



TESTIMONY TO THE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

HB 0048: Maryland Medical Assistance Program- Collaborative Care Model Services- Implementation and Reimbursement Expansion

POSITION: Support

BY: Nancy Soreng, President

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The League of Women Voters Maryland supports **House Bill 0048: Maryland Medical Assistance Program- Collaborative Care Model Services- Implementation and Reimbursement Expansion, which would expand Medicaid recipients' access to behavioral health services in primary care settings.**

The League of Women Voters believes that every U.S. resident, including children, should have access to quality, affordable behavioral health care that is integrated with, and achieves parity with, physical health care. In its *Statement of Position on Health Care*, the League affirms that all people should have access to affordable, quality behavioral health care, and that **there should be efforts to decrease the stigmatization of, and normalize, behavioral health problems and care.**

Most patients' acute or chronic conditions are treated by their primary care providers. But most primary care providers concentrate on their patients' somatic problems. They have neither the time nor expertise to screen, evaluate, treat, and provide ongoing monitoring of common behavioral health issues such as anxiety, depression, or substance abuse. And due to the stigma associated with mental health conditions, patients are often hesitant to bring up these problems in the first place.

But behavioral health problems cannot be ignored. They directly impact a patient's health, and often, their life. Unidentified and untreated behavioral health conditions can lead to people in crisis. And people in crisis can wind up in emergency rooms, Intensive Care Units, jails, or morgues.

Clearly, it is crucial to increase easy access to behavioral health care and support. With passage of Senate Bill 0101 and expansion of the Collaborative Care Model, many of the barriers that have historically limited access to this care- especially for the most vulnerable populations in underserved communities- will be lowered.

Per a 1/17/23 Washington Post article: **“Almost 40% of Maryland adults reported symptoms of anxiety or depression in February 2021...and about a third were unable to access counseling or therapy.”** And according to figures from the National Alliance on Mental Illness¹ **“1,082,305 people in Maryland live in a community that does not have enough mental health providers.”**

So this is also a matter of equity. Behavioral health care needs to be available to all Marylanders, regardless of where they live. And primary care settings are the optimal settings for this type of integrated care.

The Collaborative Care Model was first implemented in Maryland as a pilot program after passage of Chapters 683 and 684 of the Acts of 2018. With the success of the pilot, the program can now be expanded to serve more Medicaid enrollees who will benefit from **the availability of integrated somatic and behavioral health care within their primary care site. Patients will routinely be screened for symptoms of anxiety, depression, substance abuse, and other common behavioral health problems during their primary care visit, and if they are identified as needing support services, they will be referred to a behavioral health professional right then.** An appointment will be set up with a counselor, therapist, social worker, or addiction medicine specialist, who will then, as part of a team-based, patient-centered approach, help address **all** of the patient’s health care needs.

This program is of vital importance, and for that reason we urge the committee to give a favorable report to House Bill 0048.

¹ <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>