

To: The Honorable Shane E. Pendergrass, Chair  
Health and Government Operations Committee

From: Courtney Bergan  
6166 Parkway Drive #2  
Baltimore, MD 21212

Re: **HB 551** – Maryland Medical Assistance Program and Health Insurance –  
Coverage and Reimbursement of Telehealth Services  
**Favorable**

Date: February 10, 2021

Dear Chair Pendergrass and Members of the Committee:

I am providing this testimony in support of House Bill 551 as a concerned Maryland resident and a student at the University of Maryland Francis King Carey School of Law. Though, more importantly, when speaking in the context of this bill, I am an individual who lives with a severe mental health condition. My continued access to affordable and accessible mental health care depends on this bill's outcome. The mental health services I receive, which are covered in part by Maryland Medical Assistance, have allowed me to return to school, reduced my overall healthcare costs, and improve my overall well-being.

I strongly request your support for House Bill 551, requiring coverage for mental health services delivered via telehealth. I especially want to implore upon you the importance of two provisions contained within the bill: the requirement for payment parity in both private and public insurance and across service delivery methods (in-person, audio-visual, and audio-only), along with the requirement for consumer consent to receive services delivered via telehealth. These provisions are critical to providing more equitable access to high-quality mental health services that meet the needs of vulnerable individuals.

#### **I. Payment Parity**

First, payment parity across service delivery methods makes it more likely mental health practitioners will be willing to provide care using the service delivery method that is most appropriate for each patient. Therefore, payment parity will likely increase the number of qualified practitioners available to address varying mental health care needs and ensure patients have access to the most effective treatment. Furthermore, payment parity helps to ensure continuity of care, despite external barriers that may interfere with a patient's ability to participate in any one method. Circumstances such as a lack of internet access, an inability to locate a private space, a disruption in transportation, a disability that interferes with the efficacy of audio visual-technology, and a disability that complicates travel can all interfere with the use of a single delivery method. Payment parity ensures patients and providers have the flexibility to collaborate and select the service delivery method that is most appropriate for each individual on any given day.

I have personally experienced various barriers to in-person and audio-visual services. However, temporary changes providing for reimbursement of audio-only services at the same

rates as in-person care have allowed me to continue receiving the mental health care I rely upon with the providers I know and trust.

## **II. Consumer Consent**

Consumer consent to the receipt of services rendered via telehealth is just as imperative as payment parity in guaranteeing access to appropriate care, especially when it comes to mental health services. For me, maintaining the option to see my psychologist in-person is crucial. Not having access to in-person care has historically resulted in the deterioration of my mental health and hospitalization. Part of that need is related to my mental health diagnoses, where in-person care is often a more effective form of treatment. However, a more significant portion of that need arises from specific nuances of my circumstances, such as living alone, without access to any form of family support. Over the past year, seeing my psychologist is the only meaningful in-person contact I have had. While post-pandemic, my ability for in-person contact will increase, my need to access in-person care will remain. As a survivor of interpersonal violence, seeing my therapist in her office provides me access to one of the few spaces where I feel safe. Having access to that sense of safety is essential to the efficacy my treatment.

Nonetheless, that does not mean telemental health services will have no place in my care post-pandemic—quite the opposite. Prior to the pandemic, telehealth services were a valuable component of my care. Yet, my access to those services was quite limited due to the lack of coverage for audio-only services. Now, I have come to rely on audio-only services for delivery of mental health services since I have a visual impairment that limits my ability to travel and interferes with the efficacy of audio-visual services.

Moreover, audio-only services provide the added benefit of allowing me to move to a place where I have the most safety and privacy, without the burden of worrying about access to internet connectivity. Furthermore, removing the need to remain tethered to a Wi-Fi connection allows me to engage in therapy in ways I wasn't previously afforded, such as being able to go outside so I can remain grounded and engaged with my provider. Audio-only services provide me the opportunity practice skills in my therapy sessions (when I have the support of my psychologist) in a manner that better translates to my life. My psychologist provides me with audio-only services for my benefit. However, her expenses don't change since she must remain in a location where she has sufficient auditory privacy.

Losing the coverage that I currently have for audio-only mental health services poses a devastating risk to my ability to remain in school full-time. When classes return to in-person instruction, I will have the added burden of getting to and from campus, meaning I will have less time and money to pay for transportation to get to and from appointments. While my mental health remains my priority, maintaining my mental health relies just as much on my ability to engage in life as it does on more formal treatment. Returning to school full-time to pursue a career I am passionate about has provided an immense benefit to my mental health. However, the potential loss of coverage for audio-only services reimbursed at the same rate as in-person mental health services could result in the loss of access to an essential component of my care. Since returning to school, I have come to rely upon audio-only mental health services to survive and now thrive.

Additionally, consumer consent is vital when considering the overall accessibility of mental health services. Patients' access to each service delivery method varies, making it nearly impossible for third parties to make accurate determinations about whether telemental health services are appropriate for any given individual. Therefore, when contemplating whether telehealth services should count towards network adequacy metrics, requiring consumer consent to the receipt of services offered via telehealth is likely the most effective means for determining accurate network adequacy wait-time standards.

Before the pandemic, I searched long and hard to find an appropriately trained in-network provider under my previous private health insurance coverage. Despite communicating my need to locate a provider who could see me in-person, my insurer tried to offer me access to a telehealth-only provider in Florida rather than provide coverage for a local specialist. If my insurer had been allowed to use telehealth to meet its network adequacy wait-time metrics, I likely would have been denied access to the in-person care I needed.

Existing consumer protections within the insurance code allow patients to seek a referral to a non-network specialist when an appropriate in-network specialist is not available. Because of these protections, I was finally able to gain approval to see a specialist close to my home because telehealth services are not currently sufficient to count towards network adequacy wait-time metrics. But that protection wouldn't have applied if my insurer could have met their metrics by offering me telehealth without my consent. Ultimately, gaining affordable access to an appropriately trained mental health provider who can see me, both in-person and remotely, has both saved my life and given me a life far beyond what I ever imagined possible.

I strongly urge you to issue a favorable report for House Bill 551 so that all Marylanders can gain access to the mental health care they need. Payment parity across service delivery methods will promote more equitable access to mental health services while requiring consumer consent guarantees consumers can access the most efficacious care for their individual needs. By including these two provisions, House Bill 551 helps ensure all Marylanders have access to high-quality mental health services, regardless of their means, diagnoses, or circumstances. Appropriate mental health care shouldn't be limited to those of us with the privilege to wage a public fight; life-saving mental health care should be available to all!

I appreciate you taking the time to consider my concerns supporting the need for the provisions in House Bill 551. Please don't hesitate to reach out to me should you have any questions regarding my testimony.

Sincerely,



Courtney A. Bergan  
cbergan@umaryland.edu  
(443) 681-8191