

SUPPORT

HB1652

ACT FACT SHEET

House Bill 1652 is the Maryland Medical Assistance Program Telemedicine Assertive Community Treatment and Mobile Treatment Services bill. The Senate passed the cross file of HB1652 (SB 704) unanimously with all Finance Committee members amending on as cosponsors. Allowing providers to use telehealth for psychiatrists in Assertive Community Treatment (ACT) programs will maintain this program in the face of a severe psychiatric shortage. ACT programs achieve cost savings as documented by a University of Maryland study of high-risk ACT participants. This demonstrates that ACT successfully achieves its goal of reducing hospital costs.

26.8%

Reduction in hospital ED admissions post ACT enrollment

Did you know?

- ACT is a team intervention targeting high-cost healthcare users.
- Providers are paid a monthly case rate fee per patient.
- Because of this case rate fee structure, allowing ACT psychiatrist to participate via telehealth does not change the cost of care.

Support ACT now!

A University of Maryland study — highlighted on MDH's Innovations website — identified significant cost savings after ACT interventions

<https://health.maryland.gov/innovations>
Click on Clinical Innovations

\$20,000 reduction in inpatient hospitalization costs

26.8% increase in diversion from hospital EDs

6.1 reduction of hospital admissions per participant

\$2,805 reduction in ED costs

\$224,250 total cost savings across study participants

50%

Only 50% of Maryland jurisdictions are home to an ACT program. Of those, half are at risk of losing ACT status because of workforce issues. Support ACT in Maryland today by allowing psychiatrists to participate in ACT via telehealth.

Reduce hospital behavioral health admissions and increase access to care! Support HB1652 and support Maryland's behavioral health system!

