COMMUNITY BEHAVIORAL HEALTH ASSOCIATION OF MARYLAND

Testimony on House Bill 772:
Workgroup on Behavioral Health Rate Methodology Modernization - Establishment
House Health Committee
February 25, 2026
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) strongly supports House Bill 772 because Maryland's behavioral health rate-setting process needs to be independent, transparent, and grounded in the real-world experience of the providers delivering care every day. When rates do not reflect the actual cost of providing services, access suffers, workforce pressures increase, and the State's broader behavioral health goals become harder to achieve. HB772 creates a clear, data-driven pathway to modernize that process. We respectfully urge a favorable report.

CBH represents 95 community-based behavioral health providers across Maryland, including Outpatient Mental Health Centers (OMHCs) and Certified Community Behavioral Health Clinics (CCBHCs) serving individuals who access services through the public behavioral health system in every region of the State.

Maryland law has required an independent, cost-driven rate study for community behavioral health services since 2017. That work is now underway, and we appreciate that the Department has moved it forward. However, HB772 strengthens the process in two important ways:

1. **It formalizes meaningful provider participation.**
   Consultation is not the same as participation. Providers need a defined seat at the table when methodology is being shaped, cost drivers are being identified, and implementation options are being evaluated. On paper, many policy ideas look reasonable. In practice, they can unintentionally destabilize outpatient systems. HB772 ensures that operational realities are part of the analysis from the start.

2. **It ensures independence and transparency.**
   Rate-setting directly affects whether providers can sustain services and whether Marylanders can access care. Housing this work within an independent structure at MHCC adds an important layer of objectivity and public accountability. That independence strengthens confidence in the final recommendations, regardless of where the data ultimately leads.

Outpatient behavioral health providers are the backbone of Maryland's system. When reimbursement does not reflect supervision requirements, workforce costs, regulatory obligations, and geographic variation:

- Vacancy rates increase.
- Access delays worsen.
- Emergency departments become default entry points.
- Crisis investments cannot function as intended.

Modernizing methodology is not about inflating rates. It is about aligning payment with the actual cost of delivering evidence-based outpatient care and creating a process that providers and the State can both trust. HB772 builds on existing rate study efforts and establishes guardrails to ensure the work is collaborative, independent, and implementable.

For these reasons, CBH respectfully requests a favorable report on House Bill 772.

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