

**Senate Bill 212 Behavioral Health Advisory Council and Commission on Behavioral Health Care
Treatment and Access - Alterations**

Finance Committee

January 30, 2024

Position: SUPPORT WITH AMENDMENT

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony regarding SB 212.

SB 212 adds to the charges of the newly created [Commission on Behavioral Health Care Treatment and Access](#) by requiring that it make recommendations regarding the financing structure and quality oversight necessary to integrate somatic and behavioral health services in the Maryland Medicaid program. The bill requires these recommendations be submitted by January 1, 2025.

MHAMD is in full support of better integrating somatic and behavioral health care, and we applaud the General Assembly for passing a package of bills in 2023 that do just that. [SB 101/HB 48](#) is expanding access to the proven Collaborative Care Model in Maryland Medicaid to improve the delivery of behavioral health care in primary care settings, and [SB 362](#) will expand Maryland's network of Certified Community Behavioral Health Clinics (CCBHC), which are required by federal law to deliver integrated care. These are huge steps in furtherance of a public health care system that treats the whole person, mind and body.

Of course, we can always do better, and we are eager to engage in continued discussion about how to improve our system of care. But the devil is in the details. Three hundred thousand children and adults depend on the state for public mental health and substance use care. As we move toward greater integration, we must do so with an eye toward preventing a disruption in care for these individuals and with a recognition for the elements of Maryland's public behavioral health system that have made it one of the best in the nation, including:

- In addition to the Medicaid population, it covers uninsured and underinsured individuals, Marylanders 65 and older, and those who are dually insured by Medicare and Medicaid
- It provides a single point of contact and uniform processes for community mental health and substance use treatment providers, reducing administrative burden so that more resources can be used for direct service delivery
- It has a strong local management component to address different needs in different communities

These are just a few of the many issues and options that must be considered when determining how best to integrate somatic and behavioral health care in the Maryland Medicaid program. Given

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this complexity, **we request an amendment that will extend the Behavioral Health Commission's reporting deadline from January 1, 2025 to July 1, 2025.** This will give the Commission enough time to thoroughly examine these issues and provide the legislature with the best recommendations on how to advance this worthy goal.

Upon adoption of this amendment, MHAMD supports SB 212 and urges a favorable report.