



February 17, 2022

The Honorable Paul Pinsky
Senate Education, Health, & Environmental Affairs Committee
2 West - Senate Office Building
Annapolis, MD 21401

RE: Oppose – SB 398: Out-of-State Health Care Practitioners – Provision of Behavioral Health Services via Telehealth – Authorization

Dear Chairman Pinsky 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 strive 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 oppose Senate Bill 398: Out-of-State Health Care Practitioners – Provision of Behavioral Health Services via Telehealth – Authorization (SB 398). Instead of taking bold steps to ensure parity for mental health and addiction services, SB 398 presents another hackneyed proposal that creates a different standard of care for mental health treatment than somatic health treatment. Every time the State has attempted this in the past, MPS/WPS's patients have suffered and discriminatory practices were fostered.

MPS/WPS has great concerns that out-of-state mental health practitioners might practice in a way that is not lawful here; for example, an out-of-state mental health practitioner may engage in conversion therapy or a psychologist may prescribe medication. An out-of-state mental health practitioner also may be unfamiliar with Maryland's mandatory reporting requirements or involuntary treatment laws. Similarly, an out-of-state mental health practitioner may not know how to carry out an emergency petition across state lines, the delay of which could be catastrophic for the individual or the community. Finally, SB 398 is eerily silent as to how such an out-of-state practitioner can attest that he/she even knows these laws and where liability can be attributed in cases of a bad outcome.

Simply put, psychiatric patients are better served when their psychiatrist practices in their community. This ensures that the proper standards of care are followed. Local psychiatrists know the availability of community resources and wrap-around services; the strengths,



**Washington
Psychiatric Society**

weaknesses, and capacities of local hospitals; local crisis intervention resources; and last, but not least, local mental health laws. Finally, a local psychiatrist can collaborate with a patient's other local physician(s) more easily.

For all the reasons stated above, MPS/WPS ask for an unfavorable report on SB 398. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

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