



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS



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TO: The Honorable Joseline A. Pena-Melnyk, Chair
Members, House Health and Government Operations Committee
The Honorable Heather Bagnall

FROM: Pamela Metz Kasemeyer
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RE: **SUPPORT** – House Bill 48 – *Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Maryland Clinical Social Work Coalition, we submit this letter of **support** for House Bill 48.

In 2018, legislation was enacted that created a Collaborative Care Pilot Program. Under the Pilot Program, the “collaborative care model” is a patient-centered, evidence-based approach for integrating physical and behavioral health care services in the primary care setting. It includes care coordination and management, regular and proactive outcome monitoring and treatment using the standardized and validated clinical rating scale, and regular, systematic behavioral health caseload review and consultation for patients. House Bill 48 repeals the Pilot Program and instead requires the Maryland Department of Health (MDH) to provide reimbursement for services provided in accordance with the Collaborative Care Model statewide in primary care settings which provide health care services to Medicaid recipients.

While a report of findings and recommendations of the Pilot Program is due November 1, 2023, MDH provided a report on the Pilot Program in response to the 2021 Joint Chairman’s Report. The preliminary results reflected in that report demonstrated a clinically significant improvement in depression and anxiety symptoms for more than 65 percent of participants in the Pilot Program. Furthermore, more than 20 other states are providing collaborative care models broadly to their Medicaid recipients. Commercial insurers and Medicare also provide reimbursement for delivering under this model.

Given the effectiveness of the Pilot Program to date as well as the recognized success of the model in other States and by other payors, there is no reason to maintain a pilot program. By expanding access to the proven Collaborative Care Model to all Medicaid recipients, House Bill 48 will improve the quality of behavioral health care delivered in primary care settings, where most people with mild to moderate behavioral health conditions first seek care.

House Bill 48 will improve behavioral health outcomes, help keep people out of crisis, and ultimately reduce costs due to early identification and intervention. A favorable report is requested.