who – due to their psychiatric disability – cannot or will not access services in traditional facility settings. Many are homeless and have co-morbid somatic conditions and substance use disorders.

ACT teams are required to have dedicated prescribers (psychiatrists or psychiatric nurse practitioners), social workers, registered nurses, substance use disorder professionals, peers, and employment specialists. They are subject not only to statutory and regulatory requirements but must also pass fidelity audits that measure each team's compliance with the ACT model.

As you know, Maryland, like other states, is facing a serious psychiatric prescriber shortage. It has become increasingly difficult for community-based programs to recruit and retain psychiatrists and psychiatric nurse practitioners for the salaries they can afford to offer. In addition, because ACT clients are often homeless and mobile, these ACT prescribers spent hours driving around trying to locate the individuals they served.

As a solution to this problem we passed legislation in 2018 (HB1652 - Morales/SB704 - Madeleno), allowing psychiatrists on ACT teams to provide their services via telehealth. In 2019 psychiatric nurse practitioners were added to the list of prescribers via my bill HB605/SB52. These bills were passed pre-COVID when telehealth was not widely used in healthcare delivery, so language was added to sunset these bills on September 30, 2021 if no further action was taken.

The world has changed radically since then. COVID has pushed the use of telehealth to the forefront of healthcare delivery and will continue to be a critical element of our behavioral health care in particular well past the sunset date. Unfortunately, unless the

sunset is removed from the initial enabling legislation, ACT prescribers will once again have to provide services in-person, requiring them to waste precious (and expensive) time driving around to find the clients they see.

In the accompanying fiscal note, you will see that MDH intends to make permanent this provision and that the bill is not anticipated to have a meaningful impact on Medicaid revenues or expenditures.

Therefore, I ask that you give HB 191 /SB 607 a favorable report so that one of our most at-risk populations can continue to receive needed medications and other prescriber services via telehealth.