



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS



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TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

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RE: **SUPPORT WITH AMENDMENT** – Senate Bill 582 – *Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)*

On behalf of the Maryland State Medical Society (MedChi), the Maryland Chapter of the American Academy of Pediatrics (MDAAP), the Mid-Atlantic Association of Community Health Centers (MACHC), and the Maryland Clinical Social Work Coalition (MdCSWC) we submit this letter of **support with amendment** for Senate Bill 582.

Senate Bill 582 reflects three important initiatives aimed at comprehensively evaluating Maryland’s behavioral health system and addressing the needs and challenges of Maryland residents in accessing behavioral health services. The bill creates the Commission on Behavioral Health Care Treatment and Access that includes members from multiple State agencies and an array of relevant stakeholders. The Commission is charged with making recommendations on how the State can provide appropriate, accessible, and comprehensive behavioral health services. While the membership of the Commission as provided in the bill reflects a broad range of stakeholders, the above-named organizations would request the Commission membership be enhanced to include to representation from federally qualified health centers (FQHCs), a broader array of mental health professionals, including psychiatrists and clinical social workers, and pediatric providers. Further, with respect to the Commission’s charges relative to children and youth, more specificity and delineation of focus areas may enhance the Commission’s recommendations.

Senate Bill 582 also includes an initiative that will increase access to comprehensive community based mental health and substance use care by expanding Maryland’s network of Certified Community Behavioral Health Clinics (CCBHCS). CCBHCS are federally designated, proven models that provide a comprehensive range of services, and connection to other systems and supports. CCBHCS must provide

nine core services, including (1) targeted case management, (2) somatic screening, (3) veterans' services, (4) 24/7 crisis intervention, (5) peer support, (6) psych rehab, (7) screening, diagnosis, and assessment, (8) treatment planning, and (9) outpatient mental health and substance use treatment. They are based on the FQHC model, providing services to the underserved. MedChi, MDAAP, MACHC, and MdCSWC recognize nationwide the successes of CCBHCs:

- CCBHCs are serving millions and providing thousands of new clients with needed care.
- The CCBHC model is helping address health disparities, enabling clinics to improve access to care for underserved communities.
- CCBHCs deliver lifesaving crisis support services in their communities, which helps divert people in crisis from hospitals, emergency departments, and jails.
- CCBHCs and grantees are addressing the nation's opioid crisis by dramatically expanding access to medication-assisted treatment.
- The CCBHC model is alleviating the impact of the community-based mental health and substance use treatment workforce shortage by enabling clinics to increase hiring.

Senate Bill 582 establishes the Behavioral Health Value-Based Purchasing Pilot Program. The program is designed to pilot an intensive care coordination model using value-based purchasing in the specialty behavioral health system. The pilot is designed to provide person-centered, team-based services designed to assess and meet the needs of an individual with a behavioral health condition and help the individual navigate the healthcare system. Mandatory funding for the pilot is provided for in Fiscal Years 2025-27.

Finally, Senate Bill 582, extends the sunset date for current telehealth provisions related to audio-only, reimbursement parity and other provisions that were enacted to ensure that telehealth could be effectively utilized to address access to care challenges. This framework has proven to be a critical component to enhancing access to care, not only with respect to behavioral health but across the full spectrum of health care services.

The above-named organizations strongly support a comprehensive approach to addressing the challenges and needs of individuals in the State to access necessary behavioral health services. There is a pressing need to enhance and expand current access and the components of this legislation will go a long way to achieve that objective. They look forward to working with the Committee and other stakeholders to address the amendments identified here as well as those requested by other stakeholders to ensure the Commission meets its notable objectives. With the noted amendments related to Commission membership and charges, a favorable report is requested.