CLASP

Policy solutions that work for low-income people

Recommendations for Transition-age Youth Friendly Telehealth Regulations

Youth and young adults between the ages of 16 and 25 are a unique population. They are situated at the intersection of childhood and adulthood— a developmental period where their biological, physical, and psychological functioning changes rapidly. In Prince George's County alone, there are an estimated 10-12,000 young people in this age range whose behavioral health needs go unmet each year.

Young people in Prince George's County and across the state have consistently identified a preference for behavioral health services provided via telehealth. App-based telehealth (mHealth) and telehealth by text are particularly high priority, as these modalities are developmentally appropriate, youth friendly, and responsive to the ways in which transition-age youth live their lives. Young people have a strong interest in increasing the number of transition-age youth who can access behavioral health services through telehealth apps that include screening, therapy by text, outcomes/provider accountability features, and daily monitoring/check-in capability. These features increase young people's access to daily check-ins from a caring, trained adult; timely, convenient access to broad array of behavioral health services in a range of youth-friendly settings; and developmentally appropriate behavioral health services.

We understand that the Maryland Department of Health is working to revise the Code of Maryland in support of SB 502, the Telehealth Mental Health and Chronic Condition Management Services Coverage and Pilot Program. The planned revisions include making permanent the provisions of Memorandum COVID-19#1 waiving COMAR 10.09.49.06 to permit the patient's home as an originating site.

We recommend the following additional changes to ensure that the needs of transition-age youth are met effectively as the law is implemented:

- Update COMAR 10.09.49.09 G to **permit distant sites to bill a facility fee**.
  Telehealth service delivery is generally more cost-effective than in-person service delivery. However, app and text-based telehealth services often require initial and on-going expenses. The proposed change will help to ensure that the rates for telehealth are adequate to cover additional costs associated with telehealth care including subscription fees and increased broadband capacity.

- Update COMAR 10.09.96.01 C to **permit the use of remote patient monitoring for behavioral health conditions**.
  Since January of 2018, Maryland regulations have permitted reimbursement for remote patient monitoring for a limited set of conditions: Diabetes, COPD, and Congestive Heart Failure. Remote patient monitoring has been documented as effective for managing behavioral health conditions in the United States[1] and other countries, notably the United Kingdom.[2] Remote patient monitoring also has been shown to reduce costs and improve care satisfaction for behavioral health conditions.[3] Remote patient monitoring is a key component of several app-based mental health services, and one of the features identified by young people as critical to supporting well-being. Updating regulations to permit remote patient monitoring for behavioral health will help to increase access to behavioral health services for transition age youth and improve the quality of care for this population while reducing costs.

- Update the COMAR 10.09.49.06 D to **explicitly permit out of state distant site providers**

The introduction of technology-enabled health care over secure, high-speed broadband connections has made it possible for consultations to occur over distances. While this can contribute significantly to improving access to care, professionally licensed providers in most cases are limited to practicing in the state(s) where they are licensed. Many telehealth proponents have cited licensing as one of the most significant barriers to the ubiquitous use of telehealth. Typically, during a telehealth encounter the originating site (the location of the patient) is considered the "place of service", and the distant site provider must adhere to the licensing rules and regulations of the state in which the patient is located, even if the distant site provider is not a resident of the patient's state.[4] Some states provide exceptions to allow for cross-border delivery of health care, including Virginia where newly enrolling out-of-state physicians who enter on their enrollment application a service address that is within 50 miles of the Virginia border may be enrolled as in-state providers. Out-of-state providers are permitted to deliver telehealth as long as they are within the continental United States and register with the ASO (Magellan) and the Medicaid program in order to bill Medicaid.[5] To ease access to telehealth services from out of state providers, we recommend that the state allow providers within 50 miles of the Maryland border enroll as in-state providers, and permit distant site telehealth providers anywhere within the continental United States.

As Federal policy updates permit, we also recommend:

- **The permanent expansion of telehealth to include non-HIPPA compliant technology** aligned with Executive Order *20-03-20-01* permitting the use of non-HIPPA compliant technology to deliver telehealth for behavioral health. The ability to provide services by phone and non-HIPPA compliant video conference technology has been critical to effectively meeting the needs of youth and their families during the pandemic. Providers report decreased "no show" rates, increased client engagement, and an overall positive response to telehealth. If the federal government extends or makes permanent the option to relax requirements for HIPPA compliant technology when delivering behavioral health services, we recommend that the state follow suit and exercise this option. We'd also encourage the state to revise *Guidance COVID-19 #4C* and align regulations as needed to permit the use of non-HIPPA compliant technology by providers to increase service volume. This change will improve access to services for transition age youth who are initiating services for the first time.

[1] https://theinstitute.umaryland.edu/media/ssw/institute/national-center-documents/TA-TidbitTelebehavioral-Health-1.pdf
[2] https://www.health.org.uk/article/overview-of-the-florence-simple-telehealth-text-messaging-system
[3] Ibid.
[4] Center for Connected Health Policy, https://www.cchpca.org
[5] https://www.cchpca.org/sites/default/files/2020-10/CCHP%2050%20STATE%20REPORT%20FALL%202020%20FINAL.pdf