



Testimony on SB 522
Behavioral Health Programs – Licensing and Fees
Senate Finance Committee
February 18, 2020
POSITION: OPPOSE

The Community Behavioral Health Association of Maryland is the professional organization for providers of community-based mental health and substance use disorder treatment services. Our members serve the majority of the almost-300,000 children and adults who access care through the public behavioral health system. We provide outpatient treatment, residential and day programs, case management and assertive community treatment (ACT), employment supports, and crisis intervention.

We oppose SB 522 for three reasons: it applies licensure fees in an inequitable manner; it provides no parameters or safeguards for the use of money collected, and may actually result in the unintended consequence of keeping substandard providers in business, and; it falsely presumes that providers of behavioral health services are detrimental to the communities they serve.

Unlike other behavioral health providers who may have one or two licensed facilities, mental health organizations most often provide multiple service lines, all of which would be subject to a separate and distinct licensure fee under this legislation. Many of our members have developed hundreds of thousands of dollars' worth of low-income housing which they use to provide residential rehabilitation program (RRP) services to those with psychiatric disabilities. Each RRP location – regardless of the number of clients it houses – would be subject to this licensure fee, as would apartments leased by our members for the same purpose. There are CBH members with over 60 distinct licenses, covering the various service lines and locations of programs. Clearly mental health providers would be subject to a much larger amount of licensure fees than other behavioral health programs that operate only a handful of facilities and service lines. And this is on top of the significant cost of national accreditation now required for licensure of behavioral health organizations.

We also object to the idea of having organizations pony up license fees that may go to providing improvements to other organizations they compete with – and which may have the unintended consequence of propping up substandard providers at the expense of quality providers. Communities have the right to expect providers to be good neighbors, and our member organizations often invest in personnel and activities that benefit their surrounding communities. If an organization is not acting as a good neighbor, then steps should be taken to sanction or close that provider, depending on the nature and severity of the problems. It should not be incumbent on private organizations to financially offset the practices of organizations that have no regard for the quality of their services or of the well being of the communities in which they operate.

Finally, we are concerned that behavioral health programs are singled out as the only entities subject to the requirements of SB 522. Those with mental health and substance use disorders have long been stigmatized. The underlying assumption of this bill is that organizations serving this population are detrimental to their communities. The reality is that communities suffer when there isn't adequate access to behavioral health treatment and services.

We urge an unfavorable report on SB 522.