



Testimony on SB 828
Family and Medical Leave Insurance Program – Modifications
Senate Finance Committee
March 2, 2023
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 110 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.

CBH appreciates the General Assembly's recognition of the fact that behavioral health and developmental disabilities providers are subject to Medicaid rates that leave little flexibility to absorb unfunded mandates, and so included language requiring the state to pay the employer contribution of this fund for community-based behavioral health and developmental disabilities organizations. That will help offset the costs of complying with this new program. We have proposed amendment language below to clarify that intent as follows:

AMENDMENT NUMBER 1:

On page 13, strike lines 23 through 30, and insert:

THE MARYLAND DEPARTMENT OF HEALTH SHALL REIMBURSE COMMUNITY PROVIDERS THAT PROVIDE SERVICES LICENSED OR CERTIFIED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION OR THE BEHAVIORAL HEALTH ADMINISTRATION FOR THE EMPLOYER CONTRIBUTION REQUIRED UNDER 8.3-601 (F) OF THIS ARTICLE.

REIMBURSEMENT SHALL BE MADE FOR ALL EMPLOYER CONTRIBUTIONS RELATED TO THE PROVISION AND MANAGEMENT OF SERVICES LICENSED OR CERTIFIED BY THE MARYLAND DEVELOPMENTAL DISABILITIES OR THE BEHAVIORAL HEALTH ADMINISTRATION.

REIMBURSEMENT SHALL BE MADE AT LEAST QUARTERLY.

However – even with this language - it should be noted that the major cost associated with this new requirement is that associated with hiring temps to fill vacancies or the associated loss of reimbursable services due to staff vacancies. Providers were facing a workforce crisis prior to the pandemic. It was greatly exacerbated over the past two years, resulting in significant wait times for clinic appointments and the inability to fill vacant beds in our residential programs due to inadequate staffing. We are required to comply with staffing ratios mandated in regulation.

We are therefore alarmed by the proposed change in language that disallows providers from requiring employees to first exhaust employer-provided vacation and sick leave before using Family and Medical Insurance Leave. This could result in employees taking 3-6 months off for qualifying conditions and then additional time off for vacations and other reasons not covered by this legislation. We believe this penalizes those organizations that already



provide generous leave benefits and may cause them to reduce their employer-provided leave.

CBH respectfully urges the committee to amend the bill so that it conforms with the original language, as follows:

AMENDMENT #2:

On page 16, line 19, restore the bracketed language beginning with “shall” and ending on line 20 with “title”.

On page 16, strike the language beginning with MAY” in line 20 through “TITLE” in line 23.

This amendment would restore balance to the needs of employees, employers, and the vulnerable populations served by community behavioral health organizations.

Thank you for your consideration.

For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or lori@mdcbh.org.