



Minnesota Association of Community Mental Health Programs, Inc.

*MACMHP improves access to and quality
of behavioral healthcare in Minnesota.*

March 14, 2017

Representative Matt Dean, Chair
Health and Human Services Finance Committee
MN House of Representatives

Dear Chair Dean and Committee Members

Thank you for this opportunity to offer our support to Representative Hamilton and House File 1561 – Allowing mental health practitioners to provide telemedicine services and eliminate medical assistance limit on telemedicine encounters.

Community Mental Health Programs' Perspective

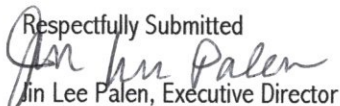
The Minnesota Association of Community Mental Health Programs (MACMHP) is the state's leading association for Community Mental Health Programs, representing 36 community-based mental health providers and agencies across the state, serving over 100,000 Minnesota families, children and adults. Our mission is to serve *all* who come to us seeking mental and behavioral health services, regardless of their insurance status, ability to pay or where they live. As Essential Community Providers, we are critical to the behavioral health safety net. We serve primarily culturally diverse, low-income, uninsured and public healthcare program insured Minnesotans, who cannot access services elsewhere. Community Mental Health Programs provide wrap-around and community-based services to very complex and vulnerable patients, with love and coordinated care.

We thank you and the Legislature for passing the Telemedicine Act in 2015. Telemedicine is a viable, cost-effective alternative vehicle for delivering a range of mental health services in the community, increasing access to services across large geographic areas. In a recent Legislative hearing, testimony included school-based programs in Carlton County and Fon Du Lac using telemedicine for providing services to students, as opposed to having providers on the road. We urge you to include mental health practitioners as providers eligible to provide telemedicine services. Mental health practitioners are critical under the shortage of mental health professionals Minnesota is experiencing, and allowing them to provide telemedicine sessions is a crucial step in addressing access needs to mental health services. We believe the removal of the current cap on billable telemedicine encounters under Medical Assistance will increase access to these services. The following scenario describes one MACMHP provider's experience and perspective needing telemedicine for crisis response services: A community member's first point of service is with a telemedicine crisis assessment. They then need rapid access to psychiatry, followed by a Diagnostic Assessment. They follow up with crisis provider, individual therapy and follow up psychiatry if side effects arise. If the crisis warrants medical assistance in a rural hospital, that could require additional telemedicine sessions. This scenario speaks to up to eight telemedicine sessions. If these services are not available, the individual would be hospitalized, leading to extended transport and additional costs on the system.

To that end, we are very supportive of Representative Hamilton's H.F. 1561 to allow mental health practitioners provide telemedicine services and removing the limit on MA telemedicine encounters.

MACMHP thanks you, Mister Chair and the Committee, for this opportunity to provide you with our comments. Please do not hesitate to contact me regarding these comments and general information on Community Mental Health Programs at jin.palen@macmhp.org.

Respectfully Submitted


Jin Lee Palen, Executive Director

Minnesota Association of Community Mental Health Program