

HEATHER BAGNALL
Legislative District 33C
Anne Arundel County



Annapolis Office
The Maryland House of Delegates
6 Bladen Street, Room 160
Annapolis, Maryland 21401
410-841-3406 · 301-858-3406
800-492-7122 Ext. 3406
Heather.Bagnall@house.state.md.us

Health and Government Operations
Committee
Subcommittees

Health Occupations and Long-Term Care

Public Health and
Minority Health Disparities

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

February 7, 2022

**HB0048 Maryland Medical Assistance Program – Collaborative Care Model Services –
Implementation and Reimbursement Expansion**

Good afternoon Madam Chair, Madam Vice Chair, and members of the Health and Government Operations Committee. Thank you for the opportunity to present to you House Bill 48.

You have before you today a timely and evidence-informed piece of legislation to refine Maryland's behavioral health system to meet the growing demand for mental health services here in Maryland. Although our state has made significant advancements in how we treat mental health, this bill provides us with an opportunity to turn a good mental health system into a great one through the expansion of an innovative healthcare model, outlined below.

House Bill 48 expands the Collaborative Care Model, a patient-centered, evidence-based approach for integrating physical and behavioral health services in primary care settings. Under this model, emphasis is placed on coordination and management of care across different fields, regular monitoring and treatment of patients, and systemic caseload reviews and consultation for patients who do not show improvement.¹ Following these guidelines creates a framework for effective preventative care, reducing hospitalizations and cost-of-care across the state.

This is not the first time the Collaborative Care Model has been utilized in Maryland: in 2018, the Maryland General Assembly passed a bill to establish a Collaborative Care Model Pilot Program to determine whether such a program should be implemented state-wide. This pilot program produced dramatic positive results. Immediately after the model's implementation, psychiatric hospitalization for those suffering depression, PTSD, anxiety, and other mental health disorders fell dramatically,² and racial and ethnic minorities receiving care through the Collaborative Care model saw notable improvements in depression.³ All of this was accomplished at a lower net cost of enrollment per patient when compared to current care practices.⁴

All-inclusive preventative care will be provided to patients, combining primary care and mental health treatment in a way that makes each more accessible. As a result, Marylanders will receive a full spectrum of care proactively and comprehensively, leading to improved long-term health outcomes.

¹ <https://health.maryland.gov/mmcp/Documents/JCRs/2021/collaborativecarepilotJCRfinal11-21.pdf>

² <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0249007>

³ <https://www.sciencedirect.com/science/article/pii/S0033318220300608?via%3Dihub>

⁴ See footnote 3

This bill is crucial if we want to be sure all Marylanders struggling with mental health and substance use disorder receive the assistance they need. This is an evidence-driven, cost-effective, and strategic model to bring Maryland's mental healthcare system into the 21st century.

I respectfully request a favorable report on House Bill 48.