

# **HB352 BRFA Testimony-Behavioral Health Funding.pdf**

Uploaded by: Madelin Martinez

Position: FAV

**House Bill 352**  
**Budget Reconciliation and Financing Act of 2025**  
Appropriations Committee/ Ways and Means Committee  
February 27<sup>th</sup> 2025  
**Support With amendments**

**Catholic Charities of Baltimore is monitoring HB352**, which addresses statutory budget mandates, and would like to weigh in on specific provisions of the proposed budget. In particular, we are opposed to the permanent reduction of the mandate for the Consortium on Coordinated Community Supports (behavioral health services) from \$130 million to \$40 million.

For a century, Catholic Charities has provided care and services to improve the lives of Marylanders in need. We accompany Marylanders as they age with dignity, support their pursuit of employment and career advancement, heal from trauma and addiction, achieve independence, prepare for educational success, and welcome immigrant neighbors into Maryland communities. **As the largest private provider of human services in Maryland, and the second largest non-profit provider of behavioral health services, Our Villa Maria Behavioral Health program serves children, adults, and families across the state, with counseling and medication for individuals suffering from mental health and substance use disorders.** With eight clinics, virtual appointments, and programs in more than 100 schools, Villa Maria Behavioral Health ensures access to high-quality care for those with the most significant barriers to treatment.

**While Villa Maria Behavioral Health remains a cornerstone in our efforts to support individuals with behavioral health needs, we recognize and appreciate the proposed 1% increase in rates for behavioral health providers. However, we must also highlight the concerning reduction in overall funding for behavioral health services. Specifically, the permanent cut to the Consortium on Coordinated Community Supports from \$130 million to \$40 million presents a significant challenge for the continued support of individuals we serve.** This reduction in funding threatens critical resources, including the Family Care Coordination (FCC) model, which we use to address chronic absenteeism and provide vital support to families. Our FCC program, serving communities in Frederick, Baltimore County, and Anne Arundel, strategically intervenes with students who are chronically absent, offering personalized support that is not typically available through traditional school-based programs.

Through direct engagement with families, our Family Care Coordinators have seen firsthand how connecting families to comprehensive support systems can improve attendance and academic performance. The successes we've seen in areas like Baltimore County, where 24 out of 27 students showed improvement in attendance, reflect the real impact of this model. Yet, without continued funding for behavioral health services, these critical supports will be unsustainable, and we will not be able to reach more students in need.

**As such, Catholic Charities strongly urges lawmakers to reconsider the cuts to behavioral health services and to continue supporting programs that provide comprehensive, wraparound services to families in need. The FCC model is just one example of how targeted interventions can help students thrive, and we urge the expansion, rather than the reduction, of these essential programs.**  
Submitted by: Madelin Martinez, Assistant Director of Advocacy

# **Testimony in Favor of HB 352 Budget Reconciliation**

Uploaded by: Stephanie Klapper

Position: FAV



Testimony in Favor of HB 352 Budget Reconciliation and Financing Act of 2025  
Before the House Appropriations Committee and Ways and Means Committee  
By: Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative  
February 27, 2025

Chair Barnes, Chair Atterbeary, and Members of the House Appropriations and Ways and Means Committees, thank you for this opportunity to testify on the importance of fully funding Medicaid. I am submitting this testimony on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc., as we have not reviewed this budget analysis with the full Maryland Health Care for All! Coalition.

Together we have made great strides in Maryland, and we continue working to expand access to quality, affordable health care for all Marylanders. **In order to ensure Medicaid can be fully funded, we support the provision in the BRFA to increase the Medicaid hospital deficit assessment by \$50 million in fiscal 2025 and \$100 million in fiscal 2026.** It is critical that Maryland continue to provide health coverage to its most financially and medically vulnerable residents, and these assessment increases will help ensure that Maryland has the needed resources. Medicaid helps ensure seniors can get the care they need without bankrupting their families in the process, with [5 in 8](#) nursing home residents covered by Medicaid. One in three children in Medicaid rely on Medicaid for a healthy start, including early screening and detection services, and management of conditions like asthma. Medicaid helps ensure that low-income families have coverage so that patients with conditions like cancer don't have to go without treatment. In addition, when more Marylanders have health coverage, they are not forced to get care in the emergency room, which helps stabilize premiums and reduce emergency room wait times for everybody else.

Together we have made great strides in Maryland, and we continue working to expand access to quality, affordable health care for ALL Marylanders. We urge you to support the provision in the BRFA to increase the Medicaid hospital deficit assessment by \$50 million in fiscal 2025 and \$100 million in fiscal 2026. Thank you for your leadership and commitment to Marylanders' health.



# **HB352 - BRFA Testimony Support with Amendments.pdf**

Uploaded by: Andrew Nicklas

Position: FWA



Maryland  
Hospital Association

## **House Bill 352 - Budget Reconciliation and Financing Act of 2025**

**Position: *Support with Amendments***

February 27, 2025

House Appropriations Committee & House Ways and Means Committee

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support with amendments on HB 352.

MHA appreciates the state's significant budgetary challenges and recognizes the importance of securing critical programs that support vulnerable populations like Medicaid. Like the state, Maryland hospitals are also experiencing financial strain. Hospitals face many cost drivers that are not adequately funded by the reimbursement rates set by the Health Services Cost Review Commission. These cost drivers include caring for Maryland's growing and aging population, the rising cost of labor, and routine capital investments.

Maryland hospitals operate around the clock to care for their communities and serve as the backbone of a healthy, thriving state. To meet hospitals' mission of care, it is essential that state budget decisions do not impose undue financial burdens on hospitals—allowing us to continue meeting the needs of all Marylanders.

### *Medicaid Deficit Assessment*

MHA acknowledges the significant deficit in Medicaid and that securing this program is of critical importance. We urge the Committee to implement policies that effectively address the Medicaid deficit while also considering the financial stability of hospitals. It is essential that any funding mechanism tied to hospital rates is structured in a way that does not create an undue burden on hospitals, ensuring they can continue to provide high-quality care to patients. A balanced approach will help sustain the health care system while responsibly managing financial challenges.

### *Medicaid Primary Care Program Fund*

The Medicaid Primary Care Program Fund (the Fund) is intended to fund the advancement of primary care under the AHEAD Model. MHA urges the Committee to clarify the BRFA language, so it accurately reflects the method by which the Fund will be established. The Fund is being established to manage a one-time \$30-million refund of a savings overpayment Maryland made to Medicare in 2023. MHA does not object to the establishment of this Fund, however, this funding process is not reflected within the language in the BRFA. The current language creates the inaccurate impression that the Fund could be established through an assessment on hospital rates,

placing an undue burden on hospitals. We respectfully urge the Committee to amend the BRFA to clarify that this fund will be established through a one-time payment from Medicare as intended.

For these reasons, we request a favorable report on HB 352 with amendments.

For more information, please contact:

Andrew Nicklas, Senior Vice President, Government Affairs & Policy

[Anicklas@mhaonline.org](mailto:Anicklas@mhaonline.org)

# **CCBHC Written Testimony - House BRFA .pdf**

Uploaded by: Cari Guthrie

Position: FWA



**House Bill 352 Budget Reconciliation and Financing Act of 2025**

**Appropriations and Ways and Means Committee**

**February 27, 2025**

**Position: FAVORABLE WITH AMENDMENTS**

My name is Cari Guthrie, and I am the President and CEO of Cornerstone. We provide mental health and substance use services in Montgomery, Calvert, Charles and St. Mary's Counties. I am providing this testimony to request that the committee reject the proposed deletion of MDH's obligation to pursue CCBHC planning and the FY2027 demonstration program in the BRFA.

I am proud to say that Cornerstone is one of the two original organizations in Maryland to receive a SAMHSA CCBHC expansion grant. In fact, we have successfully received 3 CCBHC expansion grants from SAMHSA so that over 8 years we have been able to position ourselves to be a key partner with the State of Maryland in the implementation of CCBHCs. CCBHCs have changed the way behavioral health services are provided across the country for the last 10 years. I have included with this written testimony, the data from States across the country - sharing financial savings of millions of dollars, increased access to care in the thousands, and recovery success stories in the hundreds. CCBHCs make a difference in the personal lives of people being served and in the financial stability of the organizations providing those services.

Cornerstone has used the 3 SAMHSA grants to focus on one-time expenses, start-up funds to implement new service lines, and funding support for data and technology staffing and services. Since 2018 we have:

- Upgraded our Electronic Medical Record so that we can integrate data collection with CRISP and other outside tracking.
- Expanded our Assertive Community Treatment (ACT) services
- Implemented a smoking cessation program and have seen a significant increase in clients who stopped smoking.
- Expanded access to services by purchasing medical video and audio translation software, provided hardware to our residential and crisis services programs and ensured we have a constant balance of minutes of use so we are able to serve any one at any time.
- Expanded our outpatient clinic services to include children and adolescents
- Broadened our capability to successfully treat individuals with substance use disorders with specialized training and dedicated SUD staff
- Engaged in consultation support to prepare ourselves for statewide CCBHC implementation, to improve data collection and analysis, and explore risk-based payment models
- Expanded staffing to include outcomes staff focused on tracking and measuring client outcomes including a Program Director and Data analyst.

Since 2018, the CCBHC model has enabled Cornerstone to expand its services and improve its use of technology. We purchased translation technology which allowed us to expand translation minutes from 904 to almost 15,000 annually. We have delivered over 16,000 minutes of translation in 21 languages for 45 clients. The most frequently accessed languages were ASL, Spanish, and Amharic. We now serve children and adolescents ages 12 and up and are actively planning to expand further and serve children as young as five. The consultant services we engaged this year will help us prepare for the CCBHC prospective payment system, improve our daily operations, and expand our data reporting and



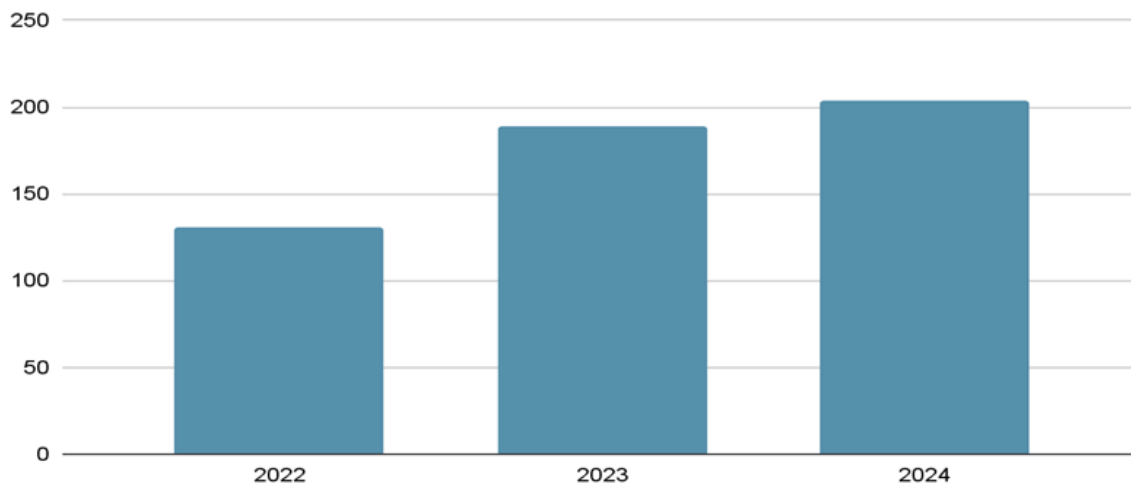
analysis so that we can meet the CCBHC requirements for cost centered fees, effective and efficient access to care, and quality improvement and value-based payments.

We also expanded our integrated health services, providing Certified Nursing Assistant (CNA) and Licensed Practical Nurse (LPN) support from 131 clients to over 200 clients annually. These services are essential in preventing hospitalizations, addressing premature mortality, and improving overall somatic health outcomes. As a result, Cornerstone has achieved a significant reduction in hospital admissions as well as ED usage, ultimately enhancing the well-being of those we serve. We saw an increase in clients who have been able to stop smoking. We also saw improvement in blood pressure numbers.

It is important to note that these critical integrated health services are not reimbursable under the current Medicaid fee-for-service structure. Without sustained funding through the CCBHC Prospective Payment System (PPS) model or authorization to bill for these services, we risk a severe financial shortfall and the loss of substantial public investment—jeopardizing a proven model that has delivered significant returns. The impact on the individuals we serve would be profound: somatic issues would destabilize, hospitalizations would rise sharply, increasing healthcare costs and worsening outcomes for vulnerable individuals. To preserve these life-saving services and protect both public health and financial sustainability, securing dedicated funding is imperative. CCBHCs are designed to enable organizations to provide flexibility, creativity, evidence based practices that are funded to cover the actual costs of providing the services, giving providers financial stability and sustainability in a way not seen before, and encouraging providers to continue to innovate and adopt best practices to serve the unique needs of their community.

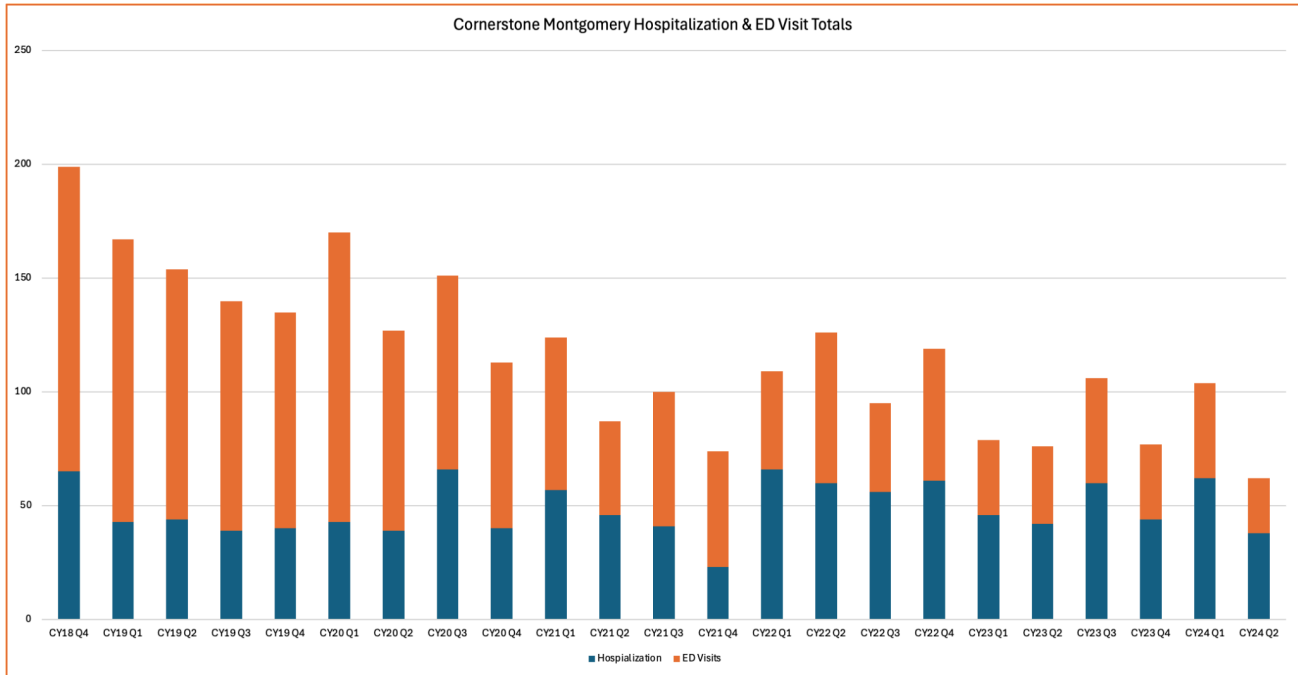
Over the last three years, the number of clients that have received integrated health services from our nursing staff has increased significantly from 131 to over 200.

RN/CNA client services





Within two years of our CCBHC implementation, hospitalizations have gone down by and ED visits were reduced by nearly 60% and have remained at this level for more than 5 years.



**CCBHCs are a proven model of clinical integration with data to show improved patient outcomes and a reduction in the use of inpatient hospitals and emergency departments. CCBHCs have fundamentally changed behavioral health care in the states where they have been fully implemented and I urge you to restore the language obligating MDH to pursue the CCBHC planning grant this year (that was awarded to Maryland on January 3, 2025) and apply for inclusion in the demonstration program in FY27.**

# **MC Federation of Families Testimony HB 352 Favorab**

Uploaded by: Celia Serkin

Position: FWA





Montgomery County Federation of Families for Children's Mental Health,  
Inc. Colesville Professional Center  
13321 New Hampshire Avenue, Terrace B  
Silver Spring, MD 20904  
301-879-5200 (phone number)  
301-879-0012 (fax number)  
info@mcfof.org (email)      www.mcfof.org (website)

February 27, 2025

**House Appropriations Committee and House Ways and Means Committee  
Hearing on HB 352: Budget Reconciliation and Financing Act of 2025  
TESTIMONY IN SUPPORT WITH AMENDMENTS**

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. MC Federation of Families has been providing family peer services to families in Montgomery County for almost 20 years. Our Family Peer Specialists are parents who have raised or are currently raising children with these challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

**MC Federation of Families supports HB 352 with amendments.** This bill - Budget Reconciliation and Financing Act of 2025 - establishes or alters certain administrative penalties; alters or repeals certain required appropriations; authorizes the use of certain funds for certain purposes; establishes certain funds; authorizes, requires, or alters the distribution of certain revenue; alters the rates and rate brackets under the State income tax on certain income of individuals; requires certain groups of corporations to file a combined income tax return reflecting the aggregate income tax liability of all members of the group; etc.

**We support the elements of the Fair Share Maryland Plan that are included in HB 352, including closing corporate tax loopholes and the addition of new upper income tax brackets for the state's highest earners.** These are common-sense measures that will raise considerable and durable income for the state. Additionally, the proposed budget's doubling of the standard deduction for personal income tax will deliver tax relief to Maryland's working families. Along with its investment in the Comptroller's office and the capital gains surcharge applying to higher earners, this proposed budget raises nearly \$1 billion in revenue without placing additional burdens on the state's working families. It represents a significant downpayment to address the state's deficits.

**We ask for the following amendments.**

- 1. RESTORE CUTS TO THE CONSORTIUM PARTNESHIP FUND** - We ask you to restore the \$90 million cut to the Partnership Fund in FY26 and each fiscal year thereafter. **This funding is critically important.**
  - Dramatic worsening of the behavioral health of children and youth over the last decade, which accelerated during and after the pandemic. In 2022-23, 28% of high school students reported that their mental health was not good most of the time or always, and 24% of middle school students reported that they had seriously considered suicide.
  - Dire shortage of behavioral health services, both in the community and in school.
  - Schools are an important place to reach students, especially since families face numerous barriers trying to access services outside of schools.
  - Schools can engage in behavioral health prevention and early intervention activities.

This funding has been successful.

- In the first six months of implementation:
  - Grantees served more than 58,000 students.
  - Grantees added 475 new behavioral health workforce members.
  - Grantees trained 1,185 school staff in behavioral health practices.
- 77% of youth provided with early intervention services, and 70% of youth provided with intensive services demonstrated improvement in behavioral health outcomes.
- 90% of students and families reported satisfaction with the services they received.

2. **DO NOT ABANDONED STATE EFFORTS TO EXPAND MARYLAND’S NETWORK OF FEDERALLY DESIGNATED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCs)** – The CCBHCs provide a comprehensive range of urgently needed outpatient mental health and substance use care and essential support services. There would be devastating repercussions if existing CCBHCs were to lose their funding in the coming year.
3. **DO NOT REDUCE FUNDING FOR THE 988 HELPLINE AND YOUTH CRISIS SERVICES** – We ask that the budget include adequate allocations for 988, which received over 8,000 calls this past month alone. Moreover, we ask you to include existing essential youth crisis services and Maryland’s crisis response grant program in the budget.
4. **DO NOT CUT THE PROPOSED 1% INCREASE IN FUNDING FOR COMMUNITY BEHAVIORAL HEALTH PROVIDERS** – Cutting this increase would further destabilizing a workforce that is 50% smaller than necessary to meet today’s demand and is expected to decrease by another 45% by 2028.

**MC Federation of Families urges the House Appropriations Committee and the House Ways and Means Committee to make a favorable report with amendments.**

**HB0352\_MHAMD\_FWA.pdf**

Uploaded by: Dan Martin

Position: FWA

**House Bill 352 Budget Reconciliation and Financing Act of 2025**

Appropriations Committee | Ways and Means Committee

February 27, 2025

**Position: FAVORABLE WITH AMENDMENTS**

The 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 in support of House Bill 352 with amendments.

HB 352 modifies a range of corporate and individual income tax rules, alters and repeals certain required appropriations, and makes a range of other statutory changes to reconcile and finance the proposed Fiscal 2026 budget.

Maryland is contending with a significant budget crisis and unprecedented levels of uncertainty at the federal level. MHAMD recognizes the challenge this poses for state policymakers and understands that difficult decisions will have to be made.

These challenges notwithstanding, there remains critical unmet need across the state that must be addressed. Nearly a third of Maryland adults with anxiety or depression do not get needed counseling or therapy,<sup>1</sup> over 1,500 Marylanders lost their lives to an overdose in 2024,<sup>2</sup> and more than 36% of Maryland high school students have reported feeling persistently sad or hopeless with 18% of those students – and 24% of middle school students – having seriously considered suicide.<sup>3</sup>

Addressing this unmet need will require strategic investments to expand access to community- and school-based mental health and substance use care, bolster Maryland's behavioral health workforce, and increase the availability of crisis response services that are designed to address the unique needs of various populations. These are investments that will improve the health of our society and ultimately save the state money through a reduction in preventable hospital emergency department utilization, homelessness and criminal justice involvement. But there are upfront costs that require additional revenue.

Accordingly, MHAMD supports the elements of HB 352 that would modify corporate and individual income tax rules and credits to increase revenue and create a more equitable state tax system. However, as described in greater detail below, **we strongly oppose** provisions in the bill that would eliminate funding for critically important school- and community-based mental health services and hinder the 988 helpline's ability to help people in crisis.

Specifically, we urge the following:

<sup>1</sup> <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/maryland/#:~:text=Unmet%20Need%20and%20Barriers%20to%20Care,Unmet%20need%20refers&text=As%20shown%20in%20the%20figure%20below%2C%20in%20May%202022%2C%20among,the%20U.S.%20average%20of%2028.2%25>

<sup>2</sup> <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

<sup>3</sup> Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022-2023, Maryland Department of Health, <https://health.maryland.gov/phpa/ccdc/Reports/Pages/YRBS-2022-2023.aspx>

*For more information, contact Dan Martin at (410) 978-8865*

1. **Please REJECT the \$90 MILLION annual reduction in school mental health funding** (pg. 22, lines 17-19)

According to Maryland's 2022-2023 Youth Risk Behavioral Survey (YRSB), 36% of Maryland high school students are persistently sad or hopeless, 18% of high school students and 24% of middle school students have seriously considered suicide, and 10% of both high school students and middle school students have actually attempted suicide.<sup>4</sup>

Despite these dire statistics, HB 352 would reduce the annual budget of the Consortium on Coordinated Community Supports – which provides mental health funding to public schools in every jurisdiction across the state – from \$130 million to \$40 million (a 70% reduction).

After several delays, the Consortium just became operational last year, but it is already having a tremendous impact. In just its first six months the Consortium:

- Provided mental health resources to more than 58,000 students across 80% of all Maryland public schools
- Increased Maryland's school mental health workforce by nearly 500 individuals
- Provided mental health training to nearly 1,200 school personnel
- Improved mental health outcomes for 70-80% of Maryland students

2. **Please REJECT the elimination of language supporting a statewide expansion of certified community behavioral health clinics (CCBHCs)** (pg. 128, lines 4-13)

CCBHCs are federally designated care delivery models that provide a comprehensive range of outpatient mental health and substance use care, coordination with other providers and services, and connection to other systems and supports. They are similar to federally qualified health centers (FQHCs), providing services regardless of insurance status or ability to pay.

States implementing the model have seen increased access to care, reduced emergency department and inpatient utilization, mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, and greater integration with physical care.

The General Assembly in 2023 passed legislation ([SB 362](#) & [HB 1148](#)) to establish a statewide network of CCBHCs, and although the Maryland Department of Health *did* apply for *and did* receive a nearly \$1 million CCBHC planning grant last year,<sup>5</sup> this provision in HB 352 would result in a rescission of the planning grant and the abandonment of this initiative.

3. **Please REJECT language that makes FY25 funding for the Maryland 988 helpline discretionary** (pg. 127, line 28 - pg. 128, line 3)

More Marylanders than ever are using Maryland's 988 behavioral health helpline. The helpline received over 8,000 calls in the most recent month, an increase of 30% over last year and 130% since launch. Texts to 988 are averaging 2,000 per month, a rate that is double that of two years ago and 20 times the rate since launch.

Despite this, HB 352 would make the \$12 million legislatively mandated FY25 appropriation for the 988 helpline discretionary, threatening the program's viability at a time of great need.

---

<sup>4</sup> Maryland Department of Health 2022-2023 Youth Risk Behavioral Survey and Youth Tobacco Survey data. <https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx>  
<sup>5</sup> SAMHSA Grants Dashboard: [https://www.samhsa.gov/grants/grants-dashboard?PK%5B0%5D=by\\_nofo\\_number%3AASM-25-001#awards-tab](https://www.samhsa.gov/grants/grants-dashboard?PK%5B0%5D=by_nofo_number%3AASM-25-001#awards-tab)

**HB 352\_BRFA of 2025\_BHSB\_FAV W AMENDMENT.pdf**

Uploaded by: Dan Rabbitt

Position: FWA



February 27, 2025

**House Appropriations Committee**  
**TESTIMONY IN SUPPORT WITH AMENDMENTS**  
HB 352 – Budget Reconciliation and Financing Act of 2025

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**Behavioral Health System Baltimore supports HB 352 – Budget Reconciliation and Financing Act (BRFA) of 2025 with some key amendments to reverse reductions in behavioral health funding.** We understand that the state is facing a budget crisis, but we should not cut programs that divert people from higher cost and less effective levels of care. Behavioral health funding is a sound investment that must be maintained.

**Increased Revenue**

**The BRFA contains \$1 billion in desperately needed new revenue to fund essential services. BHSB applauds the Governor for proposing such bold action and encourages the General Assembly to adopt these proposals as introduced.** Furthermore, we know that \$1 billion is not enough to provide Marylanders with the behavioral health services they need to thrive while maintaining other critical public services. We urge the General Assembly to build on these proposals to generate more revenue, including by passing the Fair Share for Maryland Act ([HB1014/SB859](#)). By adopting the revenue proposals in the BRFA along with other targeted revenue proposals that ask the wealthy and corporations to pair their fair share would put Maryland in a strong position to weather the current budget crisis and potential federal actions in a fiscally responsible way. It is the right choice to support Maryland families and communities.

**988 Trust Fund**

Pages 127-128 amends Chapter [260/261](#) of the Acts of 2023 to eliminate the requirement to appropriate \$12 million to the 988 Trust Fund for FY25. This change allows the proposed FY26 budget to eliminate all state general funds allocated to the 988 Trust Fund. BHSB supports this if and only if special funds collected from the 988 telecom fee are allocated to supplant the \$12 million for FY25. It is our understanding that the Comptroller expects the 988 telecom fee to raise \$13 million in FY25, so this fund swap should be possible without impacting FY25 funding levels or state general funds. **We urge the Appropriations Committee to fully fund 988 remains by making a \$12 million FY25 special fund deficiency appropriation for the 988 Trust Fund. Otherwise, this change should be rejected.**

**Coordinated Community Supports Partnership Fund**

Page 22 amends the education article to reduce funding for the Coordinate Community Supports Partnership Fund in FY25 from \$110m to \$40m and in FY26 and each year thereafter from \$130m to \$40m. This 70% reduction guts the Consortium on Coordinate Community Supports established in the

Blueprint legislation before it has even gotten off the ground. The first six months of implementation has shown great promise, serving almost 60,000 kids and demonstrating significant improvements in their mental health and well-being. Kids will be left unsupported and hundreds of behavioral health staff will be laid off if this comes to pass. **We urge the legislature to reconsider this drastic reduction.**

#### **Certified Community Behavioral Health Clinics**

Page 128 eliminates the requirements under Chapter [275](#) of the Acts of 2023 to apply to join the Substance Abuse and Mental Health Services Administration (SAMHSA) state Certified Community Behavioral Health Clinics (CCBHC) demonstration project. This indicates a likely abandonment of state efforts to expand or even maintain Maryland's network of CCBHCs. These clinics provide a comprehensive range of outpatient mental health and substance use care that has been shown to improve outcomes and reduce hospital costs for their program participants. Existing CCBHCs in Baltimore City, Baltimore County, Anne Arundel County, Montgomery County, Prince George's County, and Wicomico County will lose their funding in the coming year without action from the state. **We urge the General Assembly to reject this proposal and to continue pursuing this evidence-based model.**

***For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142***

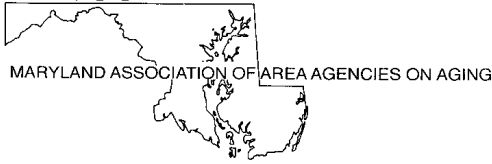


**M4A - 2025 HB 352 FWA - BRFA - House.pdf**

Uploaded by: Gina Valentine

Position: FWA

**M 4 A**



*Gina Valentine  
President*

*Representing Carroll County  
Bureau of Aging & Disabilities*

*Karen Winkowski, Vice President  
Representing Harford County  
Office on Aging*

*Ofelia Ott, Treasurer  
Representing Howard County  
Office on Aging and Independence*

*Karrisa Gouin, Secretary  
Representing Anne Arundel County  
Department of Aging and Disabilities*

**House Appropriations Committee  
February 27, 2025  
House Bill 352 - Budget Reconciliation and Financing Act of 2025  
Favorable with Amendments**

**Who is M4A?**

The nineteen member organizations of Maryland's Association of Area Agencies on Aging (M4A) serve Maryland's older and disabled citizens, providing a range of cost-effective state, federal and locally funded programs that help individuals remain secure in the community with dignity, independence, and choice as they age. M4A and its associated Area Agencies on Aging (AAAs) represent the "front line" in Maryland's challenge to meet the complex and varied needs of well over 1 million older adults statewide. M4A's goal is to ensure coordination and communication with all partners on all aspects of senior service planning to enhance opportunity and availability to all eligible citizens.

**M4A requests the budget committees reject the item in the BRFA that permanently cuts in half funding for the Long Term Care and Dementia Navigation Program.**

Consider the following facts regarding dementia in our state:

- Maryland is currently ranked #1 in the nation for the greatest prevalence of dementia among individuals over the age of 65.
- The jurisdictions of Baltimore City, Baltimore County and Prince George's County are among the highest in prevalence of individuals over the age of 65 with Alzheimer's disease in the nation.
- Alzheimer's disease is the seventh leading cause of death of those 65 and older in Maryland.
- The total lifetime cost of care for a person living with dementia, is estimated at almost \$400,000 – more than double the cost of someone without dementia.

(over)

- When incurring these costs, most individuals with dementia will spend down their income and assets and eventually qualify for Medicaid. In Maryland, the estimated Medicaid costs in 2020 for caring for people living with Alzheimer's in 2024 was \$1.2 billion
- Maryland has an estimated 247,000 caregivers, many who are family or friends, providing 405 million hours of unpaid care each year to a loved one with Alzheimer's.

If we envision Maryland as a place where we can grow older and live a healthy, vibrant life as we age, we must address this public health concern in tangible, innovative and proactive ways.

The passage of the Long-Term Care and Dementia Navigation (LTCDN) legislation in FY2025 created new resources and opportunities for Area Agencies on Aging to assist both those with a dementia diagnosis and their caregivers to improve quality of life. Originally, the LTCDN program was funded at a level of 2.4 million dollars annually but unfortunately was reduced by 50% through statutory language in the Budget Reconciliation and Financing Act of 2025. While the reduction has impacted the ability of AAAs to reach their intended goals, inroads have been made with the remaining funding to make meaningful improvements for those living with this disease. Through assessment, support groups, socialization and resource coordination, the AAA network has been able to provide critically needed supports those with dementia and their loved ones. AAAs could and would like to do more with the appropriate funding to do so and Marylanders need us to do more.

M4A recognizes that this is a difficult budgetary cycle but asks that the current 1.2 million in funding for the LTCDN program be preserved. We also request protection of the original language in the 2025 legislation dedicating 2.4 million in funds to the program in hopes that those funds will be forthcoming in the future. The efforts resulting from the LTCDN program is a step in the right direction but we cannot afford to lose ground or reverse direction. The funding cuts severely hinder the ability of AAAs to meet the deliverables outlined in the establishing legislation and could leave us unable to meet consistently growing needs.

We thank you for your consideration and for the work you do on behalf of all Marylanders, especially our seniors.

**LeadingAge\_BRFA\_WMAPP\_feb27\_FWA.pdf**

Uploaded by: Joe Bryce

Position: FWA



**TO:** House Ways & Means Committee and House Appropriations Committee

**FROM:** LeadingAge Maryland

**SUBJECT:** House Bill 352 - Budget Reconciliation and Financing Act of 2025

**DATE:** February 27, 2025

**POSITION:** Favorable with Amendment

LeadingAge Maryland is writing in support of an amendment to House Bill 352 - Budget Reconciliation and Financing Act of 2025 (BRFA).

LeadingAge Maryland is a community of more than 159 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Members of LeadingAge Maryland provide health care, housing, and services to more than 20,000 older persons each year. Our mission is to be the trusted voice for aging in Maryland, and our vision is that Maryland is a state where older adults have access to the services they need, when they need them, in the place they call home.

On page 48, line 27, the BRFA cuts in half - from \$2.4 million to \$1.2 million - mandated funds to manage long-term and dementia care navigation programs statewide and fund local programs. This is especially concerning because the reduction is not just for the upcoming fiscal year; it reduces the mandated funding permanently.

Dementia is a growing public health crisis in Maryland that demands urgent attention. Our state has the highest estimated prevalence of Alzheimer's disease in the nation, and we must continue to strive to better serve the impacted population and their families. The General Assembly recognized this pressing need during the 2023 Session with the passage of SB 228/HB 614 (Chapters 667 and 668 of the Acts of 2023). The 2023 legislation requires each area agency on aging (AAA), subject to the limitations of the funding provided, to develop a long-term care and dementia care navigation program that consists of new or existing services. The Maryland Department of Aging (MDOA) is responsible for overseeing and training navigation program staff and disseminating best practices for these programs. MDOA is also required to collect interaction data to ensure statewide program integrity.

Along with the policy provisions of the 2023 bill, the General Assembly mandated that the Governor provide \$2.4 million each year to assist the Department and the AAAs with undertaking this challenge. The FY 2025 appropriation is the very first required under the bill. Maryland should not go backwards from the policy enacted in 2023 by cutting the funding for the program and jeopardizing the ability of the State and local agencies who have been entrusted

with this care to make sure services are connected to people. Even if it is deemed necessary to reduce funding for this year, the General Assembly should reject cutting the mandate in half in future fiscal years.

We appreciate the challenges the State is facing, but this cut has the potential to hamper the State's ability to carry out the 2023 legislative intent before it even gets started. The General Assembly correctly recognized the need for these programs in 2023; the State should not make permanent funding changes just two years later.

For these reasons, LeadingAge Maryland respectfully requests a favorable with an amendment report on House Bill 352.

For more information, please contact Aaron Greenfield at 410.446.1992 or [aaron@agreenfieldlaw.com](mailto:aaron@agreenfieldlaw.com)

# **EveryMind Testimony in Support with Amendments for**

Uploaded by: Megan O'Brien

Position: FWA

## **Testimony in Support with Amendments to HB 352: Budget Reconciliation and Financing Act of 2025**

Chair Barnes, Vice Chair Chang, and Members of the House Appropriations Committee:

Good afternoon. My name is Alyssa Sanders, and I serve as the Advocacy Director at EveryMind, a nonprofit organization that has provided critical mental health support and services in Maryland for over 65 years. Our mission is rooted in ensuring that individuals and communities have access to the mental health resources they need to thrive.

Today, I am here to request amendments to the proposed funding cuts in the Budget Reconciliation and Financing Act of 2025, particularly those impacting the Consortium for Coordinated Community Supports Partnership Fund and the 988 Trust Fund. These programs are lifelines for Marylanders, particularly youth and other vulnerable populations. Cutting their funding will have devastating consequences.

### **The Consortium for Coordinated Community Supports Partnership Fund**

At EveryMind, we witness the profound impact of school-based mental health services every day. We currently provide services in over 35 schools across Maryland, including seven that receive funding from the Coordinated Community Supports Partnership Fund. These funds ensure that students struggling with anxiety, depression, trauma, and other challenges receive timely, accessible, and effective mental health care—right where they learn.

The demand for school-based mental health services has never been greater. One in seven children nationwide (ages 3-17) struggles with a mental health disorder. In Maryland, the Youth Risk Behavior Survey shows that depression and anxiety rates among students have surged in recent years. Yet, we face a severe shortage of behavioral health providers, making school-based care one of the most effective ways to reach students in need.

Embedding mental health professionals in schools reduces barriers such as stigma, cost, and transportation, ensuring that students receive care before their struggles escalate. We have seen firsthand how these services transform lives. Take Jimmy, a middle school student grieving the loss of a parent. Through weekly sessions with an EveryMind clinician—right in his school—he developed coping strategies, re-engaged with his schoolwork, and started participating in extracurricular activities again. Multiply Jimmy’s story by the thousands and you will see the life-changing work being done.

In its first year, the Community Supports Partnership Fund:

- Served over 58,000 students
- Added 475 new behavioral health professionals to the workforce
- Trained over 1,000 school staff

The impact has been undeniable: 77% of students receiving early intervention services showed improved mental health, and 90% of students and families reported satisfaction



with services. Cutting this funding would reverse this progress and deny Maryland's youth the support they need to succeed.

### **988 Suicide & Crisis Lifeline**

The 988 Suicide & Crisis Lifeline is a critical resource for Marylanders experiencing mental and behavioral health needs. It provides immediate, confidential, and life-saving support to individuals in distress, preventing crises from escalating into emergency room visits, law enforcement encounters, or worse—suicide. At a time when many members of our community are scared to ask for help, an anonymous resource that's available to anyone is invaluable.

EveryMind operates the Montgomery County center for 988, serves as the backup center for Prince George's County, and is one of three chat and text centers for the entire state of Maryland. In FY24 alone, the Hotline program responded to nearly 60,000 calls, chats, and texts. In FY25 we're handling almost 50% of the chats and texts that are answered in Maryland and we're poised to increase our capacity to meet demand.

The need for these services are clear:

- Last year our 988 center responded to 842 visitors to 988 aged 0-12. So far in FY26 we've already responded to 477 young people aged 13-17. Think of that. These are young people texting from the school cafeteria or from their bedrooms late at night.
- More than 2,000 people our 988 center supported last year were third-party visitors. These are individuals reaching out because they're concerned about a family member, friend, or loved one. Searching for something they can do to help and often struggling on their own as a result of the stress they're juggling.
- The primary goal of our services on Hotline is to provide or connect the person in need with the most appropriate level of support. 98.5% of the interactions on our Hotline last year were de-escalated without emergency intervention. In 1.5% of cases, the most appropriate level of support was emergency services.

Despite its success and our need to continue building to fully meet the demand, complete funding for 988 call centers in FY26 is not clearly established. The 988-telecom fee, expected to generate \$25 to \$30 million annually, was designed to sustain this essential service. However, these funds are not fully allocated in the budget, leaving 988 crisis centers at risk of losing all the progress we've made. This is especially true at a time when additional funding sources, such as federal dollars, are also uncertain. We request that the General Assembly and the Governor take action to ensure that:

- Make a deficiency appropriation of \$12 million in special funds from the 988 telecom fee to the 988 Trust Fund for FY25.
- Appropriate \$20 million in special funds from the 988 telecom fee to the 988 Trust Fund for FY26.

This can be addressed either through a supplemental budget from the Governor or legislative action from the General Assembly. There should be sufficient revenue from the

988-telecom fee to support this request without the need for General Funds. Without proper funding, dozens of crisis counselors will be laid off, wait times will increase, and lives will be at risk.

## **Conclusion**

As written, HB 352 would undermine the essential work of EveryMind and organizations like ours, setting back Maryland's progress in mental health care and putting thousands of vulnerable residents—especially youth—at risk.

Investing in school-based mental health services means more students thrive—academically, socially, and emotionally—while reducing long-term costs of untreated mental health conditions. Funding 988 ensures Marylanders in crisis get the right support at the right time—saving lives and resources.

EveryMind is proud to be a leader in this work, and we are eager to expand our impact in partnership with the state. We respectfully urge you to amend HB 352 and restore this critical funding.

Thank you for your time and leadership on this issue.

# Health non-DDA Budget FWA - NAMI.pdf

Uploaded by: Michael Gray

Position: FWA

February 27, 2025

Chair Atterbeary, Chair Barnes, Vice Chair Wilkins, Vice Chair Chang, and distinguished members of the Ways and Means and Appropriations Committees,

The National Alliance on Mental Illness (NAMI)-Maryland respectfully requests amendments to the proposed FY2026 budget for the Maryland Department of Health, Behavioral Health Administration (BHA).

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

NAMI Maryland appreciates the increases and relatively level funding of some parts of the proposed BHA budget, but we request amendments to address several omissions and reductions that will lead to lower quality mental and behavioral health care across the state.

#### Maintain Behavioral Health Provider Rate Increase

NAMI Maryland recognizes and appreciates the 1% rate increase for behavioral health providers in the proposed budget. Thousands of Marylanders living with mental health conditions rely on Medical Assistance to access lifesaving and life-improving services. Without access to Medicaid, they would have little or no healthcare at all. We ask the General Assembly to retain the modest 1% rate increase.

#### 988 Trust Fund

NAMI Maryland fields a minimum of 100-200 calls each month to our warm line. While we are equipped to share information on mental health services, NAMI's free programming, and other resources, we regularly refer callers to 988 and urge them to call 988 if they are in crisis or in immediate need of services.

We supported the legislation that established the 988 Trust Fund in 2022 and the 988 telecom fee created by law in the 2024 legislative session. The Comptroller began collecting the 988 telecom fee in October 2024 and currently estimates that it will generate \$13 million in FY25 and at least \$20 million in FY26.

The Governor's budget does not appear to properly allocate the 988 telecom fee to support the 988 Trust Fund. NAMI Maryland requests the following amendments to address our concerns:

Kathryn S. Farinholt  
Executive Director  
National Alliance on Mental Illness, Maryland

**Contact:** Morgan Mills  
Compass Government Relations  
Mmills@compassadvocacy.com

- Make a deficiency appropriation of \$12 million in special funds from the 988 telecom fee to the 988 Trust Fund for FY25
- Appropriate \$20 million in special funds from the 988 telecom fee to the 988 Trust Fund for FY26

This request has no impact on state general funds.

#### Behavioral Health Crisis Response Grant Program

This program was established by the General Assembly in 2019 to fund behavioral health crisis services and has been funded at \$5 million per year for the last four years. The proposed BHA budget eliminates all funding for the program. Cutting the grant program will make it impossible for mobile crisis teams, walk-in clinics, and school based crisis services to continue at their current levels or, in many cases, to continue at all. NAMI Maryland urges a budget amendment to restore \$5 million to the Behavioral Health Crisis Response Grant Program.

People living with mental health conditions, their families, and communities across Maryland rely on Medical Assistance, 988, and crisis response programs and services. These programs are already underfunded and the cuts or reallocation of funds within the proposed BHA budget would be devastating. NAMI Maryland respectfully requests the House Health and Social Services Subcommittee to maintain the rate increase and amend the budget to fully fund the 988 Trust Fund and behavioral health crisis services.

# **HB352 BRFA - SWA- Hopkins.pdf**

Uploaded by: Michael Huber

Position: FWA

**TO:** The Honorable Ben Barnes, Chair  
*House Appropriations Committee*

**HB352**  
**Favorable with  
Amendments**

**FROM:** Michael Huber  
*Director, Maryland Government Affairs*

**DATE:** February 27, 2025

**RE:** HB352 – Budget Reconciliation and Financing Act of 2025

---

Johns Hopkins supports with amendments **HB352 Budget Reconciliation and Financing Act of 2025**. We understand the difficult financial position the State currently faces, between the deficit and the uncertainty at the federal level, however some changes are needed to ensure our ability to care for patients and drive important research.

### **Cigarette Restitution Fund – Academic Research Centers**

As introduced, the BRFA eliminates required funding for the academic research centers through the Cigarette Restitution Fund (CRF). This allocation has been incorporated into the CRF since the fund's inception in 2000 and has had a direct impact on the health of Marylanders. Johns Hopkins Sidney Kimmel Cancer Center has used these dollars to create better access to prevention and treatment services for cancer, which a specific focus on minority and underserved populations. The funding has been levered to obtain 448 grants, totaling \$43.7 million and recruiting 107 faculty to the State. Additionally, and more importantly, the research has helped Maryland move from the second highest in cancer rates to one of the lowest. Furthermore, the proposed cut comes at a time of great uncertainty for the federal government's continued support of cancer research. Continuing the funding for academic research centers is vitally important to the well being of all Marylanders.

### **Hospital Deficit Assessment**

Johns Hopkins acknowledges the significant deficit in Medicaid expenditures and that securing Medicaid is of critical importance. We urge the committee to implement policies that effectively address the Medicaid deficit while also considering the financial stability of hospitals. It is essential that any funding mechanism tied to hospital rates is structured in a way that does not create an undue burden on hospitals, ensuring they can continue to provide high-quality care to patients. A balanced approach will help sustain the healthcare system while responsibly managing financial challenges. As drafted, the BRFA proposes adding \$150M to the hospital deficit assessment, this type of increase would have an impact on hospital operations and we would urge reducing this increase.

### **Primary Care Program**

The Medicaid Primary Care Program Fund (the Fund) is intended to fund the advancement of primary care under the AHEAD Model. Johns Hopkins would urge specificity regarding the years of hospital payments, 2023, that may be used for the fund. This will ensure hospitals funds are protected for appropriate use. The current language creates the inaccurate impression that the fund could be established through an assessment on hospital rates, placing an undue burden on hospitals.

**Maternal and Child Health Population Health Improvement Fund**

Similarly, we would urge you to reject the recommendation to amend the provision to increase the authorized fund balance transfer from the Maternal and Child Health Population Health Improvement Fund to the General Fund from \$10 million to \$14 million. Hospitals contributed to the Maternal and Child Health Population Health Improvement Fund for a specific purpose, transferring the funds to the General Fund would remove the dedicated purpose for the funding. This essentially, would be another Assessment on hospitals. Hospitals are partners in the State's population health goals, and are dedicated to improving the State's health, this recommendation would impede the ability to do so.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE WITH AMENDMENTS** committee report on **HB352**.



# 2025 MOTA HB 352 House Side.pdf

Uploaded by: Michael Paddy

Position: FWA



# Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ [www.mota-members.com](http://www.mota-members.com)

**Committee:** House Appropriations and Ways and Means Committee

**Bill:** House Bill 352 – Budget Reconciliation and Financing Act of 2025

**Hearing Date:** February 27, 2025

**Position:** Support with Amendment

---

The Maryland Occupational Therapy Association (MOTA) urgently requests an amendment to *House Bill 352 – The Budget Reconciliation and Financing Act*. We fully understand that this legislation is necessary to balance the State’s budget; but we ask for the Committee’s consideration in reversing the Department of Legislative Services (DLS) proposed fund transfer of \$938,000 from the Board of Occupational Therapy Practice to the general fund.

Just as other health occupations boards, the Board of Occupational Therapy Practice is entirely funded by occupational therapy practitioners through licensure fees. The proposed fund transfer is arbitrary and harmful:

- **Arbitrary and Disproportionate:** The proposed fund transfer would leave the Board of Occupational Therapy Practice with a fund balance that is just 50% of its annual budget. According to the Department of Legislative Services, this transfer would place the Board of Occupational Therapy Practice behind other boards with higher fund balances. The proposed fund balance transfer in BRFA will have a disproportionately high impact on the Board of Occupational Therapy Practice.
- **Reserves Are Needed for Implementation of Occupational Therapy Compact:** The Maryland General Assembly adopted the Occupational Therapy Compact in 2021. As the Compact has now been adopted by enough states, we are entering into the implementation phase. Resources may be needed for implementation including updates to the Board’s IT systems.
- **Funding Behavioral Health Services through Provider Fees is Not Good Policy:** MOTA fully supports ensuring there is sufficient funding for the Behavioral Health Administration. We think it

is bad policy for services to be paid for by behavioral health providers. Behavioral health providers, including occupational therapy practitioners, are already stretched to the limit because of the health professional shortages. We believe that the resources needed for the Behavioral Health Administration should come from the State's general fund, as it should be a shared responsibility to support these services. We would also note that it seems problematic to occupational therapy providers, as they are not always recognized as part of the behavioral health provider team by the State's policies.

- **Impact on Regulatory Oversight:** The Board is responsible for regulating the profession, ensuring standards for education, practice, and ethical conduct. Removing funds could undermine the Board's ability to effectively carry out these responsibilities, potentially leading to less oversight and weaker protections for the public. If funds are transferred away from the Board, it might negatively impact efforts to maintain and raise professional standards, such as supporting continuing education programs, professional development, and certification processes that keep therapists up-to-date with best practices.
- **Potential for Reduced Services:** Funds from the Board are often used to provide essential services, such as licensing, renewal processing, and continuing education oversight. A reduction or transfer of these funds could lead to longer processing times, delays in licensure, and reduced access to professional resources, making it more difficult for occupational therapists to stay licensed or advance their careers.
- **Board may need to raise licensure fees in the future:** With the DLS proposed transfer and considering new costs, such as those related to implementation of the Occupational Therapy Compact, the Board may need to raise licensure fees to make-up for the loss in reserves. This means that occupational therapists and occupational therapy assistants could soon be paying higher licensure fees at a time when they are needed more than ever to help address the State's health care workforce shortage.

**Please do not adopt the DLS recommended fund balance transfer for the Board of Occupational Therapy Practice.** If we can provide any further information, please contact Michael Paddy at [mpaddy@policypartners.net](mailto:mpaddy@policypartners.net).

**CBH-FWA-BRFA-HB352.pdf**

Uploaded by: Nicole Graner

Position: FWA



## Board of Directors

Johnnie Fielding  
President  
*Leading by Example*

Dimitri Cavathas  
Past President  
*HealthPort*

Wunmi Fadiora-Adediji  
Treasurer  
*Hope Health System*

Kevin Keegan  
Secretary  
*Catholic Charities*

Charles Anderson  
*University of Maryland*

Andrea Caroll  
*Everstand*

Johnathan Davis  
*Baltimore Crisis  
Response*

Ann Ebhojiaye  
*Community Residences*

Michelle Grigsby-  
Hackett  
*Affiliated Sante*

Holly Ireland  
*Crossroads Community*

Jennifer McGlothlin-  
Renault  
*Arrow Child & Family  
Ministries*

Kim Morrill  
*Aspire Wellness Center*

Victoria Morgan  
*Partnership  
Development Group*

Laura Mueller  
*WIN Family Health*

Scott Rose  
*Sheppard Pratt*

Katie Rouse  
*On Our Own of  
Maryland*

Alyssa Sanders  
*EveryMind*

Russ Weber  
*Key Point Health  
Services*

## House Bill 352- Budget Reconciliation and Financing Act of 2025

Appropriations and Ways & Means Committees

February 27, 2025

### Position: FAVORABLE WITH AMENDMENTS

The Community Behavioral Health Association of Maryland (CBH) represents 87 community-based behavioral health providers who serve the majority of individuals accessing mental health and substance use disorder services through Maryland's Public Behavioral Health System. We appreciate the opportunity to submit testimony on Senate Bill 321 and urge the Committee to consider the impact this legislation will have on Maryland's behavioral health system and the individuals who rely on it.

Maryland is facing a behavioral health workforce crisis, an underfunding of community-based behavioral health services, and an unprecedented surge in demand for behavioral health services. These issues are compounded by the state's budget challenges and uncertainties at the federal level. While we recognize the difficult fiscal decisions ahead, it is imperative that Maryland's leaders maintain their commitment to ensuring access to high-quality behavioral health care for all who need it. Unmet need doesn't evaporate; all too often, it turns up in more expensive hospital or jail settings.

The need for behavioral health services in Maryland is growing at an alarming rate:

- Nearly one-third of Maryland adults with anxiety or depression do not receive the counseling or therapy they need. <sup>1</sup>
- More than 1,500 Marylanders lost their lives to an overdose in 2024. <sup>2</sup>
- Over 36% of Maryland high school students report feeling persistently sad or hopeless, and 18% have seriously considered suicide. <sup>3</sup>

Addressing this crisis requires investments in workforce development, community and school-based mental health and substance use disorder services, and crisis response initiatives. These investments improve health outcomes and generate long-term cost savings by reducing preventable emergency department visits, homelessness, and criminal justice involvement. However, they require sustained financial commitment, not cuts that will destabilize an already fragile system.

CBH acknowledges and supports aspects of HB 352 that aim to increase state revenue through adjustments to corporate and individual income tax regulations. However, we **firmly oppose** any measures within the bill that would strip essential funding from mental health services, weaken Maryland's crisis response system, and leave already-awarded federal planning money on the table.

Specifically, we ask the committee to:



**1. Reject the Elimination of Language Supporting the Statewide Expansion of Certified Community Behavioral Health Clinics (CCBHCs) (pg. 128, lines 4-13)**

Maryland hospitals are struggling to manage patients presenting with behavioral health needs in emergency departments and effectively discharge patients from inpatient and state hospital units. MDH was awarded almost \$1 million in federal planning funds to develop a model of care to address this problem. Instead, MDH has left the money on the table and seeks to remove its obligation to complete the planning and implementation through proposed changes in the BRFA. We ask you to reject the proposed BRFA deletions.

Certified Community Behavioral Health Clinics (CCBHCs) are a new federal model for delivering mental health and addiction treatment. In New York and among Maryland's CCBHC grantees, the model has reduced hospital costs by 50-60%.

CCBHCs differ from typical behavioral health services because they:

- offer immediate access to care with same-day access;
- offer 24/7 crisis care requirements;
- treat patients regardless of insurance status, so individuals who lack insurance or have unaffordable copays can receive services; and
- offer comprehensive services with an array of 9 different types of services required.

In 2023, the Maryland General Assembly passed legislation (SB 362 & HB 1148) that requires MDH to apply for a federal CCBHC planning grant and, in FY2027, for a CCBHC demonstration program. MDH was awarded almost \$1 million to support CCBHC planning on January 3, 2025. With the deleted BRFA language, MDH proposes to leave the awarded planning funds on the table and not to pursue the CCBHC demonstration program in FY2027. We urge you to reject this action. Legislators know that Maryland needs a comprehensive behavioral health solution and requiring MDH to fulfill the obligations that the General Assembly already directed via the 2023 legislative package is a message that must be reinforced.

**2. Reject the \$90 Million Annual Reduction in School Mental Health Funding (pg. 22, lines 17-19)**

HB 352 proposes an almost 70% reduction in funding for the Consortium on Coordinated Community Supports, cutting its annual budget from \$130 million to \$40 million. This funding is critical to ensuring that students have access to mental health resources in schools. In just its first six months of operation, the Consortium has:

- Provided mental health resources to over 58,000 students across 80% of Maryland public schools.
- Increased Maryland's school mental health workforce by nearly 500 professionals.
- Delivered mental health training to nearly 1,200 school personnel.
- Improved mental health outcomes for 70-80% of participating students.

Given the alarming rates of youth mental health struggles, including rising rates of depression, suicidal ideation, and suicide attempts, now is not the time to pull back support.



**3. Reject Language That Makes FY25 Funding for the Maryland 988 Helpline Discretionary (pg. 127, line 28 - pg. 128, line 3)**

Since its launch, Maryland’s 988 Helpline has become an essential resource for individuals in crisis. Utilization has increased dramatically since its launch. Despite this increased demand, SB 321 proposes making the \$12 million in FY25 funding for the helpline discretionary. This threatens the viability of the program at a time when more Marylanders than ever are relying on it for life-saving support.

CBH urges the General Assembly to prioritize the mental health and well-being of Marylanders by rejecting the harmful funding cuts proposed in HB 352.

Failing to invest in behavioral health now will only lead to greater costs down the road, both financially and in human lives. We look forward to working with policymakers to ensure that Maryland continues to make progress in expanding access to high-quality behavioral health care for all residents.

Thank you for your consideration.

For more information, please contact Nicole Graner at [Nicole@MDCBH.org](mailto:Nicole@MDCBH.org).

---

<sup>1</sup> KFF, "[Mental Health and Substance Use State Facts – Maryland.](#)"

<sup>2</sup> MDH, "[Overdose Portal.](#)"

<sup>3</sup> MDH, "[Youth Risk Behavior Survey/Youth Tobacco Survey \(YRBS/YTS\) 2022-2023.](#)"

**HB 352\_Horizon Foundation\_FAV w amendments.pdf**

Uploaded by: Nikki Highsmith Vernick

Position: FWA





## BOARD OF TRUSTEES

Christopher Fortune  
CHAIR

Lisa Pearson  
VICE CHAIR

Gopi Suri  
SECRETARY

Mark Cissell  
TREASURER

Nikki Highsmith Vernick  
PRESIDENT & CEO

Jonathan Ilson Ahn, Esq.

Yvonne Commodore-  
Mensah, Ph.D

Juliet Gilliam

Catherine Hamel

Brian Hepburn, M.D.

Louis Hutt III

Sekou Murphy

Yvette Rooks, M.D.

Scott Rose

Celián Valero-Colón, M.D.

David Wolf

Lanlan Xu, Ph.D

February 27, 2025

**COMMITTEE:** House Appropriations and Ways and Means Committees

**BILL:** HB 352 – Budget Reconciliation and Financing Act of 2025

**POSITION:** Support with amendments

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

**The Foundation is writing to support HB 352 with amendments to restore nearly \$120 million in proposed cuts to the 988 Crisis Lifeline, the Consortium on Community Coordinated Supports, Certified Community Behavioral Health Clinics and the Behavioral Health Crisis Response Grant Program.**

The Horizon Foundation has worked for many years to improve access to behavioral health care in our community. At the same time, behavioral health needs in Howard County have been on the rise and barriers remain to ensuring robust and equitable access to care. According to our county’s most recent health assessment survey of 1000 representative adult residents, more than a third reported that they had been “bothered by having little interest or pleasure in doing things” for several days or more over the previous two weeks.<sup>1</sup> This number has risen significantly since 2018. In the same survey, respondents under age 45, Black and Hispanic residents and those in households with incomes under \$50,000 per year were significantly more likely to report feeling down, depressed or hopeless. There is also growing research that shows chronic stress and trauma due to racism exacerbates mental and behavioral health challenges for people of color.

### 988 Crisis Lifeline

The growing need for mental health support is reflected in the use of the 988 Crisis Lifeline across our state. Calls to 988 are up 30% over last year and 130% since its launch. 988 is also receiving an average of 2,000 texts per month; texts have doubled over the last two years and increased more than 20 times since its launch. The General Assembly allocated \$12 million in state general funds to the 988 Trust Fund for FY25 and, in an overwhelmingly bipartisan vote last year, created the 988 telecom fee to provide funding for FY26 and beyond. The Comptroller began collecting the 988 telecom fee in October 2024 and currently estimates that it will

generate \$13 million in FY25 and at least \$20 million in FY26. The current budget proposes to eliminate all state general funds allocated to the 988 Trust Fund in FY25 and does not properly allocate the 988 telecom fee to supplant the FY25 dollars or provide adequate FY26 funding. This would gut 988 call centers across our state – dozens of counselors could lose their jobs, wait times for calls and texts would increase and Marylanders experiencing a behavioral health crisis would suffer further harm to themselves and others. We request the General Assembly amend the budget as follows to address these concerns:

- Make a deficiency appropriation of \$12 million in special funds from the 988 telecom fee to the 988 Trust Fund for FY25.
- Appropriate the projected \$20 million in special funds from the 988 telecom fee dedicated to the 988 Trust Fund for FY26.

### **The Consortium on Coordinated Community Supports and Certified Community Behavioral Health Clinics**

In addition, the budget proposes a \$90 million cut to the Consortium on Coordinated Community Supports – a critical program that has expanded mental health services to students and their families, including 1:1 counseling, screenings for depression and anxiety, early intervention for substance use disorders and more. Services from this program reached over 58,000 students last year – and we know that mental health needs among youth have never been greater and continue to rise. In the most recent Maryland Youth Risk Behavior Survey, 30% of Howard County middle schoolers reported feeling sad or hopeless.<sup>ii</sup>

Promises to continue funding for “always-open” Certified Community Behavioral Health Clinics have been rescinded in the budget as well. These clinics offer residents immediate access to care with same-day access; see patients regardless of insurance status; and offer comprehensive services to both adults & children.

### **Behavioral Health Crisis Response Grant Program**

This program was established by the General Assembly in 2019 to fund behavioral health crisis services and has been funded at \$5 million per year for the last four years. The proposed BHA budget eliminates all funding for the program. This cut will force the closure or significant diminishment of behavioral health services such as mobile crisis teams, behavioral health walk-in clinics and school-based crisis services. These services support thousands of Marylanders and divert them from the Emergency Department. We ask for a budget amendment to restore \$5 million to this program.

Altogether, this proposed budget represents nearly \$120 million in cuts to life-saving behavioral health services, which would greatly hinder the progress our state has made in recent years to expand access to care for those in need. Mental health services would be drastically cut at every level – from screening and early intervention, to treatment, to crisis services – if this funding is not restored.

We strongly believe everyone should have access to responsive and compassionate mental health care. For this reason, the Horizon Foundation urges you to restore full funding to the 988 Trust Fund, the Consortium on Coordinated Community Supports, Certified Community Behavioral Health Clinics and the Behavioral Health Crisis Response Grant Program.

Thank you for your consideration.

---

<sup>i</sup> Howard County Health Assessment Survey, 2024.

<sup>ii</sup> Maryland Youth Risk Behavior Survey, 2022-2023.

# **HB0352TestimonyAteto.pdf**

Uploaded by: Philip Ateto

Position: FWA

Hello,

My name is Phil Ateto, lifelong Marylander from Severn and I have been living in Annapolis for 17 years.

After a healthy active youth playing sports and working out, I was diagnosed with a rare blood cancer called Multiple Myeloma in August 2010. I went through the standard Chemotherapy treatments, some didn't work, others kept the cancer at bay for anywhere from 6 months to 2 or 3 years.

I've found that cancer treatment is like a game of frogger, sooner or later the treatment you are getting is going to stop working and you'd better have somewhere else to jump to or you'll drown, in this case the jump being to a new medicine.

After around 6 years of different treatments I ran out of options so I signed up to be a patient in trials my doctor ran at the U of MD medical center in Baltimore. Some worked, some didn't, to varying degrees.

During these trials it was immeasurably important for me to be able to stay at home and access treatments relatively close by. Home is where my community and support network are which are crucial to anyone going through difficult times with health or otherwise. No person is an island. Who wants to live in a hotel during such a stressful time while going through treatment with all of the various side effects. And if I'm being honest, I want to be home around my cats who help bring me comfort and peace.

Also, I'm on mostly fixed income, so traveling out of state for treatment isn't affordable and therefore not an option, as my insurance doesn't cover out of state treatment, as trials cover the drugs, but often not the healthcare provided around it which is paid for by insurance. I've found Healthcare is expensive even with "good" insurance like I have, and without it the costs of treatment would be completely unaffordable. Take this as a plug for a single payer healthcare system.

I hear it said often that a Budget is a statement of values. So when a line item that is crucial to my survival and well being is completely cut, the message it sends to me is that my continued survival is of zero importance. With all of the cuts of the new Presidential administration I felt safer to be in a state with a Governor who campaigned with the slogan "leave no one behind", but when I see a line item that is crucial to so many of us zeroed out, it shows me that we don't count as someone. I hope that you will be able to see my humanity and the value cancer patients still are to our community as others do.

I urge you to show Marylanders like me that our lives and well-being are not expendable by funding the budget line item for cancer treatment research and trials as much as possible. I understand that the budget deficit must be addressed and cuts must be made, but surely this doesn't have to be achieved by abandoning vulnerable people in our communities.

Thank you,

Phil Ateto  
Annapolis, MD

# **HB352 SWA (Written).pdf**

Uploaded by: Riya Gupta

Position: FWA



**House Bill 352: Budget Reconciliation and Financing Act of 2025**  
**House Appropriations + Ways and Means Committee**  
**Position: Support with Amendment**  
February 27, 2025

At Strong Schools Maryland, we work to support the faithful implementation and full funding of the promises legislated through the landmark Blueprint for Maryland's Future. The Blueprint envisions a public school system that is built upon the foundation of equity, supports all students' success, and removes barriers to opportunities. **As such, Strong Schools Maryland urges a favorable report with amendments on House Bill 352.** Our amendments are specifically regarding the proposed funding cuts to the Consortium on Coordinated Community Supports.

Maryland is currently facing a significant mental health crisis among its youth. During the 2022-2023 school year, [more than a third of Maryland high school students reported feeling sad or hopeless](#) for two weeks within the year. The percentage was only slightly lower for middle school students, with 22% reporting similar concerns. Even more students in both middle and high school reported feeling sad or hopeless for at least two weeks in the past year.

To address this escalating crisis, the [Consortium has been instrumental in providing essential behavioral health services](#) across the state. In its first eight months, the Consortium has:

- Served over 58,000 students, reaching 80% of Maryland public schools.
- Expanded the school mental health workforce by nearly 500 professionals.
- Trained more than 1,000 school staff members in mental health support.
- Achieved improved behavioral health outcomes for numerous students.

The proposed reduction of the Consortium's funding from \$130 million to \$40 million in FY2026 and onwards, which is nearly a 70% cut, would severely undermine the progress made and leave countless students without critical support. Given the current mental health crisis and workforce shortages, it is imperative to maintain, if not increase, funding to ensure that our students receive the necessary behavioral health services.

**We respectfully urge the committee to restore the full \$130 million funding for FY2025 to the Consortium on Coordinated Community Supports.** Investing in our children's mental health is not only a moral imperative but also a foundational component of their academic and personal success.

We support the revenue package as included in HB 352 as it provides an essential foundation for our state's budget for the next year and into the future, and we urge the Committee to adopt it. However, this is just a starting point. Adopting the Fair Share for Maryland Act (HB 1014) would go a step further in preventing some of the other proposed cuts to public services and providing the state resources to help respond to harmful federal budget cuts.

**Please contact** Riya Gupta at [riya@strongschoolsmaryland.org](mailto:riya@strongschoolsmaryland.org) for additional questions.

# **MSHA Testimony Budget.pdf**

Uploaded by: Sarah Peters

Position: FWA





**Bill: SB 321/HB 352: Budget Reconciliation and Financing Act of 2025**

**Position: FAVORABLE WITH AMENDMENT**

Dear Chair, Vice Chair, and Committee Members:

The Maryland Speech-Language-Hearing Association (MSHA) has represented nearly 4,000 licensed professionals with advanced degrees in speech language and audiology since 1964. Our professions serve thousands of Marylanders with speech-language and hearing impairments across the state. For the past few years, the Maryland Department of Health Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists has struggled to fully staff all positions. This resulted in slow processing and responses from the Board regarding licensees, continuing education units, and general information. Students in Maryland schools and clinic patients went weeks if not months without services because of hold-ups in licensing. The Board is currently fully staffed and back to normal operations. This is vital to ensure not only the availability of clinicians but public safety. Should Maryland move forward with the proposed budget cut of \$720,938 to the Board – it would have devastating consequences.

This Board is responsible for:

- Licensing and regulating audiologists and speech-language pathologists to ensure that professionals have the necessary qualifications and training to provide safe and effective services.
- Investigating complaints and taking disciplinary action to protect consumers from unqualified or unethical practitioners.
- Enforcing ethical standards and continuing education requirements to promote ongoing professional development and ensures that practitioners stay up-to-date with the latest advancements in their fields.

Cutting the Board's budget would have serious consequences. This may result in:

- Reduced oversight and enforcement, leading to an increase in unqualified practitioners and a decline in the quality of care.
- Slower processing of licenses which would create delays for professionals seeking to practice in our state, potentially impacting access to care.

Maryland Speech-Language-Hearing Association  
140B Purcellville Gateway Drive, Suite 120  
Purcellville, VA 20132  
301-304-7001  
[info@mdslha.org](mailto:info@mdslha.org)  
[www.mdslha.org](http://www.mdslha.org)

- Weakened consumer protection could leave vulnerable individuals at risk of harm from unqualified or unethical practitioners.

The work of the Board is only increasing as a new profession was recently added and employment is projected to grow 11 percent for audiologists and 18 percent for speech-language pathologists from 2023 to 2033. A budget cut of this size would result in a drastic reduction of staff putting Board operations to a standstill. MSHA urges you to reject these proposed budget cuts and instead provide the Board with the resources it needs to fulfill its important mission.

Thank you,



Megan Miskowski, SLPD, CCC-SLP

Director of Advocacy and Public Policy

Maryland Speech Language Hearing Association

Maryland Speech-Language-Hearing Association  
140B Purcellville Gateway Drive, Suite 120  
Purcellville, VA 20132  
301-304-7001  
[info@mdslha.org](mailto:info@mdslha.org)  
[www.mdslha.org](http://www.mdslha.org)

# **MPSC House Appropriations Committee testimony and**

Uploaded by: Stephanie Peditto

Position: FWA



February 25, 2025

Dear House Appropriations Committee:

The Maryland Patient Safety Center requests your support for **\$1M in funding be included in the State budget for the Maryland Patient Safety Center (MPSC)**. Investing in the Maryland Patient Safety Center **saves lives and saves the state money**.

Attached is a brief description of our work, plus 10 letters of support: from the Maryland Hospital Association, LifeSpan (the largest senior care provider association in the region), quality and safety leaders from the major hospitals in the state, a Maryland Health Care Commission commissioner, the Emergency Nurses Association, and individuals.

*Without this funding, there will be no organization to coordinate and support patient safety in Maryland, and this will have effects in other areas, including increased costs in Medicaid, longer hospitalizations, healthcare workforce burnout and attrition, and widening health equity gaps, especially for mothers and babies.* No State agency, or single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. Preventable harm in healthcare affects the physical, financial and emotional well-being of patients harmed. This has ripple effects across the entire healthcare system, exacerbating persistent capacity challenges and costs, and adversely impacts health equity.

The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget as a pass-through on the Maryland Health Care Commission's budget.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)

We request that you ultimately restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27).

By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Peditto".

Stephanie Peditto  
President and CEO  
Maryland Patient Safety Center



Maryland  
Hospital Association

Feb. 21, 2025

I am writing on behalf of the Maryland Hospital Association at the request of the Maryland Patient Safety Center (MPSC).

MPSC has been designated by the State as Maryland's patient safety center since 2004. State funding for MPSC supports Maryland hospitals and healthcare organizations on initiatives that help to save lives, reduce healthcare costs, support our healthcare workforce, and ensure equitable access to safe care for all Marylanders.

As a trusted, independent organization, the Maryland Patient Safety Center can identify risks, analyze trends, and drive statewide safety improvements. The Safety Center supports our healthcare workforce with a public relations campaign against healthcare workplace violence and our efforts to reduce preventable harm and complications of care. We have also partnered with them to improve safety and equity for mothers and babies

We encourage the Committee to support the Maryland Patient Safety Center and this important patient safety work during this difficult financial environment.

Thank you for your attention to this issue.

Sincerely,

Melony G. Griffith  
President & CEO  
Maryland Hospital Association



February 24, 2025

To Whom It May Concern:

On behalf of LifeSpan, Maryland's largest and most diverse senior care association, I am writing to express our strong support for **\$1M in funding be included in the State budget for the Maryland Patient Safety Center (MPSC)**. LifeSpan's membership, which includes more than 430 nursing homes, assisted living communities, retirement communities, home care, adult day care, hospice, and even several hospitals, greatly values MPSC's clean collaborative and the many other important initiatives it undertakes each year. Investing in the Maryland Patient Safety Center **saves lives and saves the state money**.

*Without this funding, there will be no organization to coordinate and support patient safety in Maryland, and this will have effects in other areas, including increased costs in Medicaid, longer hospitalizations, healthcare workforce burnout and attrition, and widening health equity gaps, especially for mothers and babies.* No State agency, or single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. Preventable harm in healthcare affects the physical, financial and emotional well-being of patients harmed. This has ripple effects across the entire healthcare system, exacerbating persistent capacity challenges and costs, and adversely impacts health equity.

The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget that is now at risk.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27).

By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin D. Heffner", with a horizontal line extending to the right.

Kevin D. Heffner, MAGS  
President & CEO

February 24, 2025

I am writing to express our strong support for **\$1M in funding be included in the State budget for the Maryland Patient Safety Center (MPSC)**. Investing in the Maryland Patient Safety Center **saves lives and saves the state money**.

*Without this funding, there will be no organization to coordinate and support patient safety in Maryland, and this will have effects in other areas, including increased costs in Medicaid, longer hospitalizations, healthcare workforce burnout and attrition, and widening health equity gaps, especially for mothers and babies.* No State agency, or single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. Preventable harm in healthcare affects the physical, financial and emotional well-being of patients harmed. This has ripple effects across the entire healthcare system, exacerbating persistent capacity challenges and costs, and adversely impacts health equity.

The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget that is now at risk.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27).

By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Sincerely,



Rollin J. (Terry) Fairbanks, MD MS  
Senior Vice President & Chief Quality and Safety Officer, MedStar Health  
Professor of Emergency Medicine, Georgetown University

Chair, Board of Directors, Maryland Patient Safety Center

Resident and Homeowner, Bethesda, Maryland  
[Terry.Fairbanks@MedStar.Net](mailto:Terry.Fairbanks@MedStar.Net), 240-688-0576

**Allen Kachalia, MD, JD**  
SVP, Patient Safety and Quality  
Director, Armstrong Institute  
C. Michael and S. Anne Armstrong Professor  
in Patient Safety  
Johns Hopkins Medicine

**Armstrong Institute for  
Patient Safety and Quality**  
600 N Wolfe Street  
Baltimore, MD 21287



February 24, 2025

Dear Maryland Legislature:

I am writing to express my personal and strong support for **\$1M in funding be included in the State budget for the Maryland Patient Safety Center (MPSC)**. Investing in the Maryland Patient Safety Center **saves lives and saves the state money**.

*Without this funding, there will be no organization to coordinate and support patient safety in Maryland, and this will have effects in other areas, including increased costs in Medicaid, longer hospitalizations, healthcare workforce burnout and attrition, and widening health equity gaps, especially for mothers and babies.* No State agency, or single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. Preventable harm in healthcare affects the physical, financial and emotional well-being of patients harmed. This has ripple effects across the entire healthcare system, exacerbating persistent capacity challenges and costs, and adversely impacts health equity.

The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget that is now at risk.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27).

By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Sincerely,

A handwritten signature in blue ink that reads "Allen Kachalia".

Allen Kachalia, MD  
Phone: 410-502-6127  
E-mail: kachalia@jhu.edu





February 27, 2025

To: Chair Barnes and Members, House Appropriations Committee

From: Michael Anne Preas, MS, RN, CPHQ, SPPS, CIC, FAPIC  
Vice President of Quality Management  
University of Maryland Medical System

Re: House Bill 352 – Budget Reconciliation and Financing Act of 2025

Position: Support with Amendment

---

Dear Chair Barnes and Members of the House Appropriations Committee,

I am writing on behalf of the University of Maryland Medical System (“UMMS”) to express our strong support for House Bill 352 – Budget Reconciliation Act of 2025 with one amendment. UMMS recognizes the difficult task of constructing a balanced budget plan this year, but respectfully requests that **\$1M in funding be included in the State budget for the Maryland Patient Safety Center (MPSC)**. Investing in the Maryland Patient Safety Center **saves lives and saves the |State money.**

*Without this funding, there will be no organization to coordinate and support patient safety in Maryland, and this will have effects in other areas, including increased costs in Medicaid, longer hospitalizations, healthcare workforce burnout and attrition, and widening health equity gaps, especially for mothers and babies.* No State agency, or single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the State. Preventable harm in healthcare affects the physical, financial and emotional well-being of affected patients and their families. This has ripple effects across the entire healthcare system, exacerbating persistent capacity challenges and costs, and adversely impacts health equity.

The original statute in 2002 codified Maryland’s need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center’s role and value with an annual statutory funding commitment through the State budget that is now at risk.

---

UNIVERSITY OF MARYLAND MEDICAL SYSTEM  
University of Maryland Medical Center • University of Maryland Medical Center Midtown Campus •  
University of Maryland Rehabilitation and Orthopaedic Institute • University of Maryland Baltimore Washington Medical Center •  
University of Maryland Shore Regional Health – University of Maryland Shore Medical Center at Easton -  
University of Maryland Shore Medical Center at Chestertown - University of Maryland Shore Medical Center at Dorchester –  
University of Maryland Shore Emergency Center at Queenstown •  
University of Maryland Charles Regional Medical Center • University of Maryland St. Joseph Medical Center •  
University of Maryland Upper Chesapeake Health System – University of Maryland Upper Chesapeake Medical Center -  
University of Maryland Harford Memorial Hospital •  
University of Maryland Capital Region Health – University of Maryland Bowie Health Center –  
Mt. Washington Pediatric Hospital

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27).

By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity. Please reverse the proposed elimination of the funding mandate for the Maryland Patient Safety Center and restore the \$1M in FY2026 funding for the Center.

Sincerely,



Michael Anne Preas, MS, RN, CPHQ, SPPS, CIC, FAPIC  
Vice President of Quality Management  
University of Maryland Medical System



February 24, 2025

I am writing to express our strong support for **\$1M in funding be included in the State budget for the Maryland Patient Safety Center (MPSC)**. Investing in the Maryland Patient Safety Center **saves lives and saves the state money**.

*Without this funding, there will be no organization to coordinate and support patient safety in Maryland, and this will have effects in other areas, including increased costs in Medicaid, longer hospitalizations, healthcare workforce burnout and attrition, and widening health equity gaps, especially for mothers and babies.* No State agency, or single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. Preventable harm in healthcare affects the physical, financial and emotional well-being of patients harmed. This has ripple effects across the entire healthcare system, exacerbating persistent capacity challenges and costs, and adversely impacts health equity.

The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget that is now at risk.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27).

By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Sincerely,



Debra Illig DHA, MBA, RN, CLNC, CPHQ, CPPS, LSSBB  
Vice President Clinical Effectiveness and Patient Safety

Board Member, Maryland Patient Safety Center  
Executive Committee of Board Member, Maryland Patient Safety Center

February 24, 2025

I am writing to express our strong support for **\$1M in funding be included in the State budget for the Maryland Patient Safety Center (MPSC)**. Investing in the Maryland Patient Safety Center **saves lives and saves the state money**.

*Without this funding, there will be no organization to coordinate and support patient safety in Maryland, and this will have effects in other areas, including increased costs in Medicaid, longer hospitalizations, healthcare workforce burnout and attrition, and widening health equity gaps, especially for mothers and babies.* No State agency, or single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. Preventable harm in healthcare affects the physical, financial and emotional well-being of patients harmed. This has ripple effects across the entire healthcare system, exacerbating persistent capacity challenges and costs, and adversely impacts health equity.

The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget that is now at risk.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27).

By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Sincerely,



Marcia Boyle  
Commissioner, Maryland Health Care Commission  
Maryland Patient Safety Center Board Member



February 22, 2025

Maryland State Council  
Safe Practice Safe Care

The Honorable Governor Wes Moore  
100 State Circle  
Annapolis, Maryland  
21401-1925

Re: Support letter in favor of restoring the \$1M funding in the FY2026 budget for the State's Maryland Patient Safety Center (MPSC)

Dear Governor Moore,

MPSC has been designated by the State as Maryland's patient safety center since 2004. The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget. This small investment in state funding for MPSC supports Maryland hospitals and healthcare organizations on critical initiatives that save lives, reduce healthcare costs, support our healthcare workforce, and ensure equitable access to safe care for all Marylanders.

As a trusted, independent organization, the Maryland Patient Safety Center can identify risks, analyze trends, and drive statewide safety improvements. No single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. With funding, the Maryland Patient Safety Center can rapidly identify trends, share solutions, prevent harm, and make Maryland's healthcare system safer for all—without adding regulatory burdens. By investing in MPSC, Maryland demonstrates its commitment to protecting patients, supporting healthcare professionals, and ensuring that every resident receives the highest standard of care.

Patients and healthcare organizations across the state benefit because of the Maryland Patient Safety Center:

- Supporting our healthcare workforce with a public relations campaign against healthcare workplace violence
- Supporting our efforts to reduce preventable harm and complications of care
- Improving safety and equity for mothers and babies
- Building capacity in our workforce for patient safety
- Supporting Maryland's Total Cost of Care (and new AHEAD) model by supporting reductions in avoidable complications, improving health equity, and furthering value-based care.

Emergency Departments have especially benefited from the MPSC's Emergency Department (ED) Patient Safety Education Series, which has addressed many of the contributing factors to Maryland having the unfortunate distinction of being the state identified by the Centers for Medicare and Medicaid, with the longest ED-wait times in the United States.

The MPSC has also tackled the biggest problem in the ED, which is workplace violence towards patients and staff members. After working closely with the Maryland Department of Health and other stakeholders, the MPSC just released the public service announcements on healthcare workplace violence prevention in January 2025. Three of Maryland's emergency nurses are prominently featured in the PSAs. Healthcare workers, per OSHA, account for 73% of violence related injuries requiring missed workdays. Workplace violence negatively impacts our ability to recruit future nurses and retain current nurses.

Without the \$1M back in their budget, the MPSC will not be able to continue to provide the critical level of support they provide to Maryland's healthcare workers and patients.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27). By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Thank you for your attention to this critical issue.

Sincerely,



Emily Dorosz, MSN, RN, CPEN, CPN – President  
On behalf of the Maryland Emergency Nurses Association  
[md.president@state.ena.org](mailto:md.president@state.ena.org)  
2418 Berry Thicket Ct. Waldorf, MD 20603  
914-671-5965

cc: The Honorable Eric Luedtke, Chief Legislative Officer  
Secretary Helene Grady, Department of Budget and Management  
Deputy Secretary Marc L. Nicole, Department of Budget and Management  
Ms. Stephanie Peditto, President and CEO, Maryland Patient Safety Center

February 18, 2025

Dear Committee Members:

I am writing to express our strong support for **restoring the \$1M in funding in the State budget for the Maryland Patient Safety Center (MPSC)** that was cut from the governor's proposed budget.

MPSC has been designated by the State as Maryland's patient safety center since 2004. The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget. This small investment in state funding for MPSC supports Maryland hospitals and healthcare organizations on critical initiatives that save lives, reduce healthcare costs, support our healthcare workforce, and ensure equitable access to safe care for all Marylanders.

As a trusted, independent organization, the Maryland Patient Safety Center can identify risks, analyze trends, and drive statewide safety improvements. No single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. With funding, the Maryland Patient Safety Center can rapidly identify trends, share solutions, prevent harm, and make Maryland's healthcare system safer for all—without adding regulatory burdens. By investing in MPSC, Maryland demonstrates its commitment to protecting patients, supporting healthcare professionals, and ensuring that every resident receives the highest standard of care.

Patients and healthcare organizations across the state benefit because the Maryland Patient Safety Center:

- Supports our healthcare workforce with a public relations campaign against healthcare workplace violence
- Supports our efforts to reduce preventable harm and complications of care
- Improves safety and equity for mothers and babies
- Builds capacity in our workforce for patient safety
- Supports Maryland's Total Cost of Care (and new AHEAD) model by supporting reductions in avoidable complications, improving health equity, and furthering value-based care.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27). By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Thank you for your attention to this critical issue. I would be happy to provide further information or connect you with MPSC representatives to discuss the impact of their work in greater detail.

Sincerely,  
Rhonda Malone Wyskiel, RN, MSN  
MPSC Board member

February 24, 2025

I am writing to express our strong support for **\$1M in funding be included in the State budget for the Maryland Patient Safety Center (MPSC)**. Investing in the Maryland Patient Safety Center **saves lives and saves the state money**.

*Without this funding, there will be no organization to coordinate and support patient safety in Maryland, and this will have effects in other areas, including increased costs in Medicaid, longer hospitalizations, healthcare workforce burnout and attrition, and widening health equity gaps, especially for mothers and babies.* No State agency, or single hospital, nursing home, or other facility can see the full picture of patient safety risks that occur across the state. Preventable harm in healthcare affects the physical, financial and emotional well-being of patients harmed. This has ripple effects across the entire healthcare system, exacerbating persistent capacity challenges and costs, and adversely impacts health equity.

The original statute in 2002 codified Maryland's need for a patient safety center. In 2022, the General Assembly reinforced the Maryland Patient Safety Center's role and value with an annual statutory funding commitment through the State budget that is now at risk.

We respectfully request that you:

- ✓ Strike language in the BRFA that removes the requirement for State funding of a patient safety center (page 48 in HB352/SB321)
- ✓ Restore the \$1M of funding for the State's patient safety center in the FY2026 budget (HB350/SB319, page 80, lines 22-27).

By improving patient safety and reducing medical errors, MPSC saves lives while protecting our health care workforce and ultimately enhancing economic productivity.

Sincerely,

*badia faddoul*

---

Badia Faddoul, DNP, RN, CPHQ  
MPSC, Board Member  
Executive Director, Quality and Safety  
Johns Hopkins Care at Home



# **2025 Legislative House Briefing\_final.pdf**

Uploaded by: Taofeek Owonikoko

Position: FWA



# UM Greenebaum Comprehensive Cancer Center (UMGCCC) Cigarette Restitution Fund Stewardship

Senate Budget and Taxation Committee  
- **Health and Human Services Subcommittee**  
House Appropriations Committee  
- **Health and Social Services Subcommittee**



**Taofeek K. Owonikoko MD, PhD**  
**Executive Director**





## Our Mission

Undertake **innovative basic, clinical, population and prevention research** that will impact the understanding and treatment of cancer around the world and to **provide state-of-the-art clinical care to cancer patients in Maryland and beyond**

- Our renewal application for NCI designation as a comprehensive cancer center comes due in 2026



UNIVERSITY of MARYLAND  
MARLENE AND STEWART GREENEBAUM  
COMPREHENSIVE CANCER CENTER

# Leveraging CRF support to turn hope into reality

## 208 Cancer Center Members

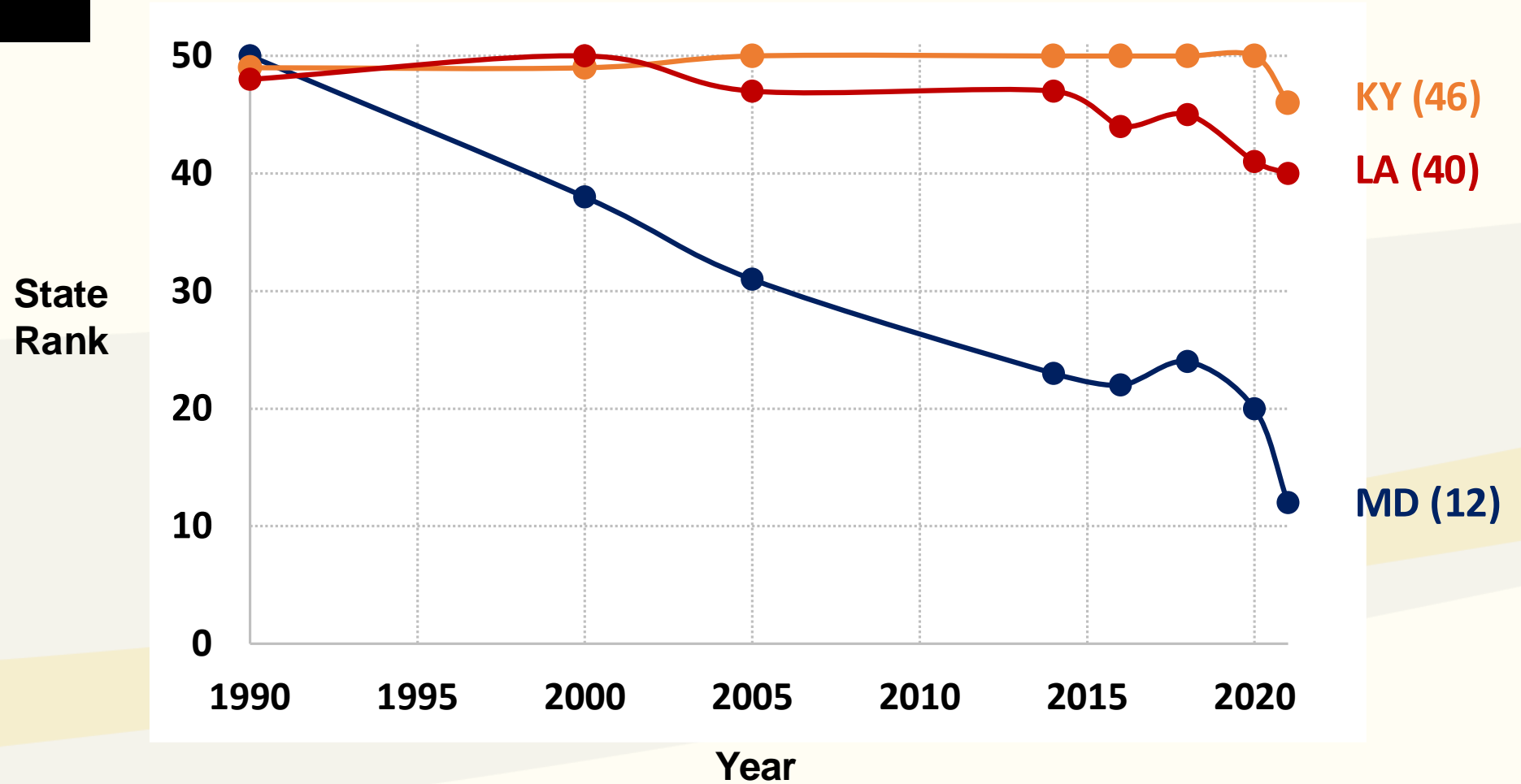
77% of members received funding from outside sources

- The strategic CRF investment in cancer led to dramatic improvement in cancer mortality across the state of Maryland
- Maryland has moved from the **worst in the nation** for cancer related deaths in 1990 to the **12th best in the nation** in 2021\*  
(\*Source CDC 2005-2020 data )
- UM Greenebaum Comprehensive Cancer Center (UMGCCC) provides state of the art multidisciplinary cancer care to patients throughout Maryland and beyond
- UMGCCC and its affiliates within the University of Maryland Cancer Network care for a quarter (8000 patients per year) of all newly diagnosed cancer patients in Maryland

# Progress in deaths caused by cancer in the state of Maryland

MD (50)  
KY (49)  
LA (48)

### Cancer Death Rate (State Rankings 1990-2021)



Source: [https://www.cdc.gov/nchs/pressroom/sosmap/cancer\\_mortality/cancer.htm](https://www.cdc.gov/nchs/pressroom/sosmap/cancer_mortality/cancer.htm)





- UM Greenebaum Cancer Center (UMGCCC) is one of only **57 comprehensive cancer centers** designated by the National Cancer Institute (NCI)
  - Highest level of distinction shared with prestigious cancer centers including MD Anderson, Harvard/Dana Farber, Memorial Sloan Kettering & Johns Hopkins
- NCI comprehensive cancer center designation typically granted for 5 years; UMGCCC was renewed in 2021 and due for renewal of its designation in 2026
- NCI-designated cancer centers expected to leverage investment from the state of Maryland, UMB, UMSOM, UMMS and Philanthropy to maintain designation
- Stability of Maryland's CRF investment has been critical for UMGCCC designation by the NCI as a comprehensive cancer center
- 100% cut in funding and the elimination of the State's ongoing statutory commitment is certain to jeopardize UMGCCC renewal of NCI designation in 2026

# How we compare: State support for NCI-designated cancer centers

State & 2024 population	Cancer Center	Annual State Support (FY24/25)	FY2026
Maryland 6,263,220	UM Greenebaum Comprehensive CC, Baltimore, MD	\$12,400,000	\$0
Virginia 8,811,195	UVA Comprehensive CC, Charlottesville, VA	\$22,500,000	Ongoing
	VCU Massey Comprehensive CC, Richmond, VA	\$25,000,000	Ongoing
North Carolina 11,046,024	UNC Lineberger Comprehensive CC, Chapel Hill, NC	\$59,500,000	Ongoing
Kentucky 4,588,372	UKY Markey Comprehensive CC Lexington, KY	\$20,000,000*	Ongoing

<https://www.masseycancercenter.org/news/massey-receives-record-investment-from-the-commonwealth/>; <https://unclineberger.org/wp-content/uploads/sites/867/2020/08/UCRF-Legislative-Report-FY-2024-UNC-Lineberger.pdf>; <https://www.fightcancer.org/2024-virginia-legislative-summary>; <https://nkytribune.com/2023/09/university-of-kentucky-markey-cancer-center-gets-designation-from-national-institutes-of-health/> \*additional support for NCI-designation renewal in FY24 on top of the original commitment of \$135M over 10 years.



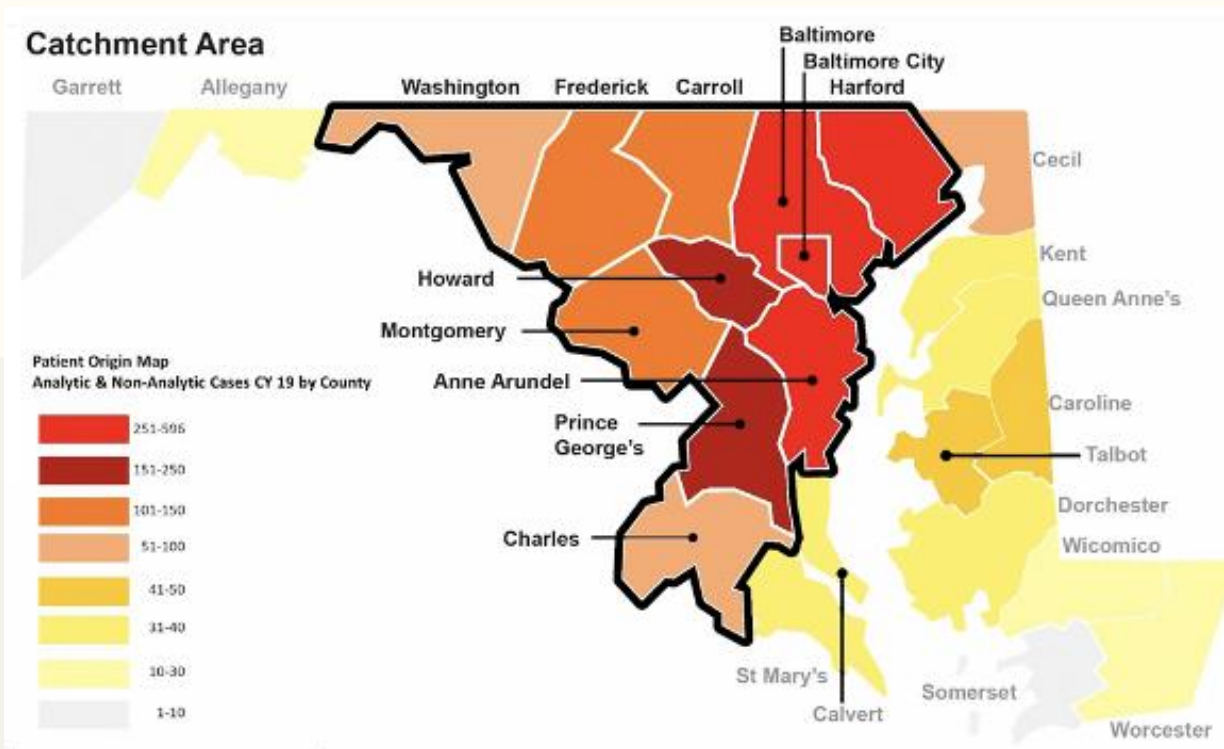


# What is at risk for UMGCCC without CRF support?

- **NCI Designation:** Renewal of UMGCCC designation as NCI-designated CCC is in jeopardy without state funding support
- **Clinical Trials:** Reduced capacity to conduct cutting-edge cancer clinical trials such as immunotherapy, CAR-T and transplant to benefit Marylanders
- **Loss of job-creating external funding and industry partnerships:** NCI designation loss would reduce external grant funding as well as industry partnerships (Ex: UMGCCC partnership with Astra Zeneca for lung cancer screening)
- **Recruitment:** Loss of competitiveness recruiting top researchers and leading cancer doctors to UMGCCC and the state of Maryland
- **Jobs:** 96 faculty and staff members engaged in cutting-edge research supported by CRF  
**(Need to cut 16 staff and reduce support for 16 faculty (physicians and researchers))**



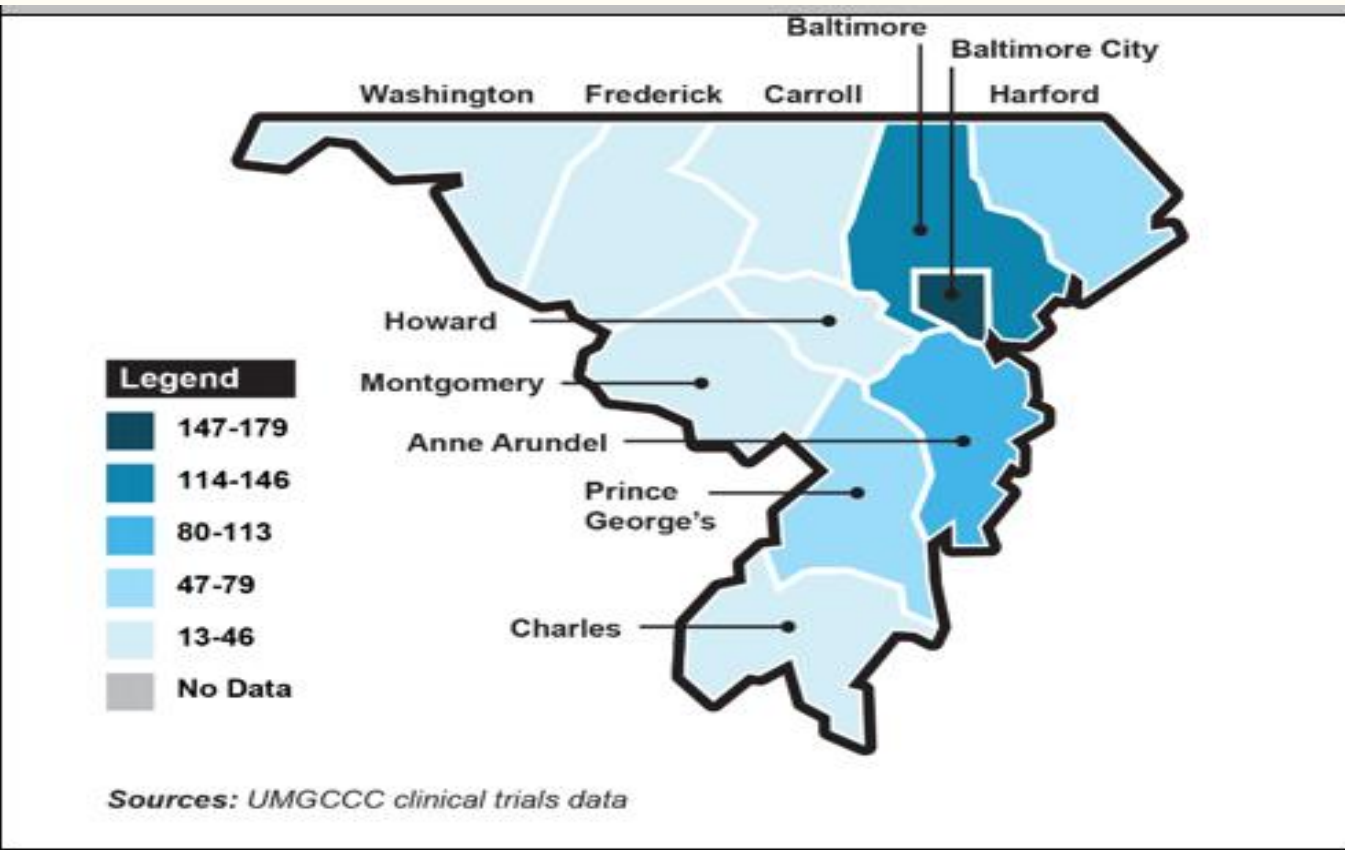
# UMGCCC serves the whole of Maryland



- 80% of patients treated at UMGCCC came from Baltimore city and more than 10 other Maryland counties
- This geographic area is home to 5.4m or 86% of all Maryland residents
- 32% African American/Black and 11% Hispanic/Latino

# Access to clinical trials of innovative therapies for Marylanders

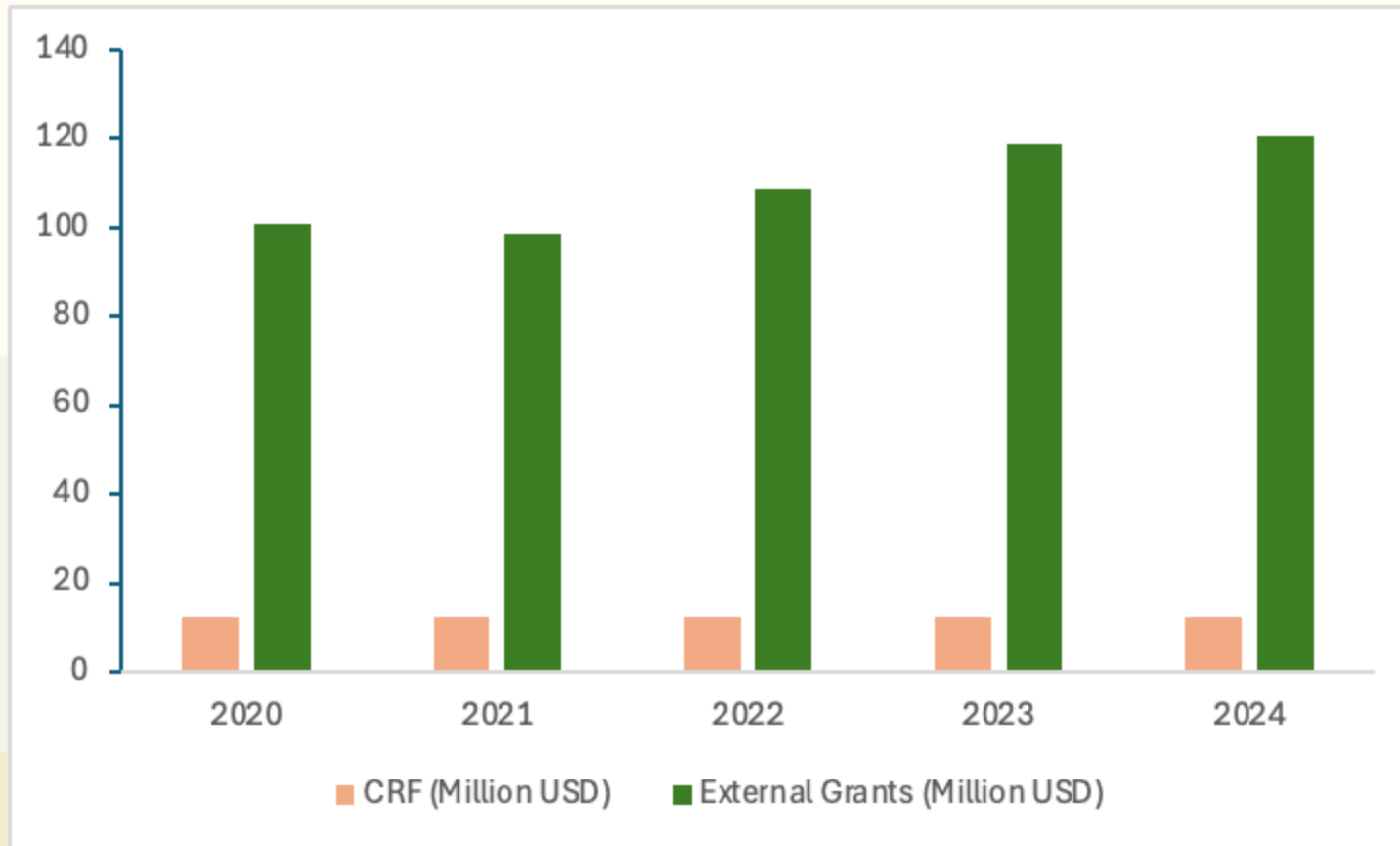
- Clinical trial is a major component of cancer especially for patients with advanced stages of cancer
- Patients on UMGCCC clinical trials come from across the entire state of Maryland
- **76% of participants** on UMGCCC clinical trials in 2023 were ethnic minorities (African American/Black, Asian, Hispanic)
- Nationally, **less than 10%** of clinical trial participants are of ethnic minority background



# Impact and ROI of CRF support of UMGCCC

- UMGCCC annual cancer research **funding from external sources has increased > 6-fold from \$19.4M in 2003 to \$119M in 2024**
- CRF support to UMGCCC over the past 2 decades catalyzed >\$1B in new external funds for clinical care, research, equipment and construction
- External research funding to UMGCCC creates and supports **hundreds of new high paying medical, tech and construction jobs** in Maryland in addition to saving countless lives
- CRF currently supports 96 faculty and staff who are critical to the infrastructure required for clinical trials and cutting-edge research

# Impact and ROI of CRF support of UMGCCC



- \$12.4m annual state investment attracted an additional \$119m in external research funding in 2024
- The last 5 years showed ~ 8x to 10x in ROI on the \$12.4M annual CRF allocation to UMGCCC
- More than \$119M in external research funding in 2024

# Impact of clinical trials by UMGCCC doctors

Nine highly effective life-saving drugs including CAR-T approved by the FDA for multiple myeloma (blood cancer) in the past decade were made available to Marylanders **~5-7 years ahead of FDA approval** due to CRF-supported infrastructures for clinical trials at UMGCCC

1. Lenalidomide
2. Pomalidomide
3. Bortezomib
4. Carfilzomib
5. Daratumumab
6. Selinexor
7. Panobinostat
8. Belantamab
9. Cell therapy: Ide-Cel (CAR-T)



# Impact of clinical trials by UMGCCC doctors

Eight highly effective life-saving drugs approved by the FDA for prostate, bladder and kidney cancers in the past decade were made available to Marylanders ~5-7 years ahead of FDA approval due to CRF-supported infrastructures for clinical trials at UMGCCC

1. Apalutamide
  2. Rucaparib
  3. Talazoparib
  4. Pluvicto (liquid radiation)
  5. Nivolumab and Nivolumab/Ipilimumab combination
  6. Cabozantinib
  7. Tivozanib
  8. Sacituzumab Govetacan - approved for advanced bladder cancer
- Approved for advanced prostate cancer
- Approved for advanced kidney cancer



CRF 2001-2024

# UMGCCC Impact for Marylanders



More than 180,000 Maryland cancer patients treated

**2.6 times the capacity of M&T stadium**



More than 120,000 Maryland cancer survivors

**2.6 times the capacity of Camden Yards**



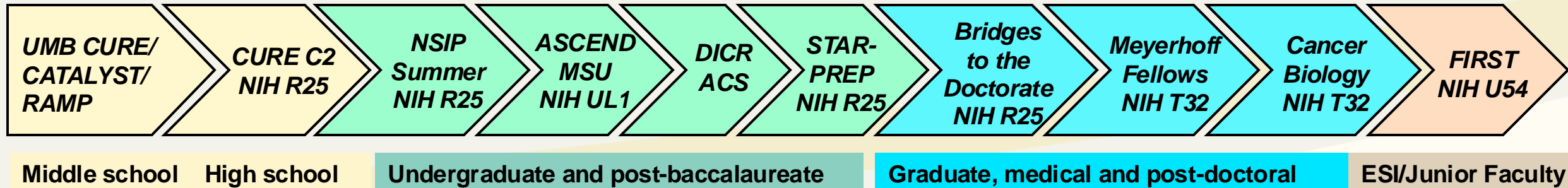
Cancer research training and education for the next generation

Nationally recognized as one of the strongest career pipeline development programs in the nation

*EXCITE* → *INFORM* → *EMPOWER*



**Pipeline Programs**





# CURE Scholars: Developing the pipeline of NexGen cancer experts

## Continuing Umbrella of Research Experiences (CURE) Scholars Program

- A required program by the NCI of all NCI-designated cancer centers
- UMB started the first CURE program in the US to begin with 6<sup>th</sup> graders in 2015
- Trained 138 scholars to date; funded through philanthropy and external funding from the NIH
- Provide year-round STEM support and wrap around services



*PBS – “From West Baltimore” documentary*

# CURE Scholars: Developing the pipeline of NexGen cancer experts

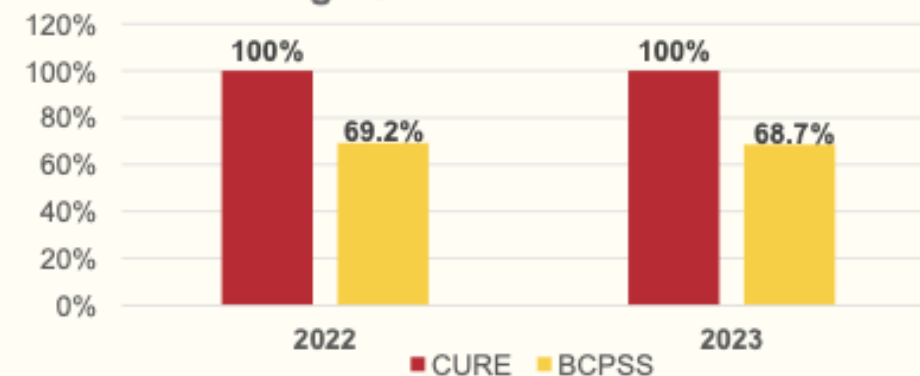
## Continuing Umbrella of Research Experiences (CURE) Scholars Program

- Superior achievement by CURE scholars graduating high school compared to Baltimore city public school students (BCPSS)
- 45 CURE alumni with 35 currently in college

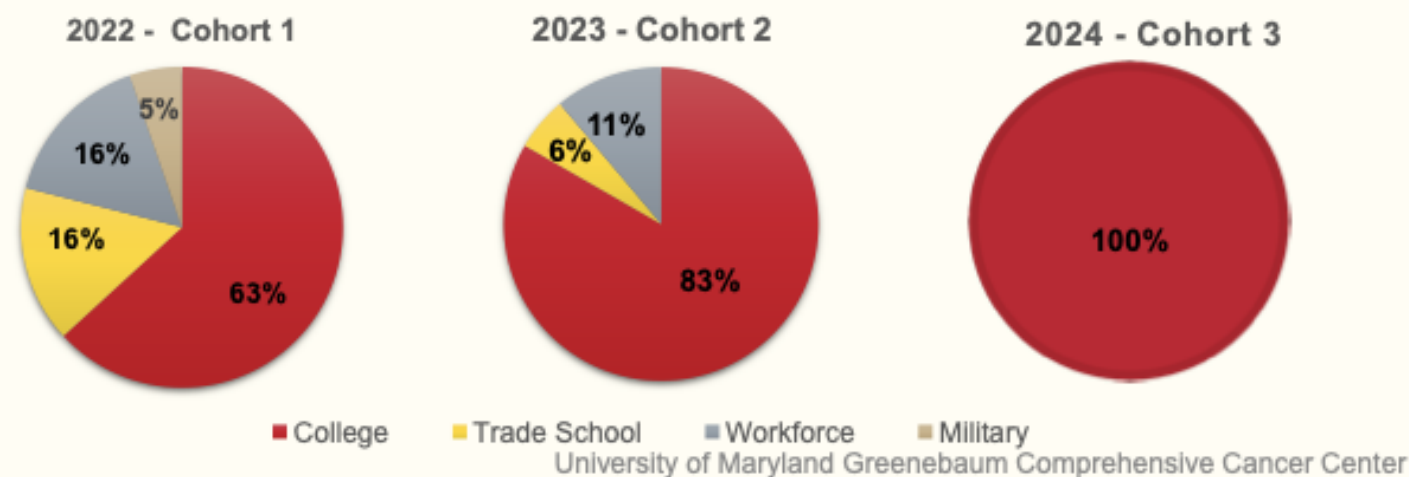
### CURE : Year-Round Engagement with students and parents



### High School Graduation Rate



### Career Path Post High School Graduation





# What is at risk without CRF? Staffing the new UMGCCC building

- State investment of \$100M in the new UMGCCC building slated for opening in Q3 2026
- 40% increased space and clinical capacity to take care of patients
- Dedicated facility for cutting edge treatment including immunotherapy, gene and cell therapy for cancer and sickle cell patients
- **Loss of CRF impairs our ability to attract expert physicians to take care of patients and fully realize the benefit of this investment**



**CRF Letter of Testimony to House\_02.25.25.pdf**

Uploaded by: Taofeek Owonikoko

Position: FWA



A Cancer Center Designated by the  
National Cancer Institute

February 25, 2025

The Honorable Delegate Ben Barnes  
Chair, House Appropriations Committee  
120 Taylor House Office Building  
Annapolis, Maryland 21401

The Honorable Delegate Vanessa E. Atterbeary  
Chair, Ways and Means Subcommittee  
Maryland General Assembly  
131 Taylor House Office Building  
Annapolis, MD 21401

### **Testimony for MDH - Prevention and Health Promotion Administration (M00F03) - Budget Hearing**

Dear Chairs Barnes and Atterbeary:

The FY 26 budget released this month reduces the CRF appropriation to the University of Maryland **from \$12.4M in FY25 to \$0.0 in FY26 and eliminates the legislative mandate to fund this critical cancer research going forward.** The **proposed reductions directly threaten the future of the Greenebaum Comprehensive Cancer Center**, which is now an essential resource to the citizens of Maryland.

In the more than 20-year history of the CRF, these funds have been used to build the infrastructure and recruit the faculty for one of the leading cancer research and treatment centers in the country. That CRF investment in infrastructure and faculty has permitted us to compete successfully for external research funding, now totaling more than \$100 million per year with a high-water mark of **\$119M in external research funding coming to the state of Maryland through the work of Greenebaum Cancer Center researchers and doctors in 2024.** That infrastructure now supports state of the art cancer treatment and innovative clinical trials for Marylanders. The infrastructure also supports critical basic research which has changed the understanding and treatment of cancer in Maryland and around the world. **Quite simply, the Greenebaum Comprehensive Cancer Center would not exist without the CRF.**

### **What CRF Means to UMGCCC & Marylanders**

- o The strategic investment of CRF in cancer led to dramatic improvement in cancer mortality across the state of Maryland; moving the state from the **worst in the nation for cancer related deaths in 1990** to the **12th best in the nation in 2021**.
- o Our Cancer Center's Mission is to undertake innovative basic, clinical, population and prevention research that will impact the understanding and treatment of cancer and to provide state-of-the-art clinical care to cancer patients in Maryland and beyond.
- o UM Greenebaum Cancer Center (UMGCCC) is one of only 57 comprehensive cancer centers designated by the National Cancer Institute (NCI). **This highest level of distinction made possible by the CRF support** is shared with prestigious cancer centers including MD Anderson, Harvard/Dana Farber, Memorial Sloan Kettering & Johns Hopkins.
- o UMGCCC renewal of its NCI designation as a comprehensive cancer center comes due in 2026. **The withdrawal of state CRF support for the cancer center puts UMGCCC designation in serious jeopardy.**
- o **UMGCCC cares for patients from the entire state of Maryland** (80% of our patients come from 10 different Maryland counties). More than 180,000 Maryland cancer patients come to UMGCCC for treatment (= 2.6 times the capacity of M&T stadium) and more than 120,000 Maryland are cancer survivors (= 2.6 times the capacity of Camden Yards) because of the highest-level care and expertise available to them at UMGCCC.
- o **UMGCCC provides Marylanders with access to innovative cancer treatment through clinical trials** conducted by our doctors. Majority of participants (>60%) treated on our trials are African Americans or Latinos, which means they get to use new cancer drugs 5-7 years ahead of FDA approval on average.
- o UMGCCC annual cancer research funding from external sources has increased > 6 folds from \$19.4M in 2002 to \$119M in 2024 as a direct result of the infrastructure that we built using CRF over the past 2 decades.
- o CRF support to UMGCCC over the past decade has catalyzed >\$1B in new external funds for clinical care, research, equipment, and construction – **more than 7-fold RETURN ON INVESTMENT.**
- o State funding and philanthropy assure the NCI that the people and government of the state value the cancer center and its impact. **Our neighboring states of Virginia and North Carolina provide higher levels of support to their comprehensive cancer centers** with UNC Lineberger Cancer Center receiving \$59M in 2024 while Virginia Commonwealth University Masey Cancer Center and the University of Virginia Cancer Center each received \$25M from the state of Virginia.

#### **What the Loss of the CRF Funding would mean to UMGCCC and Marylanders**

- i) Loss of high paying jobs with close to 100 physicians, research faculty and staff involved in research currently supported by the CRF allocation at risk of losing their jobs. **We will cut 20% of our current clinical trial staff (16 FTE)** through layoffs, attrition, and unfilled vacancies. We will **reduce the salary support for 15 cancer researchers and physicians**

- ii) We will have to **cut back significantly on our ability to offer clinical trials for Marylanders** especially those from our rural and minority communities who will then have to travel out of state to access innovative life-saving medicines
- iii) We are **not able to attract the best and brightest doctors to our state** to take care of our patients and create new life-saving cancer treatments
- iv) **Loss of the NCI Designation** due to the cost saving measures listed above
- v) **UMGCCC becomes less attractive to industry partners** putting our efforts in the community around early cancer detection and prevention in jeopardy resulting in cancer being diagnosed at late stages and higher cost of care. For instance, it costs 7 times as much per month to take care of a lung cancer patient diagnosed at the advanced stage versus a patient diagnosed with early-stage lung cancer. Therefore, reduced activity around early detection and prevention will negatively impact the economic outlook for the state.

**Our Request:**

1. We respectfully request the committee's support and action to **restore CRF funding to the two NCI-designated comprehensive cancer centers in the state of Maryland** to assure that the astounding progress achieved over the last 30 years in cancer outcomes for Marylanders will continue.
2. We respectfully request the committee's support and action in **reversing the proposed language in the FY26 BRFA** so that the word "shall" in the original language of the April 2000 SB 896/HB 1425 (FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program and a Cancer and Tobacco-Related Diseases Prevention, Identification, and Treatment Program in the Department of Health and Mental Hygiene; providing that the programs **SHALL** be funded as provided in the State budget 7 with money from the Cigarette Restitution Fund) is preserved. This is critical to ensure that the state continues the use of CRF for the purpose for which it was intended – to achieve a better future for Marylanders afflicted with cancer.

Yours respectfully,



Taofeek K. Owonikoko, MD, PhD  
Greenebaum Professor of Oncology  
Executive Director,  
UM Greenebaum Comprehensive Cancer Center  
Senior Associate Dean for Cancer Program,  
University of Maryland School of Medicine  
Associate Vice President,  
University of Maryland, Baltimore  
22 S. Greene Street, Suite N9E22  
Baltimore, MD 21201

**CRF Letter of Testimony to House\_02.25.25.pdf**

Uploaded by: Taofeek Owonikoko

Position: FWA





A Cancer Center Designated by the  
National Cancer Institute

February 25, 2025

The Honorable Delegate Ben Barnes  
Chair, House Appropriations Committee  
120 Taylor House Office Building  
Annapolis, Maryland 21401

The Honorable Delegate Vanessa E. Atterbeary  
Chair, Ways and Means Subcommittee  
Maryland General Assembly  
131 Taylor House Office Building  
Annapolis, MD 21401

### Testimony for Budget Reconciliation and Financing Act of 2025

Dear Chairs Barnes and Atterbeary:

The FY 26 budget released this month reduces the CRF appropriation to the University of Maryland **from \$12.4M in FY25 to \$0.0 in FY26 and eliminates the legislative mandate to fund this critical cancer research going forward.** The **proposed reductions directly threaten the future of the Greenebaum Comprehensive Cancer Center**, which is now an essential resource to the citizens of Maryland.

In the more than 20-year history of the CRF, these funds have been used to build the infrastructure and recruit the faculty for one of the leading cancer research and treatment centers in the country. That CRF investment in infrastructure and faculty has permitted us to compete successfully for external research funding, now totaling more than \$100 million per year with a high-water mark of **\$119M in external research funding coming to the state of Maryland through the work of Greenebaum Cancer Center researchers and doctors in 2024.** That infrastructure now supports state of the art cancer treatment and innovative clinical trials for Marylanders. The infrastructure also supports critical basic research which has changed the understanding and treatment of cancer in Maryland and around the world. **Quite simply, the Greenebaum Comprehensive Cancer Center would not exist without the CRF.**

#### What CRF Means to UMGCCC & Marylanders

- The strategic investment of CRF in cancer led to dramatic improvement in cancer mortality across the state of Maryland; moving the state from the **worst in the nation for cancer related deaths in 1990** to the **12th best in the nation in 2021.**

- o Our Cancer Center’s Mission is to undertake innovative basic, clinical, population and prevention research that will impact the understanding and treatment of cancer and to provide state-of-the-art clinical care to cancer patients in Maryland and beyond.
- o UM Greenebaum Cancer Center (UMGCCC) is one of only 57 comprehensive cancer centers designated by the National Cancer Institute (NCI). **This highest level of distinction made possible by the CRF support** is shared with prestigious cancer centers including MD Anderson, Harvard/Dana Farber, Memorial Sloan Kettering & Johns Hopkins.
- o UMGCCC renewal of its NCI designation as a comprehensive cancer center comes due in 2026. **The withdrawal of state CRF support for the cancer center puts UMGCCC designation in serious jeopardy.**
- o **UMGCCC cares for patients from the entire state of Maryland** (80% of our patients come from 10 different Maryland counties). More than 180,000 Maryland cancer patients come to UMGCCC for treatment (= 2.6 times the capacity of M&T stadium) and more than 120,000 Maryland are cancer survivors (= 2.6 times the capacity of Camden Yards) because of the highest-level care and expertise available to them at UMGCCC.
- o **UMGCCC provides Marylanders with access to innovative cancer treatment through clinical trials** conducted by our doctors. Majority of participants (>60%) treated on our trials are African Americans or Latinos, which means they get to use new cancer drugs 5-7 years ahead of FDA approval on average.
- o UMGCCC annual cancer research funding from external sources has increased > 6 folds from \$19.4M in 2002 to \$119M in 2024 as a direct result of the infrastructure that we built using CRF over the past 2 decades.
- o CRF support to UMGCCC over the past decade has catalyzed >\$1B in new external funds for clinical care, research, equipment, and construction – **more than 7-fold RETURN ON INVESTMENT.**
- o State funding and philanthropy assure the NCI that the people and government of the state value the cancer center and its impact. **Our neighboring states of Virginia and North Carolina provide higher levels of support to their comprehensive cancer centers** with UNC Lineberger Cancer Center receiving \$59M in 2024 while Virginia Commonwealth University Masey Cancer Center and the University of Virginia Cancer Center each received \$25M from the state of Virginia.

#### **What the Loss of the CRF Funding would mean to UMGCCC and Marylanders**

- i) Loss of high paying jobs with close to 100 physicians, research faculty and staff involved in research currently supported by the CRF allocation at risk of losing their jobs. **We will cut 20% of our current clinical trial staff (16 FTE)** through layoffs, attrition, and unfilled vacancies. We will **reduce the salary support for 15 cancer researchers and physicians**
- ii) We will have to **cut back significantly on our ability to offer clinical trials for Marylanders** especially those from our rural and minority communities who will then have to travel out of state to access innovative life-saving medicines
- iii) We are **not able to attract the best and brightest doctors to our state** to take care of our patients and create new life-saving cancer treatments

- iv) **Loss of the NCI Designation** due to the cost saving measures listed above
- v) **UMGCCC becomes less attractive to industry partners** putting our efforts in the community around early cancer detection and prevention in jeopardy resulting in cancer being diagnosed at late stages and higher cost of care. For instance, it costs 7 times as much per month to take care of a lung cancer patient diagnosed at the advanced stage versus a patient diagnosed with early-stage lung cancer. Therefore, reduced activity around early detection and prevention will negatively impact the economic outlook for the state.

**Our Request:**

1. We respectfully request the committee's support and action to **restore CRF funding to the two NCI-designated comprehensive cancer centers in the state of Maryland** to assure that the astounding progress achieved over the last 30 years in cancer outcomes for Marylanders will continue.
2. We respectfully request the committee's support and action in **reversing the proposed language in the FY26 BRFA** so that the word "shall" in the original language of the April 2000 SB 896/HB 1425 (FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program and a Cancer and Tobacco-Related Diseases Prevention, Identification, and Treatment Program in the Department of Health and Mental Hygiene; providing that the programs **SHALL** be funded as provided in the State budget 7 with money from the Cigarette Restitution Fund) is preserved. This is critical to ensure that the state continues the use of CRF for the purpose for which it was intended – to achieve a better future for Marylanders afflicted with cancer.

Yours respectfully,



Taofeek K. Owonikoko, MD, PhD  
Greenebaum Professor of Oncology  
Executive Director, UM Greenebaum Comprehensive Cancer Center  
Senior Associate Dean for Cancer Program,  
University of Maryland School of Medicine  
Associate Vice President,  
University of Maryland, Baltimore  
22 S. Greene Street, Suite N9E22  
Baltimore, MD 21201

**CRF Letter of Testimony to House\_02.25.25.pdf**

Uploaded by: Taofeek Owonikoko

Position: FWA



A Cancer Center Designated by the  
National Cancer Institute

February 25, 2025

The Honorable Delegate Ben Barnes  
Chair, House Appropriations Committee  
120 Taylor House Office Building  
Annapolis, Maryland 21401

The Honorable Delegate Vanessa E. Atterbeary  
Chair, Ways and Means Subcommittee  
Maryland General Assembly  
131 Taylor House Office Building  
Annapolis, MD 21401

### Testimony for Budget Reconciliation and Financing Act of 2025

Dear Chairs Barnes and Atterbeary:

The FY 26 budget released this month reduces the CRF appropriation to the University of Maryland **from \$12.4M in FY25 to \$0.0 in FY26 and eliminates the legislative mandate to fund this critical cancer research going forward.** The **proposed reductions directly threaten the future of the Greenebaum Comprehensive Cancer Center**, which is now an essential resource to the citizens of Maryland.

In the more than 20-year history of the CRF, these funds have been used to build the infrastructure and recruit the faculty for one of the leading cancer research and treatment centers in the country. That CRF investment in infrastructure and faculty has permitted us to compete successfully for external research funding, now totaling more than \$100 million per year with a high-water mark of **\$119M in external research funding coming to the state of Maryland through the work of Greenebaum Cancer Center researchers and doctors in 2024.** That infrastructure now supports state of the art cancer treatment and innovative clinical trials for Marylanders. The infrastructure also supports critical basic research which has changed the understanding and treatment of cancer in Maryland and around the world. **Quite simply, the Greenebaum Comprehensive Cancer Center would not exist without the CRF.**

#### What CRF Means to UMGCCC & Marylanders

- The strategic investment of CRF in cancer led to dramatic improvement in cancer mortality across the state of Maryland; moving the state from the **worst in the nation for cancer related deaths in 1990** to the **12th best in the nation in 2021.**

- o Our Cancer Center’s Mission is to undertake innovative basic, clinical, population and prevention research that will impact the understanding and treatment of cancer and to provide state-of-the-art clinical care to cancer patients in Maryland and beyond.
- o UM Greenebaum Cancer Center (UMGCCC) is one of only 57 comprehensive cancer centers designated by the National Cancer Institute (NCI). **This highest level of distinction made possible by the CRF support** is shared with prestigious cancer centers including MD Anderson, Harvard/Dana Farber, Memorial Sloan Kettering & Johns Hopkins.
- o UMGCCC renewal of its NCI designation as a comprehensive cancer center comes due in 2026. **The withdrawal of state CRF support for the cancer center puts UMGCCC designation in serious jeopardy.**
- o **UMGCCC cares for patients from the entire state of Maryland** (80% of our patients come from 10 different Maryland counties). More than 180,000 Maryland cancer patients come to UMGCCC for treatment (= 2.6 times the capacity of M&T stadium) and more than 120,000 Maryland are cancer survivors (= 2.6 times the capacity of Camden Yards) because of the highest-level care and expertise available to them at UMGCCC.
- o **UMGCCC provides Marylanders with access to innovative cancer treatment through clinical trials** conducted by our doctors. Majority of participants (>60%) treated on our trials are African Americans or Latinos, which means they get to use new cancer drugs 5-7 years ahead of FDA approval on average.
- o UMGCCC annual cancer research funding from external sources has increased > 6 folds from \$19.4M in 2002 to \$119M in 2024 as a direct result of the infrastructure that we built using CRF over the past 2 decades.
- o CRF support to UMGCCC over the past decade has catalyzed >\$1B in new external funds for clinical care, research, equipment, and construction – **more than 7-fold RETURN ON INVESTMENT.**
- o State funding and philanthropy assure the NCI that the people and government of the state value the cancer center and its impact. **Our neighboring states of Virginia and North Carolina provide higher levels of support to their comprehensive cancer centers** with UNC Lineberger Cancer Center receiving \$59M in 2024 while Virginia Commonwealth University Masey Cancer Center and the University of Virginia Cancer Center each received \$25M from the state of Virginia.

#### **What the Loss of the CRF Funding would mean to UMGCCC and Marylanders**

- i) Loss of high paying jobs with close to 100 physicians, research faculty and staff involved in research currently supported by the CRF allocation at risk of losing their jobs. **We will cut 20% of our current clinical trial staff (16 FTE)** through layoffs, attrition, and unfilled vacancies. We will **reduce the salary support for 15 cancer researchers and physicians**
- ii) We will have to **cut back significantly on our ability to offer clinical trials for Marylanders** especially those from our rural and minority communities who will then have to travel out of state to access innovative life-saving medicines
- iii) We are **not able to attract the best and brightest doctors to our state** to take care of our patients and create new life-saving cancer treatments

- iv) **Loss of the NCI Designation** due to the cost saving measures listed above
- v) **UMGCCC becomes less attractive to industry partners** putting our efforts in the community around early cancer detection and prevention in jeopardy resulting in cancer being diagnosed at late stages and higher cost of care. For instance, it costs 7 times as much per month to take care of a lung cancer patient diagnosed at the advanced stage versus a patient diagnosed with early-stage lung cancer. Therefore, reduced activity around early detection and prevention will negatively impact the economic outlook for the state.

**Our Request:**

1. We respectfully request the committee's support and action to **restore CRF funding to the two NCI-designated comprehensive cancer centers in the state of Maryland** to assure that the astounding progress achieved over the last 30 years in cancer outcomes for Marylanders will continue.
2. We respectfully request the committee's support and action in **reversing the proposed language in the FY26 BRFA** so that the word "shall" in the original language of the April 2000 SB 896/HB 1425 (FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program and a Cancer and Tobacco-Related Diseases Prevention, Identification, and Treatment Program in the Department of Health and Mental Hygiene; providing that the programs **SHALL** be funded as provided in the State budget 7 with money from the Cigarette Restitution Fund) is preserved. This is critical to ensure that the state continues the use of CRF for the purpose for which it was intended – to achieve a better future for Marylanders afflicted with cancer.

Yours respectfully,



Taofeek K. Owonikoko, MD, PhD  
Greenebaum Professor of Oncology  
Executive Director, UM Greenebaum Comprehensive Cancer Center  
Senior Associate Dean for Cancer Program,  
University of Maryland School of Medicine  
Associate Vice President,  
University of Maryland, Baltimore  
22 S. Greene Street, Suite N9E22  
Baltimore, MD 21201

# **LOS-Massey Cancer Center Director.pdf**

Uploaded by: Taofeek Owonikoko

Position: FWA



January 20, 2025



RE: Support of Funding for University of Maryland Greenebaum Comprehensive Cancer Center

Virginia Commonwealth University  
**VCU Massey Comprehensive  
Cancer Center**

Dear Honorable Delegates and Senators of the Maryland General Assembly,

Office of the Director  
401 College Street  
Box 980037  
Richmond, Virginia 23298-0037  
Phone: 804-628-1897

It is with great pleasure that I write a letter of strong support for funding for the University of Maryland Greenebaum Comprehensive Cancer Center. I am the director and Lipman Chair in Oncology at the NCI-designated Virginia Commonwealth University (VCU) Massey Comprehensive Cancer Center (Massey), senior associate dean for cancer innovation, and a professor of pulmonary disease and critical care medicine at the VCU School of Medicine.

[masseycancercenter.org](http://masseycancercenter.org)

Of the more than 800 named cancer centers in the US, only 72 have attained the level of accomplishments and impact required to merit the highly coveted NCI-designation. The Comprehensive Cancer Centers designation is currently awarded to the top cancer centers that have demonstrated the required depth and breadth of research along with a well-coordinated program in cancer prevention, cancer control, and population science. This leading pack of comprehensive cancer centers includes our own state supported VCU Massey Comprehensive Cancer Center, the University of Maryland Greenebaum Comprehensive Cancer Center (UMGCCC), and the University of North Carolina Lineberger Comprehensive Cancer Center.

---

**Robert A. Winn, M.D.**  
Director, VCU Massey Comprehensive  
Cancer Center  
Senior Associate Dean for Cancer  
Innovation, VCU School of Medicine  
Professor, Division of Pulmonary Disease  
and Critical Care Medicine  
Lipman Chair in Oncology

Critical to the NCI-designation for state-supported cancer centers like Massey, UNC Lineberger, and UMGCCC is the requirement to show unmistakable evidence of strong financial support by the state. Such support assures the NCI that the cancer center can attract the best minds and establish and sustain a robust infrastructure needed to deliver cutting-edge patient care and research to impact the community. I am proud to highlight the massive support by Gov. Glenn Youngkin and the Virginia General Assembly with a [major increase in annual funding](#) for Massey Cancer Center to \$25 million in FY 2024 from the previous target of \$20 million. This increased financial support brings us a step closer to the high watermark of [\\$59.5 million in annual state funding](#) provided by the North Carolina General Assembly to the UNC Lineberger Comprehensive Cancer Center in FY 2024.

The continuing support of UMGCCC by the Governor and the Maryland General Assembly through the long-standing annual Cigarette Restitution Fund (CRF) appropriation will enable the cancer center to maintain its status as an NCI-designated cancer center, its national reputation and attraction as a research powerhouse and a leader in innovative cancer care that has delivered unprecedented benefit to the residents of the state.

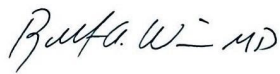
It is well-established that NCI-designated cancer centers attain superior outcomes for patients due to the recruitment of leading clinical experts and researchers working together to develop innovative treatment against cancers. Cancer centers also positively impact the local economy of the host community with extremely high ROI driven by the research work conducted at the center and high paying jobs supported by the grant.

Physicians and faculty recruited to UMGCCC with the support of the CRF appropriated fund attracted more than \$90 million in grant funds from external sources awarded in 2024 for ~ 8-fold ROI. The new \$320 million UMGCCC currently under construction in the heart of Baltimore will

double UMGCCC's clinical space in 2026 and increase the capacity to meet the growing needs of Marylanders by more than 40%. The need for innovative cancer treatment remains enormous, and the latest American Cancer Society statistics showing incidences of many cancer types on the rise, especially among women and younger adults further highlights the need for ongoing investment in cancer care delivery. This progress can only continue with your strong and sustained support that enables UMGCCC to improve the quality of life and health outcomes for all Marylanders.

In summary, support of UMGCCC by the state of Maryland is a necessary and worthy investment in the health of all Marylanders. Thank you and I will be happy to provide any additional information necessary to aid your process.

Sincerely,



Robert Winn, MD  
Director, Massey Comprehensive Cancer Center

**BRFA - UMMS - Health-Non DDA.pdf**

Uploaded by: Will Tilburg

Position: FWA



**TO:** Chair Barnes, and Members, House Appropriations Committee  
Chair Atterbeary, and Members, House Ways and Means Committee

**FROM:** Kristin J. Bryce  
Senior Vice President and Chief External Affairs Officer  
University of Maryland Medical System

**DATE:** February 25, 2025

**RE:** House Bill 352 – Budget Reconciliation and Financing Act of 2025 – Health – Non-DDA

---

The University of Maryland Medical System (UMMS) appreciates the opportunity to comment on House Bill 352 – Budget Reconciliation and Financing Act of 2025, and support with bill with the following amendments.

- 1. Statewide Academic Health Center Cancer Research Grants.** The BRFA eliminates FY26 funding (\$12.4m) from the Cigarette Restitution Fund (CRF) for Cancer Research at the University of Maryland Greenebaum Comprehensive Center (UMGCCC) and makes the funding discretionary (as opposed to mandatory) in future years. In the more than 20-year history of the CRF, these funds have been used to build the infrastructure and recruit faculty for one of the leading cancer research and treatment centers in the country. The investment of these dollars had led to dramatic improvement in cancer mortality – moving Maryland from worst in the nation for cancer related deaths in 1990 to 12<sup>th</sup> best in the nation in 2021. This investment has also helped the UMGCCC leverage federal and other external sources of cancer research funding totaling \$119m in 2024. The UMGCCC is one of only 57 comprehensive cancer centers in the nation to receive the highest level designation from the National Cancer Institute (NCI). The elimination of this funding in FY26 and the mandate moving forward jeopardize the progress made in the fight against this deadly disease on behalf of all Marylanders. UMMS requests that the Committees reject the proposed reduction and the elimination of mandatory funding moving forward.

2. **Medicaid Hospital Deficit Assessment** – The BRFA increases the Medicaid Hospital Deficit Assessment by \$50m in each of FY25 and FY26. This increase runs counter to the State’s efforts in recent years to pay down the Medicaid Hospital Deficit Assessment in the interest of protecting the State’s unique hospital all-payer rate setting system. However, in recognition of the current State fiscal forecast and significant budget pressures coming from the federal government, UMMS supports the increased assessment if the full amount of the assessment is processed as a pass-through and does not rely on hospital operating funds.
3. **Establishment of the Medicaid Primary Care Program Fund** – The BRFA establishes the Medicaid Primary Care Program Fund to “serve as the foundation for advancing primary care in the State under the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model.” UMMS supports the goals of the AHEAD Model and the creation of this Fund, but requests that the Maryland Department of Health (MDH) amend the proposed language to recognize that funding from the State’s acute general hospitals is one-time in nature.

UMMS respectfully requests favorable consideration of the comments submitted above.

For more information, please contact:  
Kristin J. Bryce  
SYP & Chief External Affairs Officer  
University of Maryland Medical System  
[KBryce@umm.edu](mailto:KBryce@umm.edu)

# **OMM Testimony.pdf**

Uploaded by: Abhisneha Jones

Position: UNF

My name is Abhisneha Jones and I am a Junior at Northwest High School in Germantown, Maryland. I am here today to express my deep concern over proposed budget cuts to mental health resources in schools. Rooted in Positive Youth Development principles, Our Minds Matter is a non-profit organization working towards a day where no teen dies by suicide by supporting student-led clubs like mine. As a dedicated advocate for student mental health, I proudly serve as a leader of Jag Minds Matter- our school's chapter of this movement. However, the proposed budget cuts to school mental health services will have a direct and devastating impact on my peers, my community, and me. Supporting teen mental health and preventing suicide is an issue that has no party affiliation. It is a collective priority, and we must dedicate the necessary resources to strengthen our efforts. By working together, we can save lives lost to suicide and improve the well-being of youth like myself. Thus, I am here today to oppose the cuts to the Community Supports Partnership Fund in the BRFA bill hearings.

According to the Children's Behavioral Health Coalition, More than 36% of Maryland high school students have reported feeling persistently sad or hopeless, and 18% of those students have seriously considered suicide. A few years ago, I was part of that 18%. I struggled with my mental health to the point where I had to be hospitalized, and when it was time to return to school, I was terrified of how I would adjust. Fortunately, the mental health resources at my school such as access to therapy, mental health clubs, and safe spaces- made the transition easier and gave me the necessary support I needed to flourish. But I know I am not alone in this struggle. I have seen so many of my peers battle anxiety, depression, and overwhelming stress, often unsure where to turn. Without those resources, I don't know where I would be today, and I fear for students who won't have the same support if funding is cut.

Participating in Jag Minds Matter has taught me valuable coping strategies such as guided breathing exercises and journaling. I have also seen firsthand how the club positively impacts my school's culture by fostering open conversations about mental health and creating a community. However, funding cuts to the Community Supports Partnership Fund compromise opportunities for my club and similar programs across Maryland, including those in middle schools. Without this support, students may lose access to essential mental health resources, such as Our Minds Matter clubs and other vital services they rely on.

This issue is deeply personal to me as someone recovering from mental health challenges. Clubs like Jag Minds Matter provide support systems that teach students healthy coping mechanisms, create safe spaces for open conversations, and reduce the stigma surrounding mental health. Without these resources, many students-myself included- would struggle to find accessible support.

Beyond my personal experience, this issue also affects my broader community. Mental health challenges are widespread, especially among young people, and the lack of early intervention resources can lead to long-term consequences. Schools should be places where students feel supported, not where they must navigate mental health struggles alone. Cutting funding for programs like these risks leaving countless students without the help they need, further deepening disparities in mental health care access. By protecting these resources we can ensure that every student- regardless of their circumstances- has the tools they need to thrive.



Mental health support in schools is not a luxury- it's a necessity. Cutting the Community Supports Partnership Fund would mean fewer safe spaces for students to seek support, fewer opportunities to learn healthy coping strategies and a greater risk of young people struggling in silence. We cannot afford to let this happen. I urge you to prioritize student well-being by preserving the Community Supports Partnership Fund. Restoring this funding is an investment in our future, ensuring that every student has the opportunity to succeed.

Sincerely,

Abhisneha Jones

Student at Northwest High School

[abhisnehaj@gmail.com](mailto:abhisnehaj@gmail.com)

# **Our Minds Matter BRFA Opposition Testimony, Chase**

Uploaded by: Chase Pantezzi

Position: UNF

## **Testimony in Opposition to the cut in the Community Supports Partnership Fund under the BRFA**

My name is Chase Pantezzi and I am a 2023 alum of Quince Orchard High School in Gaithersburg. From 2019 through 2023, I facilitated more than forty club meetings and planned several school-wide initiatives as the club President of Cougar Minds Matter (a chapter of Our Minds Matter). Rooted in Positive Youth Development (PYD) principles, Our Minds Matter is a non-profit organization working toward a day where no teen dies by suicide by supporting student-led clubs like mine that positively impact student well-being and school culture around mental health. Supporting teen mental health and preventing teen suicide is a cause that unites us all, *regardless of party affiliation*. **It is a collective priority, and we must dedicate the necessary resources to strengthen our efforts. By working together, we can save lives lost to suicide and improve the well-being of youth like myself paving the way for a healthier and more prosperous future.**

**Thus, I am writing in opposition to cuts to the Community Supports Partnership Fund in the BRFA bill hearings.**

**My experience with mental health has been the most significant and introspective journey of my life.** As a freshman in high school, I began to realize that increasing anxiety and self-comparison tendencies impacted myself and my peers to a great extent. Due to familial challenges and perfectionistic habits, I found myself struggling to have an outlet to cope and care for myself. Many friends discussed with me similar feelings they had due to the overwhelm they experienced as the pressure of student life in a complicated world weighed on them. **Limited mental health resources, a lack of awareness, and a disconnection with the present halted us from reaching our potential, both academically and socially-emotionally.**

By happenstance, I attended the pilot meeting of the Our Minds Matter program in Montgomery County Public Schools at Quince Orchard and began to realize the empowerment and safe spaces this club could provide. I became increasingly involved in my club, becoming President amidst the challenges of the pandemic and holding weekly Zoom meetings to foster connection and coping skills in such a trying time. I continued this work throughout the rest of my high school career and attended many events, such as Our Minds Matter events in Washington, D.C. to shine a spotlight on mental health and leadership summits to further my development as a leader. **My outlook on life has undergone significant change since my introduction to the mental health community.** My connection to Our Minds Matter is the strongest relationship I have had with any organization and has given me opportunities to collaborate with other mental health organizations, such as Lady Gaga's Born This Way Foundation. This experience has led me to

pursue a dual degree in Clinical Psychology and Child Study & Human Development at Tufts University and create a plan to address a mental health issue on campus with Active Minds.

My participation in Cougar Minds Matter has taught me invaluable healthy coping strategies, such as journaling and guided breathing exercises, and I have witnessed the club's positive impact on my school culture, such as creating spaces for open conversations about mental health. **My personal growth as an advocate, leader, and friend is immeasurable. However, funding cuts to the Community Supports Partnership Fund will comprise opportunity for my club and mental health leaders like me moving forward across Maryland, including in middle schools, to maintain access to upstream prevention mental health resources like Our Minds Matter clubs and many other resources students rely on.**

**This issue is vital to my community, the future of mental health advocacy, and, therefore, the mental health of the Maryland people.** People now know that there are resources they can rely on and friends to turn to for compassion in times of need. They are able to support themselves with positive coping skills and attain a range of other positive mental health outcomes. **Please do not cut the Community Supports Partnership Fund program. It plays a vital role in supporting teens like me and countless others, strengthening our mental well-being and helping us thrive. Thank you for considering the needs of students like myself. Restoring this funding is an investment in our future, ensuring that every student has the opportunity to succeed.**

Sincerely,

Chase Pantezzi  
19 year old student  
Gaithersburg, Maryland  
Phone: 301-956-9061  
E-mail: chasepantezzi@gmail.com

**CHRC testimony\_Feb 20 2025\_FINAL.pdf**

Uploaded by: Hope Gleicher

Position: UNF

**Testimony to MD House Appropriations Committee re HB352 and Senate Budget and Taxation Committee re  
SB321 requesting funds be restored to the Community Supports Partnership Fund  
February 20, 2025**

As the founding Executive Director of [Identity](#) and long-time Program Director, we are writing to request restoration of funding to the Community Supports Partnership Fund (CSPF) which supports work through the MD Coordinated Community Supports Partnerships program. Funding helps Identity clients who need emotional support, but not necessarily clinical therapy, manage difficult emotions such as anxiety and despair and build coping skills that will serve them for life. Reduced funding will harm students by severely limiting access to behavioral supports and tools.

The CSPF was established amidst worsening behavioral health of children and youth across the country, which accelerated during the pandemic. In 2022-23, 28% of Maryland high school students reported that their mental health was not good most of the time or always, and 24% of middle school students reported that they had seriously considered suicide. It was an urgent challenge in Montgomery County, as well. In the county's most recent Health Survey, mental health was identified by county residents as the most important issue impacting health and wellbeing, with both young adult (ages 18-34) and Latino residents ranking it as their most pressing health concern (DHHS, 2022). In a recent survey of 61,000 MCPS students, respondents listed social-emotional and mental health difficulties such as stress and anxiety among their top concerns (MCPS, 2023).

With an FY24 MD Community Health Resources Commission (CHRC) grant, Identity has been able to mount an impressive response, expanding non-clinical emotional support from five to ten schools (added Albert Einstein, Magruder, Northwood, Quince Orchard and Rockville high schools). We will serve approximately 500 additional students in grades 9-12 during the 18-month grant period as well as provide 500 school staff training to improve their knowledge of the impact of adverse childhood experiences. In the first six months alone, Identity has been able to serve:

- 217 students participated in eight session Encuentros non-clinical emotional support groups
- 87 family members also participated in eight session Encuentros nonclinical emotional support groups
- 69 upduplicated students/families in ten session Botvin Life Skills groups aimed at supporting students' mental health, enhancing their decision making skills and promoting healthier lifestyles. This curriculum is especially focused on preventing substance misuse and risky behaviors while building essential life skills.
- 171 school staff participated in ACE Interface trainings

The programming Identity is delivering and hopes to continue delivering to students and their families is equipping them to manage their emotional health. As one of our external evaluators, Dr. Amy Lewin, Associate Professor, University of Maryland School of Public Health, wrote, "The results . . . have been nothing short of jaw-dropping. . . In our decades of experience conducting program evaluation research, we have never seen such dramatic and meaningful results from a behavioral intervention."

With the FY26 funding that is now in jeopardy, we would be able to work with almost 1200 youth and parents. Please support full funding of the Community Supports Partnership Fund which will allow organizations like Identity to sustain and expand delivery of nonclinical emotional support, life skills, substance abuse prevention and trauma awareness programming at high need public schools.

Respectfully,

Diego Uriburu  
Executive Director  
Identity

[duriburu@identity-youth.org](mailto:duriburu@identity-youth.org)

Carolyn Camacho  
Program Director  
Identity

[ccamacho@identity-youth.org](mailto:ccamacho@identity-youth.org)







# **ASHA Comments on MD HB 352 Budget Reconciliation.p**

Uploaded by: Susan Adams

Position: UNF



1925-2025  
Legacy. Impact. Possibilities.

February 25, 2024

The Honorable Ben Barnes  
Chair, House Appropriations  
Maryland General Assembly  
120 Taylor House Office Building  
Annapolis, MD 21401

The Honorable Vanessa Atterbeary  
Chair, House Ways and Means  
Maryland General Assembly  
130 Taylor House Office Building  
Annapolis, MD 21401

RE: House Bill 352

Dear Delegate Barnes, Delegate Atterbeary, and Members of the Committees:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express concerns with HB 352, which would transfer \$720,938 from the State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists Fund to the Behavioral Health Administration. This Board plays a critical role in protecting the public and ensuring the highest standards of care in our state.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 4,350 ASHA members reside in Maryland.<sup>1</sup>

This Board is responsible for:

- Licensing and regulating audiologists and SLPs to ensure that professionals have the necessary qualifications and training to provide safe and effective services
- Investigating complaints and taking disciplinary action to protect consumers from unqualified or unethical practitioners
- Enforcing ethical standards and continuing education requirements to promote ongoing professional development and ensuring that practitioners stay up to date with the latest advancements in their fields.

Cutting the Board's budget would have serious consequences. This would result in:

- Reduced oversight and enforcement, leading to an increase in unqualified practitioners and a decline in the quality of care
- Slower processing of licenses, which would create delays for professionals seeking to practice in our state, potentially impacting access to care
- Weakened consumer protection, which could leave vulnerable individuals at risk of harm from unqualified or unethical practitioners.

These professionals play a vital role in helping individuals of all ages overcome communication challenges and improve their quality of life. Employment is projected to grow 11% for audiologists and 18% for SLPs from 2023 to 2033.<sup>2,3</sup> At a time when the need for audiology and speech-language pathology services is growing, particularly for children and seniors, it is crucial that we invest in the Board, not cut its funding.

ASHA urges you to reject these proposed budget cuts and instead provide the Board with the resources it needs to fulfill its important mission.

Thank you for your consideration of ASHA's position. If you or your staff have any questions, please contact Susan Adams, ASHA's director of state legislative and regulatory affairs, at [sadams@asha.org](mailto:sadams@asha.org).

Sincerely,



A. B. Mayfield-Clarke, PhD, CCC-SLP  
2025 ASHA President

---

<sup>1</sup> American Speech-Language-Hearing Association. (2023). *Maryland* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-fliers/maryland-state-flyer.pdf>

<sup>2</sup> U.S. Bureau of Labor Statistics. (n.d.). *Occupational Outlook Handbook: Audiologists*. <https://www.bls.gov/ooh/healthcare/audiologists.htm>

<sup>3</sup> U.S. Bureau of Labor Statistics. (n.d.). *Occupational Outlook Handbook: Speech-Language Pathologists*. <https://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm>

# **APTA MD 2025 Testimony - Letter of Concern - House**

Uploaded by: JD Sheppard

Position: INFO

# APTA Maryland

## Board of Directors

### President

Roy Film, PT, DPT, MPT

### Vice President

Monique Caruth PT, DPT

### Secretary

Danah Jack, PT, DPT

### Treasurer

Krista Frederic, PT, DPT

### Director for Community Engagement

Clarisse Labor, PT, DPT

### Director for Diversity, Equity, and Inclusion

Orsam Ahmed, PT, DPT

### Director for Education

Kiley Gibbs, PT, DPT

### Director for Government Relations

Linda Horn, PT, DScPT

### Director for Practice

Ryan Smith, PT, DP

### Early Career Representative

Carolina Rodriguez, PT, DPT

### Representative at Large

Melissa Reinhardt, PT, MSPT

### Chief Delegate

Michael Ukoha, PT, DP

### PTA Council Representative

Tim Russell, PTA

### Our Vision

*Transforming the diverse communities in Maryland to advance health and wellness by optimizing movement and function across the lifespan.*

February 27, 2025

The Honorable Ben Barnes, Chair  
House Appropriations Committee  
House Office Building  
Annapolis, Maryland 21401

The Honorable Vanessa Atterbeary, Chair  
House Ways & Means Committee  
House Office Building  
Annapolis, Maryland 21401

## RE: House Bill 352– Budget Reconciliation and Financing Act of 2025

### Position: Letter of Concern with Amendment

Dear Chairs Barnes and Atterbeary,

**The American Physical Therapy Association Maryland is writing to register our concern with a provision of House Bill 352, specifically page 131, lines 5-6.** As the professional association for physical therapy professionals in Maryland, we have significant concerns with the proposed transfer of \$473,055 from the State Board of Physical Therapy Examiners Fund to the Behavioral Health Administration within the Maryland Department of Health.

### 1. Potential Deficit from Rising Operational Expenses:

Statute §13–207 states that the State Board of Physical Therapy Fund shall be used to cover the Board's actual documented direct and indirect costs of fulfilling the statutory and regulatory duties of the Board as provided by the provisions of this article. Transferring \$473,055 could leave the Board underfunded, especially with rising operational expenses in Maryland. Costs like salaries, facility maintenance, and regulatory activities may escalate, creating a potential budget shortfall.

### 2. Impact on Licensing Fees:

The fees charged shall be set to approximate the cost of maintaining the Board. If the removal of funds results in a deficit, the Board may have no choice but to increase fees to maintain its operations and ensure compliance with statutory obligations. This could potentially deter physical therapists and physical therapist assistants from pursuing licensure in Maryland and add to the state's health care workforce deficits by countering efforts to attract a robust workforce.

### 3. Delayed Licensing and Regulatory Management System (LRMS) Project:

After the APTAMD brought concerns from their membership about, for example not being able to upload continuing education hours certificates of completion into the digital license renewal application, the Board of Physical Therapy Examiners shared that they were looking into replacing an aging technology system to improve processes for license applications, compact privileges, renewal applications, and dry needling registration. The revenue loss could delay this project, affecting the

licensees and the public's expectation of the Board's ability to deliver efficient and timely services—a critical factor in retaining and supporting the growing workforce.

4. **Workforce and Staffing Challenges:**

With a growing physical therapy workforce and aging technology, the Board could face difficulties retaining staff or hiring additional personnel. Limited resources might lead to burnout among existing staff and hinder efforts to expand operations or improve regulatory oversight.

5. **Decision-Making Process for Revenue Removal:**

Transparency is key. Understanding how the decision was made, including the criteria and calculations used to determine which boards' revenues were to be taken and in what amounts, is essential. This information could shed light on the rationale behind the transferring of funds and ensure accountability.

6. **Involvement of the Board of Directors and Executive Director:**

It is critical to determine whether the Board of Directors and the Executive Director were consulted or notified in advance about the transfer of funds. Charged with being fiscally responsible, their involvement is essential, as they are best positioned to assess the potential impact on staffing, projects, and daily operations. Lack of communication could indicate a governance gap in decision-making.

**For the reasons noted above we strongly urge that House Bill 352 be AMENDED to STRIKE lines 5-6 on page 131 thereby restoring the \$473,055 for purposes of preserving and advancing the physical therapy workforce!**

Sincerely,

*Roy Film*

Roy Film, PT, DPT, MPT  
President, APTA Maryland