



**Testimony on SB 56**  
**Maryland Medical Assistance Program – Psychiatrist and Psychiatric Nurse Practitioner**  
**Telemedicine Reimbursement – Sunset Termination**

Senate Finance Committee

January 27, 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.

Assertive Community Treatment or ACT is an evidence-based program that uses a team approach to serving those in the public behavioral health system with some of the most challenging needs. These are individuals who – due to their psychiatric disability – cannot or will not access services in traditional facility settings. Many are homeless and have co-morbid somatic conditions and substance use disorders.

ACT teams are required to have dedicated prescribers (psychiatrists or psychiatric nurse practitioners), social workers, registered nurses, substance use disorder professionals, peers, and employment specialists. They are subject not only to statutory and regulatory requirements but must also pass fidelity audits that measure each team’s compliance with the ACT model.

Maryland, like other states, is facing a serious psychiatric prescriber shortage. It has become increasingly difficult for community-based programs to recruit and retain psychiatrists and psychiatric nurse practitioners for the salaries they can afford to offer. In addition, because ACT clients are often homeless and mobile, these ACT prescribers spent hours driving around trying to locate the individuals they serve.

As a solution to this problem the General Assembly passed HB1652/SB704 in 2018, allowing psychiatrists on ACT teams to provide their services via telehealth. In 2019 psychiatric nurse practitioners were added to the legislation (via HB605/SB524). These bills were passed pre-COVID when telehealth was not widely used in healthcare delivery, so language was added to sunset these bills on September 30, 2021 if no further action was taken.

The world has changed radically since then. COVID has pushed the use of telehealth to the forefront of healthcare delivery. Unfortunately, unless the sunset is removed from the initial enabling legislation, ACT prescribers will once again have to provide services in-person, requiring them to waste precious (and expensive) time driving around to find the clients they see.

I ask that you give SB 56 a favorable report so that one of our most at-risk populations can continue to receive needed medications and other prescriber services via telehealth.

