



Maryland
Hospital Association

Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings

Position: *Support*
February 19, 2020
Senate Finance Committee

MHA Position

Maryland’s 61 nonprofit hospitals and health systems care for millions of 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—delivering leading edge, high-quality medical service and investing a combined \$1.75 billion in their communities, expanding access to housing, education, transportation, and food.

Increasingly hospitals are adopting telehealth and virtual visits to expand access to care and remove barriers to health services for Marylanders. Telehealth can help 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 to where patients need care—anytime, anyplace. In support of the Centers for Medicare & Medicaid Services’ recent policy change permitting telehealth benefits within Medicare Advantage (MA), 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

SB 502 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, traveling to a single appointment with a behavioral health specialist is difficult—leading to treatment interruptions and noncompliance. The flexibility of telehealth also supports caretakers, who often put their lives on hold to bring their loved ones to the care they need.² We have heard testimonials 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 the caretaker’s invaluable time for higher education or work.

In recognition of the immeasurable value telehealth can bring to the Medicaid population, last year MHA convened a group of member hospitals with targeted behavioral health services to

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.

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.

determine how implementation of a Maryland Medicaid Remote Behavioral Services Pilot can reduce access barriers for this population and ensure continuity of care. Due to financial constraints, however, this pilot was only intended for a subset of the Medicaid population. The passage of SB 502 would bypass the pilot stage and bring these services to all who need it.

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 Maryland Total Cost of Care Model.

For these reasons, we urge you to give SB 502 a *favorable* report.

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