

**TO:** The Honorable Joseline Peña-Melnyk, Chair  
House Health and Government Operations Committee

**FROM:** Annie Coble  
Assistant Director, State Affairs

**DATE:** February 28, 2023

**RE:** HB1148 BEHAVIORAL HEALTH CARE – TREATMENT AND ACCESS  
(BEHAVIORAL HEALTH MODEL FOR MARYLAND)

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**HB1148**

**Favorable**

Johns Hopkins supports **HB1148 Behavioral Health Care – Treatment and Access (Behavioral Health model for Maryland)**. This bill does several things to enhance Maryland’s behavioral health system, to ensure equitable access to quality behavioral health services across the State. The bill establishes the Commission on Behavioral Health Care Treatment and Access; establishes the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program; continues audio only telehealth for two more years; requires Medicaid to establish Certified Community Behavioral Health Clinics.

Johns Hopkins has significant expertise in research and treatment of behavioral health disorders, offering a broad range of intensities of services and modalities of care. Our Department of Psychiatry is consistently ranked among the very top programs in the United States for clinical care according to U.S. News and World Report. Across The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, we experience over 275,000 inpatient and outpatient visits annually. As one of the largest behavioral health providers in the State, we witness firsthand the devastating impact these disorders have on individuals. This is why we support Maryland making a real investment into the complete behavioral health care system.

Additionally, we support the provisions in this bill that continue the audio only and parity reimbursement for telehealth. Even before the pandemic, there has been increasing recognition that telehealth is a tool to address physician shortages, expand access to numerous types of care including behavioral health services, and improve provider efficiencies. While the traditional method of delivering health care is dependent upon a physician or other health care provider to provide in-person care in real time, telehealth opens the door to new delivery models that extend the reach of the provider. It can help facilitate the transfer of clinical data from remote patient settings and remove barriers that have long limited access to care in hard-to-reach areas.

Continuing audio only and parity reimbursement, as granted in the Preserve Telehealth Access Act of 2021, is essential to address the health care needs of Marylanders. Johns Hopkins data proves access to this tool is an issue of equity. Since the beginning of the pandemic, use of video compared to audio-only telehealth modalities has shown potentially meaningful disparities in access between different populations of patients, specifically the use of audio-only patients are disproportionately Medicaid-enrolled or older adults. Additionally, patients in rural Maryland counties and in predominantly Black

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neighborhoods in East and West Baltimore are more likely to use audio-only telehealth services. The data clearly show that access to audio-only telehealth is an important tool for health equity. Eliminating access to audio-only care would essentially eliminate meaningful access to health care in general for these Marylanders.

Further, in an environment of high provider burnout, limited access to specialists, and staffing shortages, it is important to appropriately value the time that providers spend delivering care to patients. We support extension of telehealth reimbursement parity as part of this bill. As of the 2021 CMS Physician Fee Schedule, which recognized that indirect (non face-to-face) time on the same day of service should be part of the total billable time. In this 2021 rule, CMS acknowledged that valuing the amount of “work” that has gone into a visit goes well beyond the direct time spent with the patient – and that pre and post visit time, regardless of the physical location of the patient or provider, is equally important and valuable. We believe this assertion also applies to telehealth services. Continuing reimbursement parity will ensure provider work continues to be appropriately valued and patients will continue to have access to telehealth services.

One remarkable feature of telehealth is the ability to provide quality care without sacrificing patient satisfaction. Johns Hopkins conducted patient surveys of their experience with telehealth overall and 9 out of 10 patients said they were moderately to extremely likely to recommend telehealth to a friend or family. Patient testimonials expressed appreciation for telehealth because of the efficiency, safety and flexibility this tool provides.

Johns Hopkins, and the entire world, has had to rapidly adapted to a changing world. With a greater need for behavioral health services in a largely virtual environment. Telehealth has been an essential tool as the world changes. This tool has enabled continuity of care for patients in need, engaging patients in care for the first time and likely saved lives. To roll back the use of telehealth at this point would be detrimental to patients’ health and safety.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **HB1148**.