



## Board of Directors 2025 - 2027

### President

**Connie Dausch, MS, LCPC, NCC**

Acadia Healthcare

Connie.Dausch@ctcprograms.com

### Recording Secretary

**Dana Madden, MA, LCPC**

Johns Hopkins/Bayview

DMadden4@jhmi.edu

### Treasurer

**Babak Imanoel, D.O.**

Northern Parkway Treatment

Services, BH Health Services

BabakImanoel@gmail.com

### National AATOD Liaison

**Kenneth Stoller, MD**

Johns Hopkins Hospital

Board of Directors - AATOD

KStolle@jhmi.edu

### Immediate Past President

**Teron Powell, DHA**

Silverman Treatment Solutions

TPowell@addictionmedical.net

### Past President

**Vickie Walters, LCSW-C**

IBR/REACH

VWalters@IBRInc.org

### Past President

**Howard Ashkin, MMH, PsA**

MedMark Treatment Centers

HAshkin@MedMark.com



Mailing Address

c/o Dr. Babak Imanoel

3126 Enclave Court

Pikesville, MD 21208



[www.matod.org](http://www.matod.org)

*MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.*

*Employer and institutional affiliations are provided for identification purposes only and do not convey employer and institutional positions*

## Workgroup on Behavioral Health Rate Methodology Modernization – Establishment House Bill 772

House Health Committee

February 25, 2026

**POSITION: SUPPORT**

The Maryland Association for the Treatment of Opioid Dependence (MATOD) 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. MATOD respectfully urges a favorable report.**

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, HB 772 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. HB 772 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 Mental Health and Addiction treatment system.** When reimbursement does not reflect workforce costs, supervision requirements, 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. HB 772 builds on existing rate study efforts and establishes guardrails to ensure the work is collaborative, independent, and implementable.

For these reasons, MATOD respectfully urges a favorable report on House Bill 772.