



Testimony on HB 551
Maryland Medical Assistance Program and Health Insurance – Coverage
and Reimbursement of Telehealth Services

House Health & Government Operations Committee

February 10, 2021

POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

The combined impacts of the COVID pandemic and a workforce crisis that predated the pandemic require creative thinking and an expanded use of technology in order to meet current and projected demand for behavioral health services. The technology solutions required include the use of video and audio-only telehealth and remote patient monitoring (RPM).

The use of video and audio-only telehealth – by both clinicians and paraprofessionals - proved to be a literal life saver throughout the COVID crisis. Governor Hogan’s executive orders allowed for the flexibility required to meet the needs of Medicaid recipients who would otherwise have gone without treatment due to distancing requirements, transportation difficulties and quarantine restrictions. Additionally, many of our clients lack the financial means to purchase smart phones or other video technology and the data plans to support them. Others live in rural areas where broadband coverage is spotty at best. Without ongoing supports through audio-only telehealth these individuals would have had great difficulty in accessing needed medications and therapy. And multiple surveys of practitioners and clients – conducted by the Behavioral Health Administration and provider associations – found high satisfaction ratings for telehealth among both practitioners and recipients. **It is important to note that HB 551 also allows ongoing use of audio-only telehealth by paraprofessionals, who are the daily supports for those with serious mental illness and absolutely critical to ensuring the health and safety of those they serve.**

While the pandemic jump-started our use of video and audio-only telehealth, the use of RPM in Maryland continues to lag behind. Our members struggle to hire paraprofessional staff to render important services such as medication monitoring. Many now rely on a technology that allows clients to download their meds in their own homes. Staff are alerted when the meds are downloaded so they can focus their limited time and attention on those clients who are struggling with medication adherence, an almost certain precursor to negative outcomes, such as emergency department and inpatient utilization. Maryland’s regulations currently restrict the use of RPM to three health conditions (congestive heart failure, chronic obstructive pulmonary disease and diabetes) – although the regs identify the target populations as “high-risk, chronically ill individuals,” a definition that certainly includes those with serious mental illness - and precludes



payment for the durable medical equipment or apparatus involved. As the workforce crisis continues to deepen, we must look to technologies, such as RPM, as staff extenders.

We urge a favorable report on HB 551.

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