

# HealthPort

Testimony on House Bill 772:

Workgroup on Behavioral Health Rate Methodology Modernization - Establishment

House Health Committee

February 25, 2026

POSITION: FAVORABLE

My name is Amber Copeland, and I am a Vice President at HealthPort, a community-based behavioral health provider, providing comprehensive care, including psychiatric rehabilitation, outpatient counseling, substance use disorder treatment (including medication-assisted treatment), and primary care services to residents on the Lower Eastern Shore of Maryland. HealthPort strongly supports HB772 because it strengthens Maryland's rate study process by ensuring independence, transparency, and meaningful provider participation. It improves the process. It does not mandate automatic rate increases. It ensures that rate-setting is clear, data-informed, and grounded in operational reality.

At HealthPort, we serve approximately 1884 individuals each year through (OMHC services, CCBHC services, outpatient therapy, psychiatric rehabilitation, medication management, crisis response, etc.). We are experiencing real operational strain.

**Workforce vacancies and recruitment challenges:** Integrating workforce vacancies with the realities of a competitive rural landscape requires a strategy that balances aggressive recruitment with sustainable compensation packages. The challenge of "unfillable" roles in a rural market creates a compounding crisis: as vacancies remain open despite daily effort, the remaining staff burns out, increasing the risk of even more turnover.

**Administrative complexity not reflected in reimbursement:** Administrative complexity (compliance, reporting, credentialing) is essentially unfunded labor. By developing a robust leadership structure, we absorb those costs at the agency level to protect the frontline. As a result, clients are served fully and efficiently. This creates a thinner margin, as reimbursement rates remain flat while the cost of multiple layers of support rises. Without this structure, the unfillable roles would remain vacant forever, and existing staff would likely fail under the combined weight of client needs and administrative tasks.

Current reimbursement does not reflect the full cost of delivering care. We have absorbed increased costs related to supervision, compliance, documentation, and reporting. These requirements are necessary, but they depend on staffing and infrastructure that are not accounted for in the current rates.

Providers delivering care every day should have a formal role in informing how rates are studied and developed. HB772 ensures that providers have a seat at the table so that the methodology reflects the actual cost of delivering services in Maryland communities.

For these reasons, I respectfully request a favorable report on HB772.

# HealthPort

Sincerely,  
Amber Copeland, DSW, LCSW-C  
Vice President  
HealthPort  
443-944-6468