



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 Mary Rimi, Outpatient Mental Health Director of Leading By Example LLC. Leading By Example is based in Nottingham Maryland, and offers behavioral health treatment, including therapy, medication management, case management, intensive in-home, health home, and psychiatric rehabilitation services to 1000 individuals annually with serious mental illness 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.

Leading By Example fully supports greater integration of behavioral health and somatic care services. We have demonstrated this support within our current programming and throughout our organization. Since 2015 we incorporated Health Home services into our care to ensure coordinated support and interface between somatic and behavioral health care. Each year our health home program identifies a physical health initiative with targeted efforts to support our clients throughout the year. Across all of our service lines, our organization highlights the importance of somatic health care and collaboration to best support the community and all persons served, demonstrated through ongoing referral, collaboration notes, and required ongoing training on the interaction of somatic and behavioral health.

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 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).

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.