lower shore clinic

Testimony on SB 212
Behavioral Health Advisory Council and Commission on Behavioral Health Care Treatment and Access - Alterations
Senate Finance Committee
January 30, 2024
POSITION: SUPPORT WITH AMENDMENT

I am Dimitrios Cavathas, CEO of the Lower Shore Clinic, Inc. The Lower Shore Clinic is based in Salisbury and serves Wicomico, Somerset, Worcester, and Dorchester Counties. We offer a wide range of health services to 2000 individuals annually with serious mental illness and / or addiction issues in our community.

SB 212 amends the charge of the newly created Behavioral Health Care Treatment and Access Commission (SB 582/ HB 1148 from the 2023 session) to include a requirement to make recommendations regarding the financing structure and quality oversight necessary to integrate somatic and behavioral health care services in the Medicaid program.

The Lower Shore Clinic fully supports greater integration of behavioral health and somatic care services. As a federally designated Certified Community Behavioral Health Clinic (CCBHC), we have been recognized as a leader in healthcare for providing integrated primary care with behavioral health care services. We are also designated as a Healthy People 2030 Champion by the U.S Department of Health. As a member of the Maryland Primary Care Program, we recognize the importance of integrated care. Most clients are insured by Medicaid, Medicare, or are uninsured, though the Clinic also accepts private payers and offers sliding fee scale billing. Lower Shore Clinic offers psychiatric evaluation, health promotion and maintenance, diagnosis and treatment of acute and chronic illnesses, medication management, medication assisted treatment, individual, group, and family services, assertive community treatment, psychiatric rehabilitation, residential rehabilitation, supported employment, supportive housing, a psychiatric food "farmacy", and population health management programs. *This is a true integrated model of care.*

While we support improvements to integrated care, we do not support turning over behavioral health to managed care entities (carve-in) to try to achieve that goal. Studies have indicated that the carve-in model does not advance the clinical integration of care,[1] while risking reduced access to care for those experiencing addiction or serious mental illness.[2] There are very real and critical concerns that must be taken into account before a carve-in could be contemplated.

[1] McConnell KJ, Edelstein S, Hall J, et al. Access, Utilization, and Quality of Behavioral Health Integration in Medicaid Managed Care. *JAMA Health Forum.* 2023;4(12):e234593. doi:10.1001/jamahealthforum.2023.4593.
[2] *See, e.g.,* Auty et al. Association Between Medicaid Managed Care Coverage of Substance Use Services and Treatment Utilization. *JAMA*

For these reasons, we support the amendment to SB 212 proposed by CBH. **The amendment suggests striking "January 1, 2025" on p. 9, line 2 and inserting "July 1, 2025." This change will allow the Commission to have a year – rather than just six months – to gather input and weigh the various integration options.**

We echo the request for the Finance Committee's support in urging MDH to apply for the newly created Innovation in Behavioral Health (IBH) model. The IBH model is a new federal financing model to allow up to eight states to receive funding and implementation support for an integrated care model. This model is consistent with the value-based payment legislation you passed last year and is a way to move assertively toward greater somatic/behavioral health integration without becoming mired in the carve-in controversy. The Notice of Funding Opportunity (NOFO)is expected to be released in Spring 2024.

We urge a favorable report on SB 212 with this amendment.

Sincerely,

Dimitrios Cavathas
CEO
Lower Shore Clinic
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Health Forum. 2022;3(8):e222812 (Maryland's SUD carve-in was associated with a 104.4% relative increase in utilization, while Nebraska's SUD carve-out was associated with a relative decrease of 33.2%); Frank RG. Behavioral health carve-outs: Do they impede access or prioritize the neediest? Health Serv Res. 2021 Oct;56(5):802-804 (reduced use of specialty care for people with serious mental illness associated with carve-in model).