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## Senate Finance Committee January 27, 2021

### Senate Bill 393 Maryland Medical Assistance Program and Health Insurance - Coverage and Reimbursement of Telehealth Services Support

MATOD stands in strong support of Senate Bill 393 – Telehealth Expansion for Mental Health and Substance Use Disorder Services.

Telehealth reduces the traditional obstacles that have previously kept individuals out of treatment. The COVID-19 pandemic has provided substance use disorder and mental health treatment providers the opportunity to utilize telehealth services to maintain connection during a period of social distancing and quarantines with success. Stakeholder surveys from the Maryland Department of Health's Behavioral Health Administration (BHA)<sup>1</sup> in the spring of 2020 and then again in November found that benefits to telehealth have included providing easier access to treatment and increased client participation in treatment.

With the use of telehealth, providers can bypass obstacles such as stigma and geography challenges. Common barriers for engagement and attendance (transportation, childcare and travel time) are reduced or eliminated. The option of telehealth services allows consumers to create treatment schedules that meet their individualized needs.

In addition to treatment accessibility, telehealth appears to have similar or enhanced benefits to developing or maintaining the therapeutic relationship. Therapeutic connection may be preserved or enhanced through the use of telehealth, suggests a Maryland Community Behavioral Health survey<sup>2</sup>. Likewise, a consumer survey conducted by the Maryland Addiction Directors Council showed that 78% of consumers using telehealth had a positive experience either all of the time or most of the time. Specifically with the use of audio-only telehealth, 80% of respondents reported positive experiences all or most of the time.

Even after the public health emergency orders are lifted, transportation and childcare will resume as real barriers to treatment. This forced experiment with telehealth has proved to be an effective alternative that provides the consumers with continued convenience and flexibility.

BHA's latest survey results show the following important outcomes:

- No outpatient SUD respondent indicated an inability to provide telehealth in the second survey, compared to 25% in the first survey;
- 42% of programs reported individuals were keeping their treatment/service appointments more often at the time of the second survey compared to 36% in the first; and
- Outpatient SUD programs were twice as likely to indicate that individuals were taking their medications as prescribed more often (32%) in the second survey than in the initial survey (15%).

(over)

*MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.*

MATOD understands that telehealth is not appropriate in every instance, nor desired by all clients. The digital divide is also a significant barrier, as BHA's survey found the most frequently reported telehealth challenges dealt with technology issues such as access to internet connectivity, access to hardware, and phone plan limitations. But the evidence is clear that the use of telehealth is effective and should continue as a tool used by substance use disorder and mental health programs to meet the needs of clients.

Keeping telehealth a treatment delivery option is crucial, given clinical appropriateness and patient choice. The last nine months has given consumers that opportunity to tailor treatment around their lives and has made treatment more accessible than ever. Evidence shows that telehealth has enabled providers to meet their clients' needs without risk to clients or staff. Further, it has increased engagement, decreased no-shows, and increased access for new clients who otherwise may not have received treatment.

For these reasons, we urge a favorable report for Senate Bill 393.

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<sup>1</sup> <https://bha.health.maryland.gov/Documents/COVID%20Survey%202.0%20Report%20FINAL.pdf>

<sup>2</sup> <http://mdcbh.org/files/manual/169/Telehealth%20Survey.pdf>