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February 3rd, 2023

Delegate Joseline A. Pena-Melnyk, Chair  
Delegate Ariana B. Kelly, Vice Chair  
Health and Government Operations Committee  
Room 241  
House Office Building  
Annapolis, MD 21401

**RE: HB 48 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion**

Position: **Support, with Amendments**

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Health and Government Operations Committee to **FAVORABLY report on HB 48, with the suggested AMENDMENTS we offer below.** HB 48 provides for Medical Assistance coverage of an integrative care model, known as the collaborative care model, which is currently funded as a pilot program. We support and encourage all integrated primary care and behavioral health models, one of which is the collaborative care model.

MPA has been working with stakeholders on this bill to allow all the evidence-based integrative primary and behavioral health models. We think it would limit access to care if Medical Assistance coverage was restricted to only the collaborative care model.

We would like to draw particular attention to page 2, line 11. The phrase "governing the model" on line 11 is a direct reference to the 2017 Medicare Physician Fee Schedule final rule defining the collaborative care model, which requires the inclusion of a psychiatrist on the care team to implement integrated care. In doing so, this model only recognizes 3 of the 4 Medicare-approved codes for behavioral health integration services. Access to psychiatric care in Maryland is already a significant problem, according to the recent Maryland Milliman Parity Report, and limiting who can participate in integrative primary and behavioral healthcare models will likely exacerbate this problem.

There are other evidenced-based models, which we propose being included as detailed in the amendments below:

Amendment #1:

Page 2, Line 2 – STRIKE “Collaborative Care Model means and evidence-based approach” and INSERT the following: “INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE MEANS THE COLLABORATIVE CARE MODEL, PRIMARY CARE BEHAVIORAL HEALTH MODEL, AND OTHER EVIDENCE-BASED APPROACHES FOR”

Amendment #2:

Page 2, Line 9 – After “psychiatrist” INSERT “PSYCHOLOGIST OR OTHER BEHAVIORAL HEALTH PROFESSIONAL” and in Line 11 STRIKE “governing the model”

Amendment #3:

Page 3, Line 28 – STRIKE “In Accordance with the Collaborative Care Model” and INSERT: “THROUGH INTEGRATED AND BEHAVIORAL HEALTH CARE, INCLUDING BUT NOT LIMITED TO THE COLLABORATIVE CARE MODEL, PRIMARY CARE BEHAVIORAL HEALTH MODEL, AND OTHER EVIDENCE-BASED APPROACHES”

Thank you for considering our comments and proposed amendments on HB 48. If we can be of any further assistance as the House Health and Government Operations Committee considers this bill, please do not hesitate to contact MPA’s Legislative Chair, Dr. Pat Savage at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,

*Rebecca Resnik, Psy.D.*  
Rebecca Resnick, Psy.D.  
President

*R. Patrick Savage, Jr., Ph.D.*  
R. Patrick Savage, Jr., Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs