



Empowerment. Integration. Equality.

1500 Union Ave., Suite 2000, Baltimore, MD 21211

Phone: 410-727-6352 | Fax: 410-727-6389

www.DisabilityRightsMD.org

**SENATE FINANCE COMMITTEE
SENATE BILL 0003: PRESERVE TELEHEALTH ACCESS ACT OF 2021**

JANUARY 27, 2021

POSITION: SUPPORT

Thank you for the opportunity to provide testimony on Senate Bill 0003: Preserve Telehealth Access Act of 2021. Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities, live independently and access high-quality, affordable health care.

Health care is a critical public service, especially given the current public health emergency. People with intellectual and developmental disabilities are three times more likely to become infected with COVID-19 and die than those without disabilities.¹ Studies have shown that people with intellectual and developmental disabilities face extraordinary barriers to maintaining their health and accessing health care.² People with disabilities are also less likely to have access to transportation than their non-disabled peers. These disparities reflect longstanding disparities in health and health care that stem from structural and systemic barriers, influenced by racism and discrimination. It is crucial to address the barriers people with disabilities face in accessing quality health care.

The expansion of telehealth services is a step in the right direction in making health care more equitable, by increasing accessibility and limiting the risk of exposure during the pandemic. A recent study, conducted for the Department of Health's Behavioral Health Administration by the University of Maryland Baltimore, found that telehealth (including audio only) has been extremely beneficial to helping individuals remain engaged with behavioral health services. One health care provider noted that telehealth was helpful in mental health emergency services: "There is no longer a delay for the client to transport to the office, for the client is able to receive

¹ Risk Factors for COVID-19 Mortality among Privately Insured Patients, A FAIR Health White Paper in Collaboration with the West Health Institute and Marty Makary, MD, MPH, from Johns Hopkins University School of Medicine, November 11, 2020.

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>.

² National Council on Disability, *The Current State of Health Care for People with Disabilities*, (2009), available at: [https://www.ncd.gov/publications/2009/Sept302009.](https://www.ncd.gov/publications/2009/Sept302009.;); Promoting Self-Determination in Health and Medical Care: A Critical Component of Addressing Health Disparities in People with Intellectual Disabilities, *Journal of Policy and Practice in Intellectual Disabilities*: 3(2):105 – 113, June 2006.

an emergency session during the time of the crisis.” Another provider reported, “I have two clients recovering from surgery that would not have been able to make it into an office for months, but did not experience a lapse in treatment due to the availability of telehealth.”³

Audio only telehealth services provide more access to traditionally underserved populations and communities, including rural and low-income populations. Approximately 425,000 Marylanders are without broadband service, making a visit with a healthcare provider using traditional telehealth platforms impossible.⁴ People with disabilities also live in poverty at more than twice the rate of people without disabilities.⁵ Nationally, the expansion of audio only services are one of the most common responses to the pandemic among the states. At least five states have already made such changes permanent.⁶

While the cost to the state for the expansion of Medicaid’s telehealth services are uncertain, this Bill increases efficiency of service and can substitute for existing services. Furthermore, this Bill does not increase eligibility for services, only access. Twenty-two states plan to continue newly added and expanded Medicaid telehealth coverage, at least in part, after the pandemic.⁷

Expansion of telehealth services, including audio only, during and after the pandemic will ensure health care is more accessible for people with disabilities. Obtaining accessible and affordable health care can provide the foundation for community integration, economic mobility, and improved quality of life for people with disabilities.⁸

For these reasons, DRM strongly supports Senate Bill 0003.

Respectfully,

Randi A. Ames, Esq.
Staff Attorney
Disability Rights Maryland
1500 Union Ave., Suite 2000
Baltimore, MD 21211
Direct: 443-692-2506
RandiA@DisabilityRightsmd.org

³ “The Effects of COVID-19 on Individuals Receiving Behavioral Health Services and Supports in Maryland, Final Report June 19, 2020” prepared By: University of Maryland Baltimore, Systems Evaluation Center, <https://bha.health.maryland.gov/Documents/COVID%20Survey%20Report%20FINAL%206.25.20.pdf>.

⁴ <https://www.marylandmatters.org/2020/10/06/with-digital-divide-starker-than-ever-more-than-400k-marylanders-lack-broadband/>.

⁵ National Council on Disability, *National Disability Policy: A Progress Report* (October 26, 2017)

⁶ <https://www.cchpca.org/covid-19-related-state-actions>.

⁷ State Medicaid Programs Respond to Meet COVID-19 Challenges: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2020 and 2021, Kathleen Gifford, Aimee Lashbrook, Sarah Barth, Elizabeth Hinton, Robin Rudowitz, Madeline Guth, and Lina Stolyar, Oct 14, 2020, available at: <https://www.kff.org/report-section/state-medicaid-programs-respond-to-meet-covid-19-challenges-benefits-cost-sharing-and-telehealth/>.

⁸ “Quality of Care and Quality of Life: Convergence or Divergence?” Wadi B Alonazi and Shane A Thomas, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4122532/>.