



Testimony on SB 493
Budget Reconciliation and Financing Act of 2021

Senate Budget & Taxation Committee

March 3, 2021

POSITION: SUPPORT WITH AMENDMENTS

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.

We respectfully ask that you reject the Budget Reconciliation and Financing Act (BRFA) action permanently reducing the Community Health Resources Commission (CHRC) budget, found on p. 17, line 19 through line 9 on p.18. This language switches the allocations from the CareFirst funding that supports both the CHRC and the Senior Prescription Drug Assistance Program (SPDAP). Currently, the first \$8 million from the CareFirst funding supports the CHRC, and the remaining funds support SPDAP. This BRFA language makes SPDAP funding a \$14 million floor rather than a cap, and the CHRC funding becomes a cap rather than a floor. Both of these programs are worthwhile and should not be pitted against one another.

While the other regulatory commissions focus on important sectors of health care, the CHRC is the only commission whose sole purpose is to support innovation and practice improvement in the social safety net sector. As more and more evidence supports the impact of social determinants on health care costs and outcomes, it is essential that supports and resources are available to those providers who have long understood the connection between health care and the effects of poverty, such as homelessness, lack of transportation, and food insecurity.

The CHRC's operating expenses are small, so a cut of this magnitude would necessitate cuts to grants that enable the innovative approaches needed to meet the goals of Maryland's Total Cost of Care waiver. In addition, because the CHRC's focus is on the social safety net, this cut would adversely impact communities of color and those who suffer the negative impact of health disparities.

Due to the opioid overdose crisis and its rising suicide rates, Maryland has identified behavioral health as an area for greater focus, and the CHRC has responded with seed funding for projects to integrate behavioral health and somatic care, increase access for those in medically underserved rural areas, foster partnerships between hospitals and community-based behavioral health organizations, and develop the identification and collection of mental health and substance use disorder outcomes data. Health experts anticipate a rise in demand for behavioral health services due to the impact of COVID-19. Now is not the time to stifle innovation in this field.

Without the CHRC's support, community-based behavioral health organizations would not have the financial wherewithal to engage in projects that have shown impressive returns on the dollar and improved the health outcomes for thousands of Marylanders.



We urge you to reject the BRFA language and restore full funding of the CHRC's budget so as to allow its great work to continue.