SB101 - Collaborative Care Testimony.pdf
Uploaded by: Abigail Snyder
Position: FAV

BALTIMORE JEWISH COUNCIL

Written Testimony

Senate Bill 101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion
Senate Finance Committee - January 31, 2023

Support

Background: Senate Bill 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

Written Comments: The Baltimore Jewish Council represents The Associated: Jewish Federation of Baltimore and all of its agencies. This includes Jewish Community Services (JCS), which offers programs and services for people of all ages and backgrounds, helping them achieve their goals, enhance their wellbeing, and maximize their independence. JCS' experienced licensed clinical social workers, counselors, psychologists, and psychiatric providers currently provide therapy and medication management to a large population of clients with both commercial and public insurance. Over 180 of these clients have Medicaid (this is a subset of the total number of clients treated).

In addition to therapy and medication management services, JCS has implemented Patient Care Connection (PCC), a grant-funded model with many similarities to Collaborative Care. Through PCC, JCS currently serves 99 clients with the potential to serve many more. In anticipation of the grant termination, JCS is planning to transition the Medicare clients to a CoCM model to maintain continuity of care. Clients with Medicaid, however, may face termination if the legislature does not pass Senate Bill 101 expanding Medicaid coverage to CoCM. This outcome would be detrimental to current and future Medicaid clients who benefit greatly from these services.

CoCM is a patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings. It has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

By integrating behavioral health care into primary care, patients consistently demonstrate improved mental health and compliance with medical regimens; therefore, yielding improved health outcomes, reducing unnecessary hospitalization or higher intensity levels of care, and saving healthcare costs. **For these reasons, the Baltimore Jewish Councils asks for a favorable report on SB101.**

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.

BALTIMORE JEWISH COUNCIL
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MD Addiction Directors Council - 2023 SB 101 FAV -

Uploaded by: Ann Ciekot

Position: FAV

Maryland Addiction Directors Council

Senate Bill 101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Senate Finance Committee

January 31, 2023

TESTIMONY IN SUPPORT

Maryland Addiction Directors Council represents SUD and Dual Recovery outpatient and residential providers in Maryland. MADC members provide over 1,200 residential beds across the State and advocate for quality SUD and Dual Recovery outpatient and residential treatment.

MADC supports SB 101, which will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

MADC believes CoCM provides an important, evidence-based source of treatment for Maryland Medicaid clients. The Covid pandemic saw a significant increase in the need for behavioral health treatment while drug overdose continues to claim the lives of Marylanders. All avenues to integrated treatment should be mobilized to provide treatment and save lives.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, Maryland Addiction Directors Council urges this committee to pass SB 101.**

MDDCSAM - 2023 SB 101 FAV - Collaborative Care - S

Uploaded by: Ann Ciekot

Position: FAV

Maryland-DC Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

Senate Bill 101 - Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

SUPPORT

Senate Finance Committee

January 31, 2023

The Maryland-DC Society of Addiction Medicine supports Senate Bill 101, which will make the ongoing financial support for the Maryland Medical Assistance Collaborative Care Model Service statewide. Research studies as well as local pilot programs at our University Hospitals and local medical practices have demonstrated superior patient outcomes when services are combined. Patients benefit by receiving recommended screenings, coordinated care with better management of chronic medical and serious mental health conditions, substance abuse treatment and treatment of infectious diseases.

This coordinated care model involves a team approach by several specialties and streamlines the delivery of care, providing a "one stop shop" access for patient convenience. It allows for direct communication among healthcare professionals and is a more holistic approach than traditional fragmented care where the patient may be seen in any number of locations by several providers who often have difficulty communicating with one another. This model not only improves patient care delivery, it saves money, promotes provider satisfaction and benefits the community at large.

Patients who receive primary care and behavioral health treatment in one place have better outcomes. Patients who receive treatment for their mental health and substance use disorders are able to reintegrate and become contributing members of their communities. Treatment of infectious diseases and substance use disorders also decreases spread of infections and expensive hospitalizations for consequences of ongoing active substance abuse.

In short support of this bill benefits everyone. We urge a favorable report.

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SB 101_Maryland Coalition of Families_Fav.pdf
Uploaded by: Ann Geddes
Position: FAV

SB 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Committee: Finance
Date: January 31, 2022
POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF strongly supports SB 101.

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

The Collaborative Care Model (CoCM) is an evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model includes:

1. care coordination
2. psychiatric consultation
3. measurement tracking

CoCM has been shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalizations and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

The need for the Collaborative Care Model is greater than ever. The mental health of people has dramatically worsened in the wake of the COVID pandemic. Adults saw an increase in rates of

depression from 6% to 25% from 2019 to 2021.[i1] Emergency department visits for potential suicidality for youth aged 12-17 increased 39% from 2019 to 2021.[2] The United States and Maryland are experiencing a mental health crisis, and this is especially true of youth.

While there is increasing need for youth mental health treatment, there are significant barriers to getting that treatment:

- There is a tremendous shortage of child and adolescent psychiatrists. Currently there are some 7,000 practicing child and adolescent psychiatrists, and it is estimated that the nation requires 30,000 to adequately meet the needs of children and adolescents.
- There is stigma associated with seeking out mental health services. Families of youth can be reluctant to seek care in specialty mental health treatment settings.
- There is mistrust of psychiatric practitioners.
- There are logistical barriers to seeking out specialty care – more appointments can mean more lost time from work and more costs.

For these reasons, less than half of pediatric patients referred for off-site specialty mental health services from primary care ever see a specialist within the following six months. Providing mental health care in a primary care setting is the solution to these barriers.

Indeed, currently, children and adolescents who do receive mental health services are usually cared for in primary care settings**. More than one-half of pediatric primary care visits address mental health problems, and pediatricians write 85% of psychotropic medication prescriptions for youth.[3]**

Yet mental health conditions in youth can be difficult to diagnose and prescribed treatment can frequently be less than successful. Pediatricians report challenges to providing quality mental health care:

- Lack of mental health training
- Insufficient time
- Lack of knowledge about community mental health resources
- Inadequate reimbursement

The CoCM, by pairing a primary care provider with a care coordinator, providing psychiatric consultation, measuring progress, and ensuring adequate reimbursement solves these concerns.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, Maryland Coalition of Families urges this committee to pass SB 101.**

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[1] Centers for Disease Control and Prevention, National Center for Health Statistics (November 2022). Anxiety and Depression.

[2] Centers for Disease Control and Prevention (June 2021). Emergency Department Visits for Suspected Suicide Attempts among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic – United States, January 2019-May 2021.

[3] Goodwin, R. etal, "Prescriptions of Psychotropic Medications to Youth Office-Based Practice, American Psychiatric Association (2001)

Contact: Ann Geddes
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SB101 - Johns Hopkins - Support.pdf
Uploaded by: Annie Coble
Position: FAV

JOHNS HOPKINS
UNIVERSITY & MEDICINE
Government and Community Affairs

SB101
Favorable

TO: The Melony Griffith, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs

DATE: January 31, 2023

RE: SB101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation And Reimbursement Expansion

Johns Hopkins supports **SB101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion**. This bill continues and expands the collaborative care pilot program created during the 2018 legislative session. Collaborative care models have been demonstrated to improve outcomes in individuals with chronic medical illnesses and depression treated in primary care settings.

Johns Hopkins has significant expertise in research and treatment of behavioral health disorders, offering a broad range of intensities of services and modalities of care. Our Department of Psychiatry is consistently ranked among the very top programs in the United States for clinical care according to U.S. News and World Report. Across The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, we experience over 275,000 annual inpatient and outpatient behavioral health visits each year. As one of the largest behavioral health providers in the state, we witness firsthand the devastating impact these problems have on individuals, their families and the communities we serve. We are constantly exploring new options to meet the behavioral health needs of our patients and have implemented components of the collaborative care model in several of our programs.

Both the medical literature and experience indicate that only a fraction (20% or less depending on the study) of patients with commonly occurring behavioral health problems receive care from a mental health specialist. The majority of these individuals present to primary care providers, creating a tremendous opportunity to enhance the delivery of mental health services in primary care settings. Embedding mental health in primary care helps close the gap on mental health disparities by making mental health services more accessible and less stigmatizing, as well as building upon an already trusting relationship between the patient and their primary care provider.

In addition, individuals with behavioral health problems often suffer from chronic medical conditions and have significantly increased health care costs. Treatment costs for patients with both chronic medical and behavioral health conditions can be 2-3 times higher than those who have only a medical condition.[1] Embedding mental health treatment within the primary care setting improves the health and well-being of individuals with behavioral health issues and presents a tremendous opportunity to reduce the costs.[2]

1 Milliman American Psychiatric Report, *Economic Impact of Integrated Medical-Behavioral Healthcare*, page 4.

2 Woltmann E, Grogan-Kaylor A, Perron B, Georges H, Kilbourne AM, Bauer MS. *Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings: systematic review and meta-analysis*. 169 Am. J. Psychiatry 2012, 790-804.

The Collaborative Care Model is embedded in primary care. Johns Hopkins delivers quality primary care in the community through Johns Hopkins Community Physicians (JHCP). The team of 1,500 health care providers delivers a myriad of services across 40 different locations from general checkup, treatment for a minor illness, family planning or more specialized care. This demonstrates the value of having an integrated care system created through the Collaborative Care Model.

For the above reasons, Johns Hopkins urges a favorable report on SB101. We note, however, that under Maryland Medicaid's current bifurcated system of care, where MCOs (managed care organizations) are responsible for general medical care and an ASO (administrative service organization) is responsible for behavioral health care, the collaborative care model may not be able to achieve its full potential without special funding and treatment.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB101**.

SB 101_PJC_FAVORABLE_FIN.pdf
Uploaded by: Ashley Black
Position: FAV

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SB 101
Maryland Medical Assistance Program – Collaborative Care Model Services Implementation and Reimbursement Expansion
Hearing of The Senate Finance Committee
January 31, 2023
1:00 PM

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. **PJC strongly supports SB 101**, which would require the Maryland Department of Health to expand access to and provide reimbursement for services provided in accordance with the Collaborative Care Model under the Maryland Medical Assistance Program (Medicaid).

The Collaborative Care Model is an evidence-based and patient-centered care model that integrates both primary care and behavioral health care. This team-based approach recognizes that most individuals with behavioral health conditions ranging from mild to moderate initiate their care in primary care settings. Through this model, individuals with behavioral health conditions receive care coordination and management, consistent treatment and care monitoring, behavioral health case review and consultations. Adopting the Collaborative Care Model would allow Maryland to serve individuals with behavioral health conditions in the community, thus reducing unnecessary hospitalizations and preserving scarce resources in higher intensity levels of care.

We thank the Maryland General Assembly for passing HB 1682/SB 835 (Chapters 683 and 684 of the Acts of 2018) which established the Collaborative Care Model Pilot Program in primary care settings. In the 2021 Joint Chairmen's Report on the Collaborative Care Pilot, MDH reported that more than 65% of Collaborative Care Model participants experienced clinically significant improvements in their anxiety and depression symptoms, demonstrating that this model can improve health outcomes of Marylanders with behavioral health conditions.[1]

[1] Maryland Department of Health, *2021 Joint Chairmen's Report – Collaborative Care Pilot Updates* (January 21, 2022), https://health.maryland.gov/mmcp/Documents/JCRs/2021/collaborativecarepilotJCRfinal11-21.pdf.

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

We urge the State of Maryland to make the Collaborative Care Model a permanent feature of Maryland's Medicaid Program. SB 101 would positively impact the wellbeing and health of PJC's low-income clients, many of whom are eligible for Medicaid coverage, by providing a means for healthcare consumers to effectively access behavioral health care and primary care simultaneously.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 101** so Maryland can join the more than 20 other states that are delivering necessary primary care and behavioral health care through the Collaborative Care Model. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 ext. 224 or blacka@publicjustice.org.

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

Shepherds Table SB0101 Written Testimony.pdf
Uploaded by: Brenna Olson
Position: FAV

January 30, 2023

TESTIMONY IN SUPPORT of SB 101- Collaborative Care Model

From: Shepherd's Table

8106 Georgia Avenue

Silver Spring, MD 20910

Shepherd's Table is a social services organization that provides hot, nutritious meals, a free eye clinic, clothing, and other social services primarily to the unhoused community in Montgomery County, District 20. Many of our clients have experienced the trauma of unstable housing or food insecurity, and rarely have access to the necessary behavioral health care that could assist them through such a difficult stage of life. Overcoming homelessness and hunger becomes even more difficult when it is exacerbated by behavioral health challenges, just as it is with physical health challenges. **Shepherd's Table submits this testimony in support of SB 101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion.**

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, where most people with mild to moderate behavioral health conditions seek care first. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mainly via a reduction in unnecessary hospitalization and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states providing CoCM broadly to their Medicaid recipients.

Receiving quality behavioral healthcare could make it easier for individuals to get out of homelessness and even help prevent it. Ensuring that Medicaid recipients have access to the same healthcare that commercial patients do is essential for health equity. Behavioral healthcare IS healthcare, and everyone deserves quality care. This bill will improve behavioral health outcomes, save money, and keep people out of a crisis that could become detrimental to

their housing situation. **For these reasons, Shepherd's Table urges this committee to pass SB 101.**

Testimony SB 101 MC Federation of Families 1-31-20
Uploaded by: Celia Serkin
Position: FAV

Montgomery County Federation of Families for Children's Mental Health, Inc.
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Senate Bill 101 - Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion
Testimony
Senate Finance Committee
January 31, 2023
Position: Support

My name is Celia Serkin. I am Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc., a family support organization providing family peer services, family navigation, group support, education, and advocacy for parents and other primary caregivers who have children, youth, and/or young adults with behavioral health challenges (mental health, substance use or co-occurring disorders). We serve families from diverse cultural, racial, ethnic, social-economic, and religious backgrounds. The organization is run by parents who have raised children with behavioral health challenges. I have two children, now adults, who have behavioral health challenges.

The Montgomery County Federation of Families for Children's Mental Health, Inc., is pleased to support Senate Bill 101 - Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion. SB 101 will repeal the Collaborative Care Pilot Program and require the Maryland Department of Health to expand access to and provide reimbursement for services provided in accordance with the Collaborative Care Model under the Maryland Medical Assistance Program.

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM). CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

Montgomery County Federation of Families for Children's Mental Health, Inc. supports SB 101 because it will allow more children, youth, and young adults with behavioral health challenges to access mental health and

substance use treatment in primary care settings by eliminating barriers to care. As a family support organization, we have witnessed a heartbreaking surge in youth suicides and overdoses. The need for mental health and substance use treatment continues to increase. However, the stigma around mental health and substance use disorders and seeking help remains prevalent. This stigma can prevent families from seeking treatment. Many families would be open to receiving behavioral health treatment in primary care settings because this would be less stigmatizing.

CoCM promotes behavioral health equity. There are significant health and healthcare disparities among Black and Hispanic groups compared with Caucasian counterpart. CoCM can utilize the psychiatrist as a consultant whose time is not constrained by a burgeoning caseload, which will allow more patients to receive evidence-based treatment. At the same time, this will build the psychiatric competence of primary care providers over time. CoCM will permit psychiatry to be more equitably distributed so more individuals can be reached, including those in underserved and inappropriately served communities. CoCM will increase access to behavioral health treatment by offering (1) Care coordination and management; (2) Regular, proactive outcome monitoring and treatment for outcome targets using standardized outcome measurement rating scales and electronic tools, such as patient tracking; and (3) Regular systematic psychiatric and substance use disorder caseload reviews and consultation with a psychiatrist, an addiction medicine specialist, or any other behavioral health medicine specialist as allowed under federal regulations governing the model.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. For these reasons, the Montgomery County Federation of Families for Children's Mental Health, Inc. urges this committee to pass SB 101.

SB0101 Collaborative Care Model.pdf
Uploaded by: Dan Martin
Position: FAV

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Senate Bill 101 Maryland Medical Assistance Program –
Collaborative Care Model Services – Implementation and Reimbursement Expansion
Senate Finance Committee
January 31, 2023
TESTIMONY IN SUPPORT

The Mental Health Association of Maryland 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 Senate Bill 101.

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by providing them with access to the proven Collaborative Care Model (CoCM).

Most individuals will never seek or receive behavioral health treatment from a specialty provider. Instead, most people with mild to moderate depression and anxiety first seek to address these concerns with their primary care provider, a situation that is increasingly common given an ongoing and persistent behavioral health workforce shortage.

Unfortunately, behavioral health treatment delivered in primary care settings is often suboptimal, with individuals poorly diagnosed and treated, or not identified at all. National data indicates that only 25 percent of individuals receiving mental health treatment in the primary care setting receive quality care, resulting in high overall costs and poor health outcomes.

The Collaborative Care Model can help. CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings. Core elements include the use of standardized outcomes measures, care coordination and management, and the availability of behavioral health specialists for phone-based consultation to the primary care office.

The model has been validated in over 90 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care. As an example, Texas in 2021 passed a bill requiring statewide Medicaid coverage for CoCM, and the Texas HHS/Medicaid department determined, using implementation data from Massachusetts, that providing Medicaid coverage for CoCM would have “no significant fiscal implication to the state” because “the cost of providing collaborative care management services will be mostly offset by decreased costs related to reduced hospitalizations and utilization of other services.”

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

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model, and an ongoing CoCM pilot in the Maryland Medicaid program has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly across their Medicaid programs. Maryland Medicaid recipients deserve access to the same proven service currently available to those with commercial insurance or Medicare.

This bill will address inequities in the delivery of behavioral health care, improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, MHAMD supports SB 101 and urges a favorable report.**

SB 101_Maryland Medicaid Colab Care Expansion_BHSB
Uploaded by: Dan Rabbitt
Position: FAV

Behavioral Health System Baltimore

January 31, 2023

Senate Finance Committee
TESTIMONY IN SUPPORT
SB 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

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, crisis response, and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.

Behavioral Health System Baltimore strongly supports SB 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion. SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

CoCM is an evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular monitoring and treatment; and (3) systematic behavioral health caseload reviews and consultation for patients. This combination of services provided in primary care settings is effective. Over 80 randomized controlled trials have shown CoCM to be effective at improving health outcomes and lowering costs through a reduction in unnecessary hospitalization and higher intensity levels of care.

Better integrating primary care and behavioral health would be beneficial to the residents of Baltimore City and its public behavioral health system. The impact of pandemic related isolation and disruption continues to manifest in higher rates of anxiety and depression, especially among young people. Over 2/3 of people seeking care for depression and other moderate mental health challenges go first to their primary care physician. Better support for primary care-behavioral health integration will address behavioral health needs before they become crises.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering care through this model. Maryland Medicaid also has an ongoing CoCM pilot program. The Medicaid pilot has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. It is time to move beyond the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **BHSB urges the Senate Finance Committee to pass SB 101.**

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

SB 101- Collaborative Care Model- LOS.pdf
Uploaded by: Jake Whitaker
Position: FAV

Maryland
Hospital Association

January 31, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 101 - Maryland Medical Assistance Program - Collaborative Care Model Services - Implementation and Reimbursement Expansion

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 101. Maryland hospitals care for everyone who comes through their doors, but too often patients in crisis, particularly youth, visit hospital emergency departments due to a lack of behavioral health services in the community.

The Collaborative Care Model (CoCM) is a validated, patient-centered, evidence-based approach to integrate physical and behavioral health care in primary care settings—where most people with mild to moderate behavioral health conditions first seek, but frequently do not, receive behavioral health care services. CoCM resolves this issue by using a team-based approach in primary care settings to deliver:

- Care coordination and management
- Regular, systematic monitoring and treatment using a validated clinical rating scale
- Regular, systematic behavioral health caseload reviews and consultation for patients

As a result of the ongoing national health care provider shortage, including behavioral health professionals, Maryland patients frequently access behavioral health services for the first time when in crisis during visits to hospital emergency departments. When patients have access to these services in primary care settings, patients can get the help they need at the onset of behavioral health conditions and stay out of crisis. CoCM has been critical to maximize the number of patients that can be served by the limited number of behavioral health care professionals. Maryland hospitals are facing historic workforce shortages, and CoCM provides the necessary supports to ensure patients receive the best care.

Any sustainable solution will require a holistic approach like CoCM. This bill will improve the availability of behavioral health services, improve outcomes, keep people out of crisis, and decrease the number of unnecessary emergency department visits.

For these reasons, we urge a favorable report on Senate Bill 101.

For more information, please contact:
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Sheppard Pratt written testimony SB101 : HB48 Coll
Uploaded by: Jeffrey Grossi
Position: FAV

Sheppard Pratt

Written Testimony

Senate Finance Committee

House Health and Government Operations Committee

SB 101 / HB 48 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

January 30, 2023

Position: SUPPORT

Sheppard Pratt thanks the Maryland General Assembly for your longstanding leadership and support of mental and behavioral health providers in Maryland. This testimony outlines the Sheppard Pratt support of **SB 101 / HB 48 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion**. It is our hope that the Maryland General Assembly vote a favorable report on this legislation.

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

At Sheppard Pratt, we know that the model will develop universal mental health screening, brief treatment, and psychiatric consultation for those who might otherwise never be identified as needing help.

We stood up a similar model in seven primary care settings. Patients trusted their primary care providers and agreed to meet with a behavioral health provider if referred to behavioral health consultants by their primary care providers. Treatment was often brief and both clinically and cost effective.

Jeffrey Grossi, JD, Chief of Government Relations | jgrossi@sheppardpratt.org | 410.371.3306

Sheppard Pratt

Early intervention for depression and substance abuse in a primary care setting can reduce more expensive medical co-morbidities, support whole families, and reduce absenteeism at work.

Clients who are screened in primary care sometimes don't recognize they are suffering from depression, and if they are aware that something is wrong, they frequently have not sought treatment from a specialty behavioral health program because of stigma. Primary care settings have significantly less stigma for those with mild to moderate symptoms.

Sheppard Pratt's partnership with the Greater Baltimore Medical Center (GBMC) has resulted in screening and treatment for patients in GBMC primary care offices. Patients with more serious or chronic mental health diagnoses are referred by the collaborative care teams in primary care practices to specialty mental health providers.

Mental Health America's national data[1] makes it clear that across the country over 56 percent of adults with mental illness receive no treatment. In Maryland 30 percent of adults with mental illness reported that they are not able to receive the treatment they need.

Expanding screening and brief treatment in primary care settings can help close the gap for those who need care, improve the skills of primary care providers, and make mental health care increasingly accessible in a safe and cost-effective model.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis.

Sheppard Pratt urges you to vote a favorable report on **SB 101 / HB 48 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion.**

About Sheppard Pratt

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.

[1] https://mhanational.org/issues/2022/mental-health-america-adult-data

Jeffrey Grossi, JD, Chief of Government Relations | jgrossi@sheppardpratt.org | 410.371.3306

VoH SB 101 2023.pdf
Uploaded by: Jennifer Tuerke
Position: FAV

Senate Bill 101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Senate Finance Committee

January 31, 2023

TESTIMONY IN SUPPORT

Voices of Hope, Inc. is a nonprofit community-based organization that serves individuals with substance use disorders in Cecil and Harford Counties. We provide harm reduction and SUD treatment navigation services, operate Recovery Community Centers and 2 recovery houses. We engage with people who use drugs and are experiencing traumatic events including wounds from injection drug use and homelessness. We believe that many severe health concerns could be addressed in primary care settings before reaching the level of needing crisis health care.

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care. Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

Voices of Hope, Inc. believes that this model will prevent crisis care and avoid deaths. This bill will improve behavioral health outcomes, save money, and keep people out of crisis**. For these reasons, Voices of Hope, Inc urges this committee to pass SB 101.**

Thank you,

Jennifer Tuerke
Executive Director

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443.993.7055 ~ Voicesofhope414@gmail.com
224 E. Main St. Elkton, MD 21921

MABGH Collaborative Care Testimony.pdf
Uploaded by: John Miller
Position: FAV

MidAtlantic
BUSINESS GROUP
ON HEALTH

Senate Bill 101
Collaborative Care Reimbursement
Senate Finance Committee
March 7, 2018
Position: SUPPORT

The MidAtlantic Business Group on Health is a coalition that helps companies achieve cost-effectively, high-quality healthcare for employees and dependents; collaborates with other community stakeholders; and represents the healthcare purchasers' voice. We appreciate this opportunity to present this testimony in support of Senate Bill 101.

SB 101 expands reimbursement from an existing Collaborative Care Model pilot program to be statewide in primary care settings that provide health care services to Program recipients.

Employers are very concerned with the difficulty that their employees and dependents face when seeking mental health support. Every day, company Human Resource officers share the frustration of employees seeking effective behavioral health care. We understand that most of these individuals receive this support from their primary care healthcare provider, especially given the difficulty they have getting appointments with behavioral health specialists.

However, primary care providers are not specially trained to diagnose and treat behavioral health, which means that care delivered in the primary care setting can be less than optimal. This results in additional anguish for employees and their children, and it also impacts overall healthcare costs. Studies show that patients with behavioral health conditions have MEDICAL/ SURGICAL costs that are 3-5 times higher than patients with no behavior health condition. The Collaborative Care Model can alleviate this problem, by supporting primary care clinicians in delivering behavioral health services.

The MidAtlantic Business Group on Health encourages all businesses to pay for Mental Health Collaborative Care. The weight of the Maryland Medical Assistance Program would speed adoption of the Collaborative Care Model, which will lower healthcare costs, but more importantly, ease the burden of behavioral health conditions for employees and their dependents.

For this reason, the MidAtlantic Business Group on Health supports Senate Bill 101.

John Miller
Executive Director

MidAtlantic Business Group on Health
PO Box 0866 Greenbelt, Maryland 20768 Ph. (301) 552-5530
john.miller@mabgh.org

SB0101.pdf
Uploaded by: Jonathan Dayton
Position: FAV

Statement of Maryland Rural Health Association (MRHA)
To the Senate Finance Committee
Chair: Senator Melony Griffith
January 25, 2023
Senate Bill 101: Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

POSITION: SUPPORT

Chair Griffith, Vice Chair Klausmeier and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 101, Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion.

MRHA believes that Medicaid reimbursement of behavioral health services via the collaborative care model services will greatly benefit Maryland residents. According to the National Alliance on Mental Illness, more than half the people in Maryland with mental illness did not receive any treatment.[i] By requiring Medicaid reimbursement, more people in need of mental health services will have access through a collaborative care model. The collaborative care model has been continuously proven to improve quality of care, patient outcomes, and patient safety.[ii] No one should be denied such effective services.

Without Medicaid reimbursement, the approximately 1.5 million Marylanders enrolled in Medicaid will continue to be denied critical and effective mental health services. With this fact in mind, we urge you to support SB 101.

Sincerely,

Jonathan Dayton, MS, NREMT, CNE, Executive Director

jdayton@mdruralhealth.org

[i] Mental Health in Maryland. NAMI. https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf. Published 2021. Accessed January 24, 2023.

[ii] Morley L, Cashell A. Collaboration in health care. *Journal of Medical Imaging and Radiation Sciences*. 2017;48(2):207-216. doi:10.1016/j.jmir.2017.02.071

SB0101_HorizonFoundation_FAV.pdf
Uploaded by: Kerry Darragh
Position: FAV

HORIZON FOUNDATION

January 31, 2023

COMMITTEE: Senate Finance Committee
BILL: SB 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion
POSITION: Support

The Horizon Foundation is Howard County's community health foundation and the largest independent health philanthropy in the state of Maryland. We lead community change so everyone in Howard County can live a longer, better life.

The Foundation is pleased to support SB 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion.

SB 101 permanently expands access to and provides reimbursement for services provided in accordance with the Collaborative Care Model under the Maryland Medical Assistance Program, also known as Medicaid. The model is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings. It uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. Numerous pilots across the country employing this model have resulted in improved health outcomes, along with cost savings realized through reduced hospitalizations and more tailored treatment. Given Collaborative Care's success rate, commercial health insurers in Maryland and Medicare already reimburse providers operating under this model.

Maryland's own Collaborative Care pilot has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. More than twenty other states have permanently installed the Model and Maryland should join them.

The Horizon Foundation of Howard County, Inc.
10221 Wincopin Circle · Suite 200 · Columbia, MD 21044
Phone: 410.715.0311 · Fax: 410.715.2973 · Email: info@thehorizonfoundation.org

Horizon Foundation Testimony
SB 101 – Maryland Medical Assistance Program
Collaborative Care Model Services – Implementation and Reimbursement Expansion
January 31, 2023

Mental health has been one of the Foundation's top priorities in recent years. Together with our many community partners and grantees, we have raised awareness through our Mental Health Film Festival, reached thousands of community members with our Emotional Support Human campaign, and helped the Howard County Public School System enhance the mental health supports available to students during the school day – a program that is now expanding to every public school in the County. We have also worked to increase access to mental health crisis services through our work with the Greater Baltimore Regional Integrated Crisis Systems (GRBICS) Partnership, as well as helped support the operation of Sheppard Pratt's new urgent care behavioral health clinic in Elkridge. At the same time, recent data shows that anxiety, depression, and other mental health indicators are on the rise. Permanently implementing the Collaborative Care Model will help families get the behavioral health care they need and deserve.

SB 101 will expand access to mental health care for all Marylanders, Howard County residents included, using a proven, patient-centric model. For this reason, the Horizon Foundation **SUPPORTS SB 101** and urges a **FAVORABLE** report.

Thank you for your consideration.

The Horizon Foundation of Howard County, Inc.
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Phone: 410.715.0311 · Fax: 410.715.2973 · Email: info@thehorizonfoundation.org

sb101- CoCM expansion, FIN, 1-31-'23.pdf
Uploaded by: Lee Hudson
Position: FAV

Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony Prepared for the
Finance Committee
on
Senate Bill 101
January 31, 2023
Position: **Favorable**

Mr. Chairman and members of the Committee, thank you for the opportunity to advocate for access to adequate and appropriate health care for all Marylanders. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community with congregations in three judicatories within our State.

Our community supports access to appropriate and adequate health care for all people in the United States: *We of the Evangelical Lutheran Church in America have an enduring commitment to work for and support health care for all people as a shared endeavor*, we said in our "Caring for Health" statement of 2003. So, we support **Senate Bill 101** because it can expand access to care in Maryland by implementing a coordinated care model for people receiving Maryland Medical Assistance.

Our understanding of "appropriate" and "adequate" applied to health care is that human life is an integrity of *soma* and *pysche*, body *and* spirit. Indeed, disorders labeled "behavorial" present as physical, that is acts with the body. Many psychological distresses are accompanied by, or present as, bodily distresses. For that reason, our community advocates *access to a basic level of preventive, acute, and chronic physical and mental health care at an affordable cost.*

Maryland has conducted a pilot in a care delivery model (Collaborative Care Model) in several State locations, following legislation passed in the 2018 session. The model integrates delivery of primary health care with behavioral/mental health services. A General Assembly report of February 2022 indicates that the model can improve outcomes for patients and achieve efficiency in the health care delivery system. It likely covers gaps in clinical practice.

Senate Bill 101 proposes making the delivery procedures of the CoCM pilot a care standard in Maryland's Medicaid program. We applaud and support this. Integrating care in this way is appropriate because the human condition is an integrity of body and spirit. For that reason, we urge a favorable report for **Senate Bill 101**.

Lee Hudson

5699 Meridale Rd. Baltimore, MD 21228 410-230-2860 800-869-5492 fax 410-230-2871

MHAC Letter in support of SB 101.pdf
Uploaded by: Leslie Frey
Position: FAV

Montgomery County Mental Health Advisory Committee

January 31, 2023 **Written Testimony in Support of SB 101**

Senator Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Dear Senator Griffith:

The Montgomery County Mental Health Advisory Committee (MHAC) is pleased to support **Senate Bill 101 - Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion**, which will repeal the Collaborative Care Pilot Program, and require the Maryland Department of Health to expand access to and provide reimbursement for services provided in accordance with the Collaborative Care Model under the Maryland Medical Assistance Program.

MHAC was established to advise the Montgomery County Executive and the County Council on matters concerning mental health. Our work includes providing citizen oversight to all state-funded mental health agencies serving Montgomery County and serving as an advocate for a comprehensive mental health system for persons of all ages. The Committee helps to ensure that publicly-funded mental health services are responsive to local needs, accountable to the citizenry and accessible to those in need. Our work includes closely following State and County legislative proposals relating to mental health. MHAC is comprised of citizen members who serve three-year terms without compensation that includes practicing physicians in the County, mental health professionals in the County who are not physicians, and individuals who are currently receiving or have in the past received mental health services as well as agency members that includes the Department of Health and Human Services, Montgomery County Public schools, and the Department of Juvenile Services.

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

MHAC supports CoCM as a way to increase access to mental health and substance use treatment and reduce barriers to getting care. The COVID-19 pandemic has had serious negative impacts on the mental health and psychological wellbeing of children, youth, and young adults and their families, particularly for groups at risk of new or exacerbated mental health and substance use challenges and those facing barriers to accessing care. The COVID 19 crisis has turned into a mental health and substance use crisis for young people. It is well documented that COVID-19 has led to diverse mental health problems, including anxiety, depression, posttraumatic stress disorder, and other trauma- and stress-related disorders. Youth suicides and overdoses have increased.

Currently, there are many barriers preventing adult consumers and families who have youth with behavioral health challenges from accessing mental health and substance use treatment. The workforce crisis has adversely affected the number of English speaking and bilingual behavioral health providers who provide services. This has resulted in increased wait lists for services and the ballooning labor burden on behavioral health providers who are struggling to meet the proliferated need for treatment. CoCM is key to reducing barriers to accessing treatment by integrating somatic and behavioral health services in primary care settings that includes (1) Care coordination and management; (2) Regular, proactive outcome monitoring and treatment for outcome targets using standardized outcome measurement rating scales and electronic tools, such as patient tracking; and (3) Regular systematic psychiatric and substance use disorder caseload reviews and consultation with a psychiatrist, an addiction medicine specialist, or any other behavioral health medicine specialist as allowed under federal regulations governing the model. Most people with mild to moderate behavioral health conditions first seek care in primary care settings. However, consumers with serious and persistent mental health challenges are more likely to be seen by specialty mental health providers, but often have limited access to effective medical care and experience high mortality rates. CoCM plays a critical role in helping to ensure that those with serious and persistence mental health challenges can access physical and mental health care.

There are significant health disparities among Black and Hispanic groups compared with Caucasian counterpart. CoCM will help to reduce heath inequalities. There are consumers and families from various cultural, racial, ethnic, religious, and socio-economic backgrounds who are more likely to engage in mental health and substance use treatment when it is delivered in primary care settings as this approach is less stigmatizing.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, the Montgomery County Mental Health Advisory Committee urges this committee to pass SB 101.**

Sincerely,

Susan Kerin
Chair, Montgomery County Mental Health Advisory Committee

SB0101 Collaborative Care_ CBHC Support.pdf
Uploaded by: Margo Quinlan
Position: FAV

Children's Behavioral Health Coalition

1301 York Road, Suite 505, Lutherville, Maryland 21093 | 443-901-1550 | info@mhamd.org

Senate Bill 101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Senate Finance Committee

January 31, 2023

TESTIMONY IN SUPPORT

The Maryland Children's Behavioral Health Coalition is comprised of representatives from mental health, consumer, family and professional associations all working together to improve the quality and accessibility of behavioral health assessment, treatment and recovery services for children and youth in Maryland. We write in support of SB 101, which will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

Over the past 10 years, Maryland has seen a marked decline in availability of services and supports for youth with behavioral health needs, and the results have been devastating. In 2010, just 1 percent of children 12 and younger with mental health problems stayed in the emergency department for longer than a day. By 2020, more than 10 percent were getting stuck more than a day – and sometimes weeks**.** The percentage of teens aged 13 to 17 staying more than 24 hours also rose sharply, from less than 3 percent to more than 13 percent.[1] From 2020-2021, Maryland saw a 46% increase in suicide attempt visits to the emergency department among those ages 0-17.[2]

CBHC believes Maryland can prevent lengthy, unnecessary hospital stays for youth and reduce youth suicide by expanding access to behavioral health services and supports that support mental wellbeing and keep youth out of crisis. The Collaborative Care Model is a key piece in restoring our vital safety net of behavioral health services for Maryland's kids.

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

1 Wan, W. (2022, October 20). An autistic teen needed mental health help. He spent weeks in an ER instead. Washington Post. https://www.washingtonpost.com/dc-md-va/2022/10/20/er-mental-health-teens-psychiatric-beds/

2 Behavioral Health Administration Update to Maryland Behavioral Health Advisory Council, November 16, 2021

Margo Quinlan, Chair, Children's Behavioral Health Coalition
410-236-5488 | mquinlan@mhamd.org

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, the Children’s Behavioral Health Coalition urges this committee to pass SB 101.**

2023 MOTA SB 101 Senate Side FAV.pdf

Uploaded by: Michael Paddy
Position: FAV

Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ www.mota-members.com

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 101 - Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion**

Hearing Date: **January 31, 2023**

Position: **Favorable**

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion.* This bill makes the Collaborative Care Model permanent in Maryland before the Pilot sunsets in 2024.

Occupational therapists address barriers that individuals with mental health conditions experience in the community by providing interventions that focus on enhancing existing skills; remediating or restoring skills; modifying or adapting the environment or activity; and preventing relapse. As such, both the National Board for Certification in Occupational Therapy (NBCOT) and the American Occupational Therapy Association (AOTA) include mental health services within the scope of practice for occupational therapists.[1]

MOTA supports the Collaborative Care Model to provide much needed care coordination of physical and behavioral health services. Preliminary findings from 2021 indicate that patients enrolled in the program have shown clinically significant improvement despite the limited enrollment that was impacted by COVID-19. We look forward to seeing the full report later this year, but are encouraged by the preliminary findings and believe they warrant continuing the Collaborative Care Model in Maryland.

If we can provide any additional information, please feel free to contact Robyn Elliott at relliott@policypartners.net.

[1] National Board for Certification in Occupational Therapy – Certificate Renewal. https://www.nbcot.org/Certificants/Certification
American Occupational Therapy Association – Occupational Therapy's Role in Community Mental Health. https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Community-mentalhealth.pdf

MD Catholic Conference_FAV_SB0101.pdf
Uploaded by: MJ Kraska
Position: FAV

MARYLAND CATHOLIC CONFERENCE

January 31, 2023

SB 101
Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Senate Finance Committee

Position: Support

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 101 repeals the Collaborative Care Pilot Program and related language, including a report on the pilot program due November 1, 2023. Instead, the bill requires the Maryland Department of Health (MDH) to provide reimbursement for services provided in accordance with the Collaborative Care Model statewide in primary care settings that provide health care services to Medicaid recipients.

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

Those experiencing adverse behavioral health issues are among the most marginalized and underserved in our society. The Catholic Church through its parishes, charities and other ministries reaches out pastorally to those struggling with mental illness. Because the Catholic faith embraces an integrated view of the human person as both corporeal and spiritual, we welcome the sciences as one pathway to knowledge of the human person. Pope St. John Paul II said "*Whoever suffers from mental illness always bears God's image and likeness in themselves,*

as does every human being. In addition, they always have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such."

The Conference appreciates your consideration and respectfully urges a **favorable** report for Senate Bill 101.

SB 101- LWVMD- FAV- Collaborative Care Model Servi

Uploaded by: Nora Miller Smith

Position: FAV

LEAGUE OF WOMEN VOTERS® OF MARYLAND

TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB 0101: Maryland Medical Assistance Program- Collaborative Care Model Services- Implementation and Reimbursement Expansion

POSITION: Support

BY: Nancy Soreng, President

DATE: January 31, 2023

The League of Women Voters Maryland supports **Senate Bill 0101: Maryland Medical Assistance Program- Collaborative Care Model Services- Implementation and Reimbursement Expansion, which would expand Medicaid recipients' access to behavioral health services in primary care settings.**

The League of Women Voters believes that every U.S. resident, including children, should have access to quality, affordable behavioral health care that is integrated with, and achieves parity with, physical health care. In its *Statement of Position on Health Care*, the League affirms that all people should have access to affordable, quality behavioral health care, and that **there should be efforts to decrease the stigmatization of, and normalize, behavioral health problems and care.**

Most patients' acute or chronic conditions are treated by their primary care providers. But most primary care providers concentrate on their patients' somatic problems. They have neither the time nor expertise to screen, evaluate, treat, and provide ongoing monitoring of common behavioral health issues such as anxiety, depression, or substance abuse. And due to the stigma associated with mental health conditions, patients are often hesitant to bring up these problems in the first place.

But behavioral health problems cannot be ignored. They directly impact a patient's health, and often, their life. Unidentified and untreated behavioral health conditions can lead to people in crisis. And people in crisis can wind up in emergency rooms, Intensive Care Units, jails, or morgues.

Clearly, it is crucial to increase easy access to behavioral health care and support. With passage of Senate Bill 0101 and expansion of the Collaborative Care Model, many of the barriers that have historically limited access to this care- especially for the most vulnerable populations in underserved communities- will be lowered.

Per a 1/17/23 Washington Post article: "**Almost 40% of Maryland adults reported symptoms of anxiety or depression in February 2021…and about a third were unable to access counseling or therapy**." And according to figures from the National Alliance on Mental Illness[1] "**1,082,305 people in Maryland live in a community that does not have enough mental health providers**."

So this is also a matter of equity. Behavioral health care needs to be available to all Marylanders, regardless of where they live. And primary care settings are the optimal settings for this type of integrated care.

The Collaborative Care Model was first implemented in Maryland as a pilot program after passage of Chapters 683 and 684 of the Acts of 2018. With the success of the pilot, the program can now be expanded to serve more Medicaid enrollees who will benefit from **the availability of integrated somatic and behavioral health care within their primary care site. Patients will routinely be screened for symptoms of anxiety, depression, substance abuse, and other common behavioral health problems during their primary care visit, and if they are identified as needing support services, they will be referred to a behavioral health professional right then.** An appointment will be set up with a counselor, therapist, social worker, or addiction medicine specialist, who will then, as part of a team-based, patient-centered approach, help address **all** of the patient's health care needs.

This program is of vital importance, and for that reason the League of Women Voters Maryland and its 1500+ members urge the committee to give a favorable report to Senate Bill 0101.

[1] https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf

SB0101_FAV_MedChi, MACHC, MdCSWC_Collaborative Car
Uploaded by: Pam Kasemeyer
Position: FAV

The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
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www.medchi.org

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: January 31, 2023

RE: **SUPPORT** – Senate Bill 101 – *Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion*

On behalf of the Maryland State Medical Society, the Mid-Atlantic Association of Community Health Centers, and the Maryland Clinical Social Work Coalition, we submit this letter of **support** for Senate Bill 101.

In 2018, legislation was enacted that created a Collaborative Care Pilot Program. Under the Pilot Program, the "collaborative care model" is a patient-centered, evidence-based approach for integrating physical and behavioral health care services in the primary care setting. It includes care coordination and management, regular and proactive outcome monitoring and treatment using the standardized and validated clinical rating scale, and regular, systematic behavioral health caseload review and consultation for patients. Senate Bill 101 repeals the Pilot Program and instead requires the Maryland Department of Health (MDH) to provide reimbursement for services provided in accordance with the Collaborative Care Model statewide in primary care settings which provide health care services to Medicaid recipients.

While a report of findings and recommendations of the Pilot Program is due November 1, 2023, MDH provided a report on the Pilot Program in response to the 2021 Joint Chairman's Report. The preliminary results reflected in that report demonstrated a clinically significant improvement in depression and anxiety symptoms for more than 65 percent of participants in the Pilot Program. Furthermore, more than 20 other states are providing collaborative care models broadly to their Medicaid recipients. Commercial insurers and Medicare also provide reimbursement for delivering under this model.

Given the effectiveness of the Pilot Program to date as well as the recognized success of the model in other States and by other payors, there is no reason to maintain a pilot program. By expanding access to the proven Collaborative Care Model to all Medicaid recipients, Senate Bill 101 will improve the quality of behavioral health care delivered in primary care settings, where most people with mild to moderate behavioral health conditions first seek care.

Senate Bill 101 will improve behavioral health outcomes, help keep people out of crisis, and ultimately reduce costs due to early identification and intervention. A favorable report is requested.

Testimony In Support of SB 101 HB 48 - Senate Fina

Uploaded by: Rich Ceruolo

Position: FAV

January 30, 2023

Maryland Senate
11 Bladen St.
Annapolis, MD. 21401

In Support of SB 101 / HB 48: Maryland's Medical Assistance Program, Collaborative Care Model

Members of the Maryland Senate's Finance Committee.

We are an organization of military and non-military families with over 1500 members and support our local non-profits that fill necessary roles in our non-profit support and services networks. We fully support SB 101 and the help that it will bring to all the citizens that benefit from the coordination of care and medical services offered to them through the Maryland Medical Assistance Program.

Collaborative Care Models of physical and mental health care services have been around for a while, decades within the medical community. There is real benefit to the communities that it serves in both the quality, the participation rates for patients in managed care programs, and overall cost management of these patient care programs for a variety of patient populations.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226460/

We would like to ask and encourage this committee to explore the use and benefits of such a program through the proposed pilot. Especially as these programs impact a variety of communities including; Black, Brown, Disabled, the elderly or infirmed, Poor, Non-English Speakers, Veterans and Non-Veterans alike.

The future of Maryland's interlocking support service networks supports the lives of so many citizens. And the future care of all Maryland citizens relies on these networks and its service providers. Please support and protect the rights of citizens that access these medical assistance programs while improving access and the quality of these service offerings. We ask the committee to please support Senate Bill 101 and return a favorable report.

Thank you for your time, and for considering our testimony today.

Mr. Richard Ceruolo | Public Policy Director | richceruolo@gmail.com

Parent, Lead Advocate and Director of Public Policy Parent Advocacy Consortium
https://www.facebook.com/groups/ParentAdvocacyConsortium

SB 101- MA Collaborative Care Model.pdf
Uploaded by: Rodney Coster
Position: FAV

Disability Rights Maryland

Empowerment. Integration. Equality.

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Senate Bill 101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Senate Finance Committee

January 31, 2023

TESTIMONY IN SUPPORT

Disability Rights Maryland (DRM) is Maryland's designated Protection & Advocacy agency, and is federally mandated to defend and advance the civil rights of individuals with disabilities. In particular, DRM supports the rights of individuals with disabilities to receive appropriate supports and services to live safe and meaningful lives in their communities. SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

Disability Rights Maryland believes that Marylanders with behavioral health disabilities should receive services in their communities whenever possible. Care coordination and management are essential to improving outcomes, avoiding crises and ensuring that children and adults with behavioral health conditions are served in their communities whenever possible, avoiding out-of-home placements that traumatize and harm families.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, Disability Rights Maryland urges this committee to pass SB 101.**

SF-PCC testimony senate bill.pdf
Uploaded by: Sarah Frazell
Position: FAV

primary care coalition

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TESTIMONY IN SUPPORT OF SB 101:
Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

FROM: Sarah Frazell, Director of Behavioral Health Programs, Primary Care Coalition
DATE: January 31, 2023

My name is Sarah Frazell, and I am a licensed clinical social worker in the state of Maryland, and the Director of Behavioral Health Programs at Primary Care Coalition (PCC). The Primary Care Coalition (PCC) administers a variety of programs that provide a continuum of health services for uninsured and underinsured, ethnically diverse individuals who have limited resources and face other barriers to care.

Since 2005, the Primary Care Coalition has operated a successful Collaborative Care Model (CoCM) program right here in Maryland—the Montgomery Cares Behavioral Health Program (MCBHP). Because of the positive impact this program has had for our patients and community, the PCC supports SB 101 to implement and expand reimbursement so that more Marylanders can receive the benefits of this effective model of care delivery.

The MCBHP embeds licensed behavioral health providers in five private nonprofit primary care clinics and serves around 1,300-1,600 patients annually (approximately 10-15% of all patients seen at the clinics where we operate) using the CoCM. The program is funded by the Montgomery County government and provides care to patients who live in Montgomery County, are uninsured/unable to access insurance, and live at 250% or below the federal poverty line. PCC hires and deploys behavioral health clinicians and consulting psychiatrists, in partnership with Medstar Georgetown, to community clinics. These staff serve as part of the clinic's team, working with the nurses and primary care providers to identify and treat patients with

depression, anxiety, PTSD, risky drinking, panic attacks, and intimate partner violence. The staff also assist providers in assessing crisis situations, often with the ability to connect patients with services and avoid unnecessary visits to the emergency room.

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven CoCM.

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

The MCBHP tracks clinical outcomes and screening rates. We know now, that across the clinics where we work, at least 90% of patients have had at least one depression screen in the past year.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

As you are all aware, the COVID-19 pandemic has brought to light and exacerbated existing behavioral health concerns across the country. The CoCM model allows community members to have "in-house" support in clinics where they are already receiving care rather than requiring people to navigate complicated systems of accessing therapists or other services on their own. - a system that is already strained due to an insufficient number of psychiatrists and mental health therapists to meet the need of those looking for care.

In closing, I'd like to share an example of a patient who has had her life changed by the MCBHP CoCM. (Names and details changed to protect confidentiality)

When Josefina, a 42-year-old woman originally from El Salvador, attended her annual physical with her primary care provider, her pulse was high, and her provider asked if there was anything that was causing her stress. Josefina shared that she was not feeling safe at home. The primary care provider immediately called the Behavioral Health Care Manager, who met with Josefina right away. Josefina shared that while she didn't have any current concern about going home, she had experienced a history of abuse as both a child and adult, the traumatic loss of a partner in an accident, and was struggling with severe symptoms of depression, anxiety, and PTSD. Josefina had never considered seeking mental health services before and shared that she would not have known how to access these services on her own.

The Care Manager spoke with the consulting psychiatrist, who recommended an antidepressant and brief therapy, which was provided by the Care Manager. The primary care provider prescribed an antidepressant based on the psychiatrist recommendation, and the Care Manager provided medication education for Josefina, letting her know which side effects were common and that it could take some delay for her to notice a difference in her mood. In addition to providing counseling and medication management, the Care

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Manager also helped Josefina connect with services to help her with material needs such as internet, food, and clothing.

After just a few months of treatment, Josefina shared that her symptoms of anxiety, depression, and PTSD were very minimal and she felt happy and safe.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. For these reasons, Primary Care Coalition urges this committee to pass SB 101.

Sincerely,

Sarah Frazell, LCSW-C
Director of Behavioral Health Programs
Primary Care Coalition

SB 101 - Support - MPS WPS.pdf
Uploaded by: Thomas Tompsett
Position: FAV

January 29, 2023

The Honorable Melony Griffith
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Support - Senate Bill 101: Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Dear Chairman Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those who have a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS supports Senate Bill 101: Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion (SB 101). Collaborative care is a patient-centered mental health treatment model involving a team of healthcare providers working together to provide comprehensive care for patients with mental health conditions. This team typically includes primary care physicians, mental health specialists, and care coordinators, who work together to provide a range of services, including assessment, diagnosis, treatment, and follow-up care. The goal of collaborative care is to improve the quality of care for patients with mental health conditions and to better integrate mental health care into primary care settings. This is done by providing patients with access to a range of mental health services, including medication management, therapy, and case management, as well as by ensuring that patients receive appropriate care and support in a timely manner.

In collaborative care, a care manager or coordinator is typically assigned to each patient. This person acts as a liaison between the patient and the rest of the care team, ensuring that all members of the team are aware of the patient's needs and that the patient receives appropriate care promptly. The care manager also helps to ensure that the patient's care plan is regularly reviewed and updated and that the patient is provided with appropriate referrals to other services and resources as needed.

The model of collaborative care has been implemented in a variety of settings, including primary care clinics, community health centers, and mental health clinics. Studies have shown that it is effective in improving the quality of care for patients with mental health conditions, reducing symptoms, and reducing healthcare costs.[1] It also helps in reducing the burden on primary care physicians who may not have the expertise to manage complex mental health cases.

In summary, collaborative care is an evidence-based model of care for the treatment of mental health conditions. It has been shown to be effective in reducing symptoms, improving functioning, and reducing healthcare costs. It's considered a promising approach for addressing the mental health needs of patients in primary care settings. For all those reasons, MPS/WPS asks this committee for an favorable report on SB 101. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Joint Legislative Action Committee
of the Maryland Psychiatric Society and the Washington Psychiatric Society

[1] One review of studies of collaborative care for depression found that it was more effective than usual care in reducing symptoms of depression and improving functioning. Another review of studies of collaborative care for anxiety disorders found that it was more effective than usual care in reducing symptoms of anxiety and improving quality of life.

Several large randomized controlled trials have also been conducted to evaluate the effectiveness of collaborative care. One study found that collaborative care was more effective than usual care in reducing symptoms of depression and improving functioning in older adults with depression. Another study found that collaborative care was more effective than usual care in reducing symptoms of depression and anxiety in primary care patients.

Maryland Testimony (1).docx.pdf
Uploaded by: Virna Little
Position: FAV

January 31, 2023

Collaborative Care is an evidence-based model to identify and treat patients with depression and anxiety, it is supported by over 90 randomized control trials, is on the Medicaid fee schedule in 24-states and has been a Medicare benefit since 2017. The ability to provide evidence based behavioral health treatment is critical to ensuring the ongoing health and wellbeing of our communities. Most individuals present first to their primary healthcare provider, who they know and trust. In fact, more prescriptions for anxiety and depression medications are written by primary care rather than specialty mental health. Seniors, more than a third who go undiagnosed or treated and represent almost 19% of all suicides or the child who can't access treatment for months in their community exacerbating the risk and rise in suicide in the 10–14-year-old population. So, whether it is the senior whose diabetes is worsening and is self-isolating at home or the adolescent who is increasingly anxious they are unable to sleep and have started to miss school- these individuals will identify in primary care and could get evidence based behavioral health treatment on the same day they present, as part of a dedicated team that includes their provider.

As a clinician who has been providing care for patients using the Collaborative Care model for over twenty years, I have seen the senior be out and about in the community and the adolescent back at school, in a matter of weeks. Collaborative Care changes the experience, offering patients who struggle with depression and anxiety each day with skills that can have a lifelong impact on health and well-being. It is truly life changing for these patients and the thousands more that could be served with the addition of these codes to the Maryland Medicaid fee schedule. It is also important to consider the ability to truly provide care for those who include It most, by including Federally Qualified Health Centers in the ability to get reimbursed, School Based Health Centers and to reimburse the codes at 120% of Medicare, as other states have done.

"***I did not know how sad I was, my doctor asked me to speak with a care manager who was going to call me, and I did. I was not sleeping, most days not even getting dressed – I had stopped talking to my friends and was avoiding my neighbors. I had stopped bathing in the bathroom because of a fall and no one knew. It really helped to have someone talk to me each day and help me to start to do all the things that I should and used to. I now know how sad I was. Talking to someone helped me to talk to my friends and family again, everyone who wanted to help me made me feel better- and happy again."***

Virna Little, PsyD, LCSW-r, SAP, CCM
Co-Founder, Chief Clinical Officer
Concert Health

MPA Testimony 2023 - Support with Amendments - Sen
Uploaded by: Pat Savage
Position: FWA

MARYLAND PSYCHOLOGICAL ASSOCIATION

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January 30, 2023

Senator Melony Griffith, Chair
Senator Katherine Klausmeier, Vice Chair
Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: SB 101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Position: **Support, with Amendments**

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Health and Government Operations Committee to **FAVORABLY report on SB 101, with the suggested AMENDMENTS we offer below.** SB 101 provides for Medical Assistance coverage of an integrative care model, known as the collaborative care model, which is currently funded as a pilot program. We support and encourage all integrated primary care and behavioral health models, one of which is the collaborative care model.

MPA has been working with stakeholders on this bill to allow all the evidence-based integrative primary and behavioral health models. We think it would limit access to care if Medical Assistance coverage was restricted to only the collaborative care model.

We would like to draw particular attention to page 2, line 11. The phrase "governing the model" on line 11 is a direct reference to the 2017 Medicare Physician Fee Schedule final rule defining the collaborative care model, which requires the inclusion of a psychiatrist on the care team to implement integrated care. In doing so, this model only recognizes 3 of the 4 Medicare-approved codes for behavioral health integration services. Access to psychiatric care in Maryland is already a significant problem, according to the recent Maryland Milliman Parity Report, and limiting who can participate in integrative primary and behavioral healthcare models will likely exacerbate this problem.

There are other evidenced-based models, which we propose being included as detailed in the amendments below:

Amendment #1:

Page 2, Line 2 – STRIKE "Collaborative Care Model means and evidence-based approach" and INSERT the following: "INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE MEANS THE COLLABORATIVE CARE MODEL, PRIMARY CARE BEHAVIORAL HEALTH MODEL, AND OTHER EVIDENCE-BASED APPROACHES FOR"

Amendment #2:

Page 2, Line 9 – After "psychiatrist" INSERT "PSYCHOLOGIST OR OTHER BEHAVIORAL HEALTH PROFESSIONAL" and in Line 11 STRIKE "governing the model"

Amendment #3:

Page 3, Line 28 – STRIKE "In Accordance with the Collaborative Care Model" and INSERT: "THROUGH INTEGRATED AND BEHAVIORAL HEALTH CARE, INCLUDING BUT NOT LIMITED TO THE COLLABORATIVE CARE MODEL, PRIMARY CARE BEHAVIORAL HEALTH MODEL, AND OTHER EVIDENCE-BASED APPROACHES"

Thank you for considering our comments and proposed amendments on SB 101. If we can be of any further assistance as the Senate Finance Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativecommittee@gmail.com.

Respectfully submitted,

Rebecca Resnik, Psy.D.

Rebecca Resnick, Psy.D.
President

R. Patrick Savage, Jr., Ph.D.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

2023 SB101 Written Testimony.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB101
Maryland Medical Assistance Program - Collaborative Care Model Services -
Implementation and Reimbursement Expansion
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB101

On behalf of our 200,000 followers across the state, we respectfully object to SB101. This bill expands the Maryland Medical Assistance Program with an additional program called Collaborative Care Model Services. We oppose funds for this program being used for entities that promote and provide abortion and abortion services. We expose expanding the Maryland Medical Assistance Program without excluding funding for abortion, abortion services and businesses providing those services.

Pregnancy is not a Disease

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. As a result abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined.

No public funding for abortions

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. State funding for abortion on demand with taxpayer funds is in direct conflict with the will of the people. A 2023 Marist poll showed that 60% of Americans, both "pro-life" and "pro-choice" oppose the use of tax dollars to pay for a woman's abortion.

Love them both

This bill stands in conflict with the fact that 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund health and family planning services which have the objective of saving the lives of both mother and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Maryland Medical Assistance Program - Collaborative Care Model Services - Implementation and Reimbursement Expansion

Deborah Brocato, Legislative Consultant
Maryland Right to Life

Funding restrictions are constitutional

The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds*."

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Uploaded by: State of Maryland (MD)
Position: INFO

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

January 31, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion – Letter of Information

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion. SB 101 will implement the collaborative care model (CoCM) statewide with a start date of October 1, 2023, which MDH has been piloting since July 2020. CoCM is an evidence-based model where primary behavioral health services are delivered in a primary care setting with the help of a behavioral health case manager and a consulting psychiatric provider.

MDH implemented the CoCM pilot program in July 2020, in accordance with HB 1682/SB 83 – Maryland Medical Assistance Program - Collaborative Care Pilot Program (Ch. 683 and 684 of the Acts of 2018). Preliminary results of evaluation efforts suggest that the CoCM Pilot Program has improved clinical outcomes. More than 65 percent of individuals enrolled in the intervention for more than 70 days demonstrated clinically significant improvement. For additional information, please see the 2021 Joint Chairmen's Report (p. 113-114) on the Pilot Program.[1]

MDH estimates that expanding CoCM statewide would cost approximately $20.9 million per year in total funds, with $8.2 million coming from State general funds and the remaining $12.8 million coming from federal matching funds.

If you have any questions, please contact Megan Peters, Acting Director of Governmental Affairs, at megan.peters@maryland.gov or (410) 844-2318.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Acting Secretary

[1] For additional information, please see the 2021 CoCM Pilot Program JCR: https://health.maryland.gov/mmcp/Documents/JCRs/2021/collaborativecarepilotJCRfinal11-21.pdf.