



Maryland
Hospital Association

House Bill 1208-Maryland Medical Assistance Program-Telehealth-Pilot Program

Position: *Support with sponsor amendments*

March 4, 2020

House Health & Government Operations Committee

MHA Position

Maryland's 61 nonprofit hospitals and health systems care for 5 million people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day. As Maryland has shifted from a volume- to value-driven health care system and as coverage expanded, innovative approaches like telehealth are effective to improve access to quality care while controlling costs. To be successful under the Maryland Model, we must leverage tools such as telehealth to provide medical care to all patients.

Telehealth is integral when responding to public health epidemics. The Center for Disease Control and Prevention (CDC) just released guidance, is aggressively responding to the global outbreak of *COVID-19*, and is preparing for the potential of community spread in the U.S. As such, the CDC recommends leveraging existing *telehealth tools* to direct persons to the right level of care.

Increasingly hospitals are adopting telehealth and virtual visits to expand access to care and remove barriers to health services for Marylanders. Telehealth can address physician shortages, stretch behavioral health care capabilities, and improve efficiencies. Telehealth opens the door to new delivery models that extend the reach of the provider. In support of their recent policy change permitting telehealth benefits within Medicare Advantage (MA), the Centers for Medicare & Medicaid Services (CMS) wrote, “the use of telehealth as a care delivery option for MA enrollees may improve access to and timeliness of needed care, increase convenience for patients, increase communication between providers and patients, enhance care coordination, improve quality, and reduce costs related to in-person care.”¹

HB 1208 expands access telehealth to Marylanders who need it most—those who receive Medicaid benefits. For patients with immunocompromised conditions or socioeconomic barriers, such as a lack of transportation or difficulty traveling to a single appointment with a behavioral health specialist or for ongoing complex, chronic disease management—such barriers lead to treatment interruptions and noncompliance. The flexibility of telehealth supports caretakers, who

¹ 84 Federal Register 15680, 15683 (April 16, 2019), www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/infographic-cdc-protects-508.pdf>

often put their lives on hold to connect their loved ones to the care they need.² We have heard from patient families who attributed their ability to break the cycle of generational poverty to this simple adjustment, which allowed the patient's needs to be fully met without needlessly sacrificing their time for higher education or work.

In recognition of the immeasurable value telehealth can bring to the Medicaid population, MHA convened a group of member hospitals with targeted behavioral health services to determine how implementation of a Maryland Medicaid Remote Behavioral Services Pilot can reduce access barriers and ensure continuity of care. The pilot concept aligns with the intention of House Bill 1208 by requiring Medicaid to submit a *1115 Waiver* request for behavioral health services and chronic disease care to CMS. We appreciate the sponsor's intention to include chronic disease care given the focus on diabetes prevention and disease management within the Maryland Total Cost of Care Model agreement with CMS.

We recognize the need to give careful consideration of the appropriate patient populations for such programs, the benefits attributed to a pilot approach, and the value of further evaluation of policy implications. The passage of HB1208 allows a thoughtful step toward removing access disparities, while maintaining fiscal considerations relative to the state budget.

The Maryland Model encourages unique approaches to caring for patients in the community and improving population health. The proposed legislation is an important step to expand access to essential health care services and assist in meeting the goals of the Model.

For these reasons, we urge you to give HB 1208 a *favorable* report with **sponsor amendments**.

For more information, please contact:
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² Chiang LC, Chen WC, Dai YT, Ho YL. The effectiveness of telehealth care on caregiver burden, mastery of stress, and family function among family caregivers of heart failure patients: A quasi-experimental study. www.ncbi.nlm.nih.gov/pubmed/22633448.
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/infographic-cdc-protects-508.pdf>