



Maryland
Hospital Association

House Bill 1148 - Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)

Position: *Support with Amendments*

February 24, 2023

House Health & Government Operations Committee

MHA Position

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 1148.

In Maryland, over 781,000 adults are diagnosed with a mental health condition.¹ Across the U.S., one in six youth between 6 and 17 years old, experience a mental health disorder each year, and about 57,000 Marylanders between 12 and 17 experience depression or depression-like symptoms.² For Marylanders of all ages, mental health conditions are more prevalent and affect their lives, as well as their families, friends, and colleagues.

Some challenges related to mental health services stem from mental health workforce shortages. As of September 2021, Maryland had a 79% deficiency in mental health professionals—designating behavioral health as a Health Professional Shortage Area (HPSA) for Maryland.³ HB 1148 addresses ongoing behavioral health challenges by establishing a commission and pilot program.

Specifically, HB 1148 institutes a commission to study, review, and report on the status of behavioral health in Maryland. In particular, the commission enacts work groups to study geriatric and youth behavioral health needs, as well as the behavioral health workforce, infrastructure, and financing. It is worth noting, of the 252,000 adults in Maryland who did not receive needed mental health care, 33.7% did not because of cost.⁴ The proposed study and subsequent analyses will help identify barriers to administering care and the cost associated with these services—ultimately improving the behavioral health system.

This bill also builds on the success of the Preserve Telehealth Access Act of 2021 and extends the sunset provisions for audio-only modalities and reimbursement parity for two years until June 30, 2025.

¹ <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

² Id.

³ <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/maryland/>

⁴ <https://store.samhsa.gov/system/files/sma17-5029.pdf>

To fully address health equity in telehealth, the value of audio-only telehealth cannot be overstated. The digital divide in Maryland between households with high-speed internet and corresponding devices with audio-visual capabilities is significant and cuts across traditional rural/urban lines. For urban *and* rural areas, audio-only health services may be the only modality a significant portion of their population can access. To restrict coverage and reimbursement for audio-only health services would essentially isolate these Marylanders from necessary health care, especially in the aftermath of a pandemic.

MHA supported Senate Bill 534 the Preserve Telehealth Access Act of 2023, which also extends the sunset provisions for audio-only modalities and reimbursement parity for two years until June 30, 2025. This bill passed unanimously in the Senate Finance Committee with amendments. The amendments were developed by the Maryland Health Care Commission (MHCC) to continue to study telehealth and to report to the General Assembly recommendations for future telehealth policy, including through the provision of audio-only services. MHCC's SB 534 testimony, including the amendments, is attached. All stakeholders, including Maryland insurance carriers, were in support of this bill and the MHCC amendments. We request that HB 1148 also be amended to include the MHCC study language.

For these reasons, we respectfully request that the Committee adopt the MHCC study amendments and give a *favorable* report on HB 1148.

For more information, please contact:
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