SB 582_MDCC_Behavioral Health Care_Treatment and A
Uploaded by: Andrew Griffin
Position: FAV

MARYLAND
Chamber of Commerce

LEGISLATIVE POSITION:
Favorable
Senate Bill 582 – Behavioral Health Model for Maryland
Senate Finance Committee
Tuesday, March 7, 2023

Dear Chairwoman Griffith and Members of the Committee:

Founded in 1968, the Maryland Chamber of Commerce is the leading voice for business in Maryland. We are a statewide coalition of more than 6,400 members and federated partners working to develop and promote strong public policy that ensures sustained economic health and growth for Maryland businesses, employees, and families.

Senate Bill 582 establishes the Commission on Behavioral Health Care Treatment and Access for the purpose of making recommendations to provide appropriate, accessible, and comprehensive behavioral health services to Marylanders. The legislation also establishes the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program tasked with establishing and implementing an intensive care coordination model using value-based purchasing in the specialty behavioral health system. SB 582 also requires the Maryland Department of Health to submit a report on their findings and recommendations from the pilot program. Further, the Department is to submit a state plan amendment to the Centers for Medicare and Medicaid Services to establish certified community behavioral health clinics.

The impact of the COVID-19 pandemic on behavioral health has been profound and is still unfolding. By being prepared to respond to future challenges and ensuring that behavioral health treatment is provided through a lens of accessibility, Marylanders will have more equitable and quality services. The Chamber supports identifying and assessing needs and gaps in these services. It is more important than ever for our workforce to have quality behavioral health access.

For these reasons, the Maryland Chamber of Commerce respectfully requests a **Favorable Report** on **SB 582.**

SB0582 - MIA - Support - FINAL.pdf
Uploaded by: Andrew Tress
Position: FAV

WES MOORE
Governor

ARUNA MILLER
Lt. Governor

KATHLEEN A. BIRRANE
Commissioner

TAMMY R. J. LONGAN
Acting Deputy Commissioner

Maryland
INSURANCE ADMINISTRATION

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2215 Fax: 410-468-2204
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Date: **March 7, 2023**

Bill # / Title: **Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**

Committee: **Senate Finance Committee**

Position: **Support**

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for Senate Bill 582.

Senate Bill 582 seeks to do several things. First, it establishes the Commission on Behavioral Health Care Treatment and Access to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals in the State across the behavioral health continuum that are available on demand. The Commission will be composed of 32 members representing various state agencies (including a representative of the MIA), elected officials, health care providers, and other behavioral health stakeholders. The bill also establishes a Behavioral Health Care Coordination Value-Based Purchasing Pilot Program to implement and evaluate a reimbursement program to financially incentivize providers to meet specified outcome measures in the specialty behavioral health system under Medicaid. It requires the Department of Health to submit a state plan amendment to CMS to establish certified community behavioral health clinics in Maryland and provide for Medicaid coverage of services provided by, and reimbursement to, certified community behavioral health clinics. Finally, the bill makes several amendments to telehealth coverage, including extending the sunset on both the requirement that coverage for telehealth include coverage of audio-only conversations, and the requirement that carriers reimburse providers for telehealth services, including audio-only visits, on the same basis and at the same rate as in in-person visits.

Following the 2022 Legislative Session, it was requested that the MIA form a workgroup to review the concerns raised by certain stakeholders about an unsuccessful bill raised during the Session, that sought to establish a program to aid consumers seeking behavioral health services. Throughout the course of these Workgroup meetings, members examined the availability and scope of programs that currently exist in Maryland to provide necessary behavioral health services and identified gaps that remained. While the Workgroup was unable to reach consensus on all issues it was tasked with exploring, members were able to agree that people who need behavioral health treatment in Maryland often struggle to find providers and,

in addition, struggle to secure health plan coverage for the treatment that they need. Further, members agreed that while many governmental, government sponsored/funded, and private programs exist that may provide some behavioral health services in some geographic regions, significant gaps still exist in the State due to the lack of a centralized state-wide resource to assist consumers to locate care and secure coverage.

Senate Bill 582 has a critically needed focus on laying groundwork to develop a statewide system that can provide behavioral health care efficiently and cost-effectively in Maryland. In 2020, one in five American adults experienced a mental health issue.[1] However, there continues to be a disparity between need and access to behavioral health services due to many factors, including location and income-level. This bill is attempting to bridge that gap, and begin examining and addressing barriers to care that currently exist in the State. In addressing those barriers, this bill will also benefit Marylanders above and beyond those with behavioral health needs. It will allow state residents to continue to benefit from the expanded coverage of telehealth services, which can increase access to health care for consumers who do not have convenient access to in-person services or virtual audio-visual services due to geographic limitations or technology/infrastructure issues.

The MIA supports Senate Bill 582 and its goal of improving access to, and modernizing, behavioral health care in Maryland. Thank you for the opportunity to provide this written testimony in support of Senate Bill 582. The MIA is available to provide additional information and assistance to the Committee.

[1] www.mentalhealth.gov/basics/mental-health-myths-facts

2023 Legislation MHCC (SB 582-BHC-Access and Treat

Uploaded by: Ben Steffen

Position: FAV

MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

March 1, 2023

The Honorable Melony Griffith
Chair, Senate Finance
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland) - Letter of Support

Dear Chair Griffith and Committee Members:

The Maryland Health Care Commission (the "MHCC") is submitting this letter of support on *SB 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland).*

This bill establishes the Commission on Behavioral Health Care Treatment and Access (Commission) to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals in the State across the behavioral health continuum that are available on demand. The bill also establishes within the Maryland Department of Health the Behavioral Health Care Coordination Value–Based Purchasing Pilot Program an intensive care coordination model using value–based purchasing in the specialty behavioral health system. The Maryland Department of Health is also required to submit a state plan amendment to the Centers for Medicare and Medicaid Services to establish certified community behavioral health clinics. SB 582 extends the date of the inclusion of audio–only telephone conversations in the definition of "telehealth" in the Maryland Medicaid Program and certain requirements related to the provision of reimbursement for health care services appropriately provided through telehealth by Medicaid, commercial insurers, nonprofit health service plans, and health maintenance organizations.

An inadequate behavioral health system impacts the prevention, diagnosis, and treatment of behavioral health conditions. Untreated behavioral health conditions are often cited as major contributors to many societal ills including homelessness and violence. Less severe behavioral health conditions, untreated because of limited access to providers or the stigmatization of behavioral health conditions, may lead to expensive inpatient care or prolonged outpatient care. It is to everyone's benefit that there is a strong robust behavioral health system in the State. A strong behavioral health system includes a capable and qualified workforce, up-to-date data and information systems, and agencies that can assess and respond to the behavioral health needs of Maryland citizens.

The proposed work of the Commission is extensive and comprehensive looking at all aspects of a behavioral health system continuum.

The issues to be addressed under this Commission aligns with many of the areas of focus for the MHCC. We are pleased to be named to this Commission and look forward to being an active participant.

If you any questions or would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov or Tracey DeShields, Director of Policy Development and External Affairs at tracey.deshields2@maryland.gov.

Sincerely,

Ben Steffen,
Executive Director

cc: The Honorable Malcolm Augustine, President Pro Tem

SB0582 BH Model.pdf
Uploaded by: Dan Martin
Position: FAV

Heaver Plaza
1301 York Road, #505
Lutherville, MD 21093
phone 443.901.1550
fax 443.901.0038
www.mhamd.org

Senate Bill 582 Behavioral Health Care - Treatment and Access
(Behavioral Health Model for Maryland)
Finance Committee
March 7, 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 582.

SB 582 establishes a commission to make recommendations regarding behavioral health access and treatment. It would also provide for the expansion of Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs), establish a value-based purchasing pilot program, and extend certain time-limited telehealth provisions.

Commission on Behavioral Health Care Treatment and Access
SB 582 establishes a commission "to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals in the state across the behavioral health continuum that are available on demand." The bill enumerates commission membership, establishes standing workgroups, and outlines various duties and responsibilities across a variety of policy areas. The commission sunsets after four years.

Behavioral health stakeholders in Maryland have worked long and hard to address an increasing demand for mental health and substance use care across the state. After many years, we are finally starting to see attention to and progress across three key pillars of the behavioral health care continuum – community-based services and supports, crisis response services, and inpatient treatment.

As reforms in these areas progress, this commission can play an important role in ensuring these efforts are integrated, coordinated, and properly resourced. As such, we would urge the commission to develop a plan within one year that guides state coordination and support for these ongoing reform efforts. The commission should then focus the remaining three years of its term on oversight and execution of the plan, including allocation of resources necessary to ensure its success.

Certified Community Behavioral Health Clinics (CCBHCs)
CCBHCS are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally

qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

Maryland currently has very limited CCBHC coverage, with a few programs funded by federal grants they applied for directly. These programs, however, are seeing similarly positive results. For example, Sheppard Pratt's CCBHC program has reduced hospital stays by nearly 50% and reduced the average per client emergency room visit cost by 80%. The Cornerstone Montgomery CCBHC program has decreased hospitalizations between 28% and 36% in each of the past three years, and emergency department visits were down 20% in 2019, 30% in 2020, and 59% in 2021. Unfortunately, grant funding for these programs is time limited. The establishment of a state CCBHC program pursuant to SB 582 is necessary to maintain this momentum and build upon this success.

Value-Based Purchasing Pilot
SB 582 establishes a three-year pilot program to provide intensive care coordination using value-based purchasing (VBP) in the specialty behavioral health system. The pilot will serve at least 500 individuals whose behavioral health needs place them at risk of emergency department utilization or inpatient hospitalization. Pilot providers will be financially incentivized to meet certain outcome measures.

Whereas the current fee-for-service system rewards the volume of services delivered, VBP rewards results. It allows the flexibility, coordination, and creativity necessary to meet the needs of individuals with complex behavioral health disorders.

VBP arrangements are already in use across systems operating in Maryland, including Medicare, the Total Cost of Care (TCOC) model, and Maryland's Primary Care Program (MDPCP). Over twenty state Medicaid programs have begun implementing VBP in the delivery of their public behavioral health services. It makes sense for Maryland to start moving in this direction too.

Telehealth Extensions
SB 582 extends for another two years the time-limited provisions requiring coverage for audio-only telehealth and telehealth rate reimbursement for providers on par with in-person services.

As Maryland works to tackle a persistent behavioral health workforce shortage and address an increasing demand for quality mental health and substance use services, we must ensure the tools currently expanding access to care do not lapse. The use of video and audio-only

telehealth has proven invaluable in serving those with mental health and substance use disorders who otherwise would have foregone the treatment and support services that help avert the use of higher – and more expensive – levels of care.

Audio-only telehealth is vital. Many Marylanders lack the financial means to purchase smart phones or other video technology and the data plans to support them. Others live in rural areas where broadband coverage is spotty at best. Without ongoing supports through audio-only telehealth these individuals will face great difficulty in accessing needed behavioral health care.

Likewise, rate parity between services provided through telehealth and those conducted in-person is critically important. The use of telehealth helps behavioral health providers allocate scarce resources to best meet the increased demand for behavioral health care. Allowing lower rates for the use of telehealth in the middle of a behavioral health workforce crisis would jeopardize providers' ability to maintain already stretched staff and likely cause those providers to eliminate telehealth as an option.

For all these reasons, MHAMD supports SB 582 and urges a favorable report.

Reck Testimony SB 582.pdf
Uploaded by: Daniel Reck
Position: FAV

MATClinics

Medication Assisted Treatment

Testimony on SB 582
Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)
Senate Finance Committee
Mach 7, 2023

POSITION: FAVORABLE

Good afternoon. I am Dan Reck, CEO of MATClinics. Established in 2016, we now have eight locations across Maryland: Hagerstown, Westminster, Havre de Grace, Dundalk, Towson, Annapolis, Laurel, and Salisbury. Each year we treat more than 4,000 patients for substance use disorders, approximately 75% of whom are Maryland Medicaid recipients.

I spent most of my career in commodity and financial markets but a family member's experience gave me a frontrow perspective on the need to improve the quality of care in addiction treatment. My co-founders and I launched MATClinics with the goal of doing just that by applying our experience in successfully managing large, sophisticated businesses. At the expense of profitability, we have funded the development of systems that demonstrably improve outcomes for our patients.

The first of these systems is the use of data analytics to help patients achieve recovery more efficiently — an approach we developed with scientists at the National Institute of Drug Abuse that is documented in the peer-reviewed Journal of Addiction Medicine. Essentially, we calculate scores which represent adherence to treatment. Low scoring patients are allocated additional resources, such as intensive outpatient counseling, mental health therapy, and psychiatry. At the same time, high scoring patients are able to engage in maintenance treatment only.

The second of these systems is the 24/7 support services we provide each patient to manage everyday challenges, including a lack of transportation and hectic work-life schedule, that are often barriers to recovery. As evidenced by the fact that roughly three-quarters of our patients use these support services, the lives of people with a substance use disorder are typically in a disarray. By helping our patients manage their everyday lives, we make their recovery more manageable for them.

Unfortunately, in a fee-for-service environment, our investments in critical services are ignored by the State. We would very much like the opportunity to compete on the quality of patient outcomes but there is currently no mechanism to allow us to do so. As a result, the State is missing an opportunity to broadly incentivize higher quality care in addiction treatment.

I strongly advocate for the passage of SB 582 to allow Medicaid to pilot a program in which performance standards are used to reimburse providers. MATClinics is demonstrating that data can be used on a patient-by-patient, visit-by-visit basis to improve health outcomes. Moreover, our data can be combined with other objective metrics to assess the overall quality of outcomes, including retention. Providers should be accountable for the outcomes of all of their patients, not simply the ones who have achieved recovery.

In the U.S., a human life is lost every five minutes to the opioid crisis, in addition to costing the national economy $1.5 trillion every year. It's beyond time for us to adopt a model that rewards providers for achieving positive patient outcomes. Ignoring quality of care has proven far too costly, after all.

Thank you for the opportunity to share my perspective with you today.

IL Written Testimony SB582 2023.pdf
Uploaded by: Hindley Williams
Position: FAV

SB582 – Behavioral Health Care – Treatment and Access – Behavioral Health Model for Maryland Support

Testimony of Maryland Centers for Independent Living

Senate Finance Committee 03/07/2023

The Maryland Centers for Independent Living are in support of SB582.
SB582 Will increase access to affordable, appropriate, comprehensive behavioral health care across Maryland. SB582 will establish Certified Community Behavioral Health Clinics, modeled similar to Federally Qualified Health Centers, as well as creating a pilot program for Value Based Purchasing that focuses on quality of care rather than quantity. These will help to rebalance the behavioral health system away from a focus on crisis services to one that focuses on providing individuals the services and supports necessary to avoid crisis in the first place, thus helping to alleviate our already overburdened Emergency Departments and In-patient programs.

The seven Centers for Independent Living (CIL) were established by federal law and work to ensure the civil rights and quality services of people with disabilities in Maryland. Centers for Independent Living are nonprofit disability resource and advocacy organizations located throughout Maryland operated by and for people with disabilities. CIL staff and Boards are at least 51% people with disabilities. We are part of a nationwide network which provides Information and Referral, Advocacy, Peer Support, Independent Living Skills training, and Transition Services.

Contact Information:

Sarah Basehart
Independence Now
240-898-2183
sbasehart@innow.org

Hindley Williams
The IMAGE Center
410-305-9199
hwilliams@imagemd.org

WDC 2023 Testimony SB582_Final.pdf
Uploaded by: JoAnne Koravos
Position: FAV

MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB
P.O. Box 34047, Bethesda, MD 20827 www.womensdemocraticclub.org

Senate Bill 582
Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)
Senate Finance Committee – March 7, 2023
SUPPORT

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club** (WDC) for the 2023 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of SB0582. This bill will establish a "Commission on Behavioral Health Care Treatment and Access to make recommendations to provide appropriate, accessible, and comprehensive behavioral Health services to individuals in the State across the behavioral health continuum that are available on demand."[1] The bill defines the meaning of "behavioral health" as substance-related disorders, addictive disorders, mental disorders, life stressors and crises, and stress-related physical symptoms.

The lingering impact of the Covid-19 pandemic on the mental health of Maryland's residents is disproportionately seen in our children, elderly, and at-risk family units.[2] The *2022 KIDS COUNT® Data Book* report shows that children in Maryland, as well as children throughout the United States, are in the midst of a mental health crisis, struggling with anxiety and depression at unprecedented levels. Maryland data show an urgent need to address youth mental health as 1 in 8 young people in the state deal with anxiety or depression.[3] Racial and ethnic disparities contribute to disproportionately troubling mental health and wellness conditions among children of color. In addition, many LGBTQ young people are encountering challenges as they seek mental health support.[4]

Furthermore, financial and economic instability leads to greater stress and anxiety for families and children. When a child is living in poverty or in a household facing financial difficulties, they are never immune from the stress of their environment. Uninsured or under-insured children are also less likely to have access to

[1] https://mgaleg.maryland.gov/2023RS/bills/hb/hb1148F.pdf
[2] Maryland Center on Economic Policy: New Maryland Data Show the Pandemic's Toll on the Mental Health and Well-Being of Children and Families, https://www.mdeconomy.org/new-maryland-data-show-the-pandemics-toll-on-the-mental-health-and-well-being-of-children-and-families/
[3] Annie E. Casey Foundation, (2022, August 8). 2022 KIDS COUNT DATA BOOK: 2022 STATE TRENDS IN CHILD WELL-BEING.
https://www.aecf.org/resources/2022-kids-count-data-book
[4] Maryland Center on Economic Policy: New Maryland Data Show the Pandemic's Toll on the Mental Health and Well-Being of Children and Families, (para. v). https://www.mdeconomy.org/new-maryland-data-show-the-pandemics-toll-on-the-mental-health-and-well-being-of-children-and-families/

mental health services, preventing them from securing the help they need in times of crisis.[5] "While Maryland compares favorably to other states on many measures of economic security because of past policy decisions, the reality is that hundreds of thousands of Marylanders are still struggling to get by. In particular, Maryland's housing costs are unaffordable for many families," said Nonso Umunna, MDCEP's KIDS COUNT director. "Unstable housing is also a major cause of stress and anxiety. Maryland policymakers must continue to take steps to ensure everyone can have a safe, affordable place to live."[6]

Although discrete policy decisions will chip away at the problem, according to the U.S. Department of Health and Human Services (HHS), *National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit* "[c]risis services must be designed to serve anyone, anywhere and anytime."[7] Therefore, continuous, and accessible behavioral health services to all Marylanders is key. Establishing a comprehensive and efficient behavioral health model for Maryland will be a significant advancement in addressing our statewide mental health challenge.

Establishing a commission on behavioral health care treatment and access through the enactment of SB0582 is a critical step forward for the health and well-being for all Marylanders, therefore **we ask for your support for SB0582 and strongly urge a favorable Committee report.**

Diana E. Conway
WDC President

JoAnne Koravos
WDC Advocacy Chair

[5] Maryland Center on Economic Policy: New Maryland Data Show the Pandemic's Toll on the Mental Health and Well-Being of Children and Families (para. vii), https://www.mdeconomy.org/new-maryland-data-show-the-pandemics-toll-on-the-mental-health-and-well-being-of-children-and-families/
[6] Ibid. (para. viii)
[7] National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit , (p. 52). https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

SB0582.pdf
Uploaded by: Jonathan Dayton
Position: FAV

Statement of Maryland Rural Health Association (MRHA)
To the Senate Finance Committee
Chair: Senator Melony Griffith
March 7th, 2023
Senate Bill 582: **Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**

POSITION: SUPPORT

Chair Griffith, Vice Chair Klausmeier and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 582, Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland).

MRHA believes that all Marylanders deserve access to behavioral health care. According to the Mental Health Association of Maryland in a 2022 report, sixteen entire counties are federally designated as mental health professional shortage areas.[1] With this shortage in mind, hundreds of thousands of Marylanders experience behavioral health crises.[1] Currently, the state cannot meet this demand.

SB 582 can help address this important issue. Establishing certified community behavioral health clinics will greatly improve access to care because individuals will not be turned away from services based on their ability to pay.[2] This is an imperative barrier to address, as the 2022 Access to Care Survey completed by the National Counsil for Mental Wellbeing reported that cost-related issues prevented 37% from getting mental health care and 31% from receiving substance use care.

MRHA urges you to support SB 582 to ensure all Marylanders have access to the health care they need.

Sincerely,

Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org

1. 2022 Session Summary. Mental Health Association of Maryland. https://www.mhamd.org/wp-content/uploads/2022/04/MHAMD-2022-Final-Session-Summary.pdf. Published 2022. Accessed 2023.
2. Certified Community Behavioral Health Clinics (ccbhcs). SAMHSA. https://www.samhsa.gov/certified-community-behavioral-health-clinics. Accessed March 5, 2023.
3. More than 4 in 10 U.S. adults who needed substance use and mental health care did not get treatment. National Council for Mental Wellbeing. https://www.thenationalcouncil.org/news/more-than-4-in-10-us-adults-who-needed-substance-use-and-mental-health-care-did-not-get-treatment/. Published May 31, 2022. Accessed March 5, 2023.

SB0582_HorizonFoundation_FAV.pdf
Uploaded by: Kerry Darragh
Position: FAV

HORIZON FOUNDATION

March 7, 2023

COMMITTEE: Senate Finance Committee
BILL: SB 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)
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 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland).

SB 582 will establish the Commission on Behavioral Health Care Treatment and Access, which will be charged with making recommendations regarding on-demand behavioral health services for Maryland residents that are appropriate, accessible, and comprehensive and authorizes the Maryland Department of Health to seek a state plan amendment to establish certified Community Behavioral Health Clinics.

Across the state, mental and behavioral health supports remain a patchwork. Many residents do not avail themselves of help until they reach the point of crisis, and when they do, they often find themselves in emergency departments ill-equipped to meet their needs. According to the Centers for Disease Control and Prevention (CDC), this issue is especially pronounced in the Black community – between 2018 and 2020, Black Americans had the highest rate of mental health-related emergency room visits.[1] The rate at which Black patients visited emergency departments (96.8 visits per 1,000 people) was nearly double that of White patients (53.4 per 1,000 people) and triple that of Hispanic patients (36.0 per 1,000 people). Moreover, in 2020, the CDC estimates that only 1 in 5 adults living with a mental health disorder received treatment within that same year, with significantly lower rates among Black and Hispanic patients.

Altogether, SB 582 is needed to promote access to care and improve health equity – two of Horizon Foundation's highest priorities. The Foundation has worked to bolster the three key pillars of the behavioral

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

and mental health care continuum – community-based services and supports, crisis response services, and inpatient treatment.

We have 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. Through a broad grassroots coalition, the Foundation also assisted the Howard County Public School System in enhancing its mental health supports for students – a program that is expanding to every public school in the County.

SB 582 will bolster Maryland's behavioral and mental health care continuum, resulting in much-needed community-based supports for communities who have historically lacked access. For these reasons, the Foundation **SUPPORTS SB 582** and urges a **FAVORABLE** report.

Thank you for your consideration.

[i] Peters, Z. J., Santo, L., Davis, D., & DeFrances, C. J. (2023, March 1). National Health Statistics Reports - Centers for Disease Control and Prevention. Retrieved March 1, 2023, from https://www.cdc.gov/nchs/data/nhsr/nhsr169.pdf

SB582-CBH-CCBHC-FAV.pdf
Uploaded by: Lori Doyle
Position: FAV

Testimony on SB 582
Behavioral Health Care – Treatment and Access
(Behavioral Health Model for Maryland)
Certified Community Behavioral Health Clinics
Senate Finance Committee
March 7, 2023
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

It is time to rebalance our public behavioral health system from a focus on crisis services to a focus on those services and supports that keep people out of crisis and help avert unnecessary hospital emergency department (ED) and inpatient utilization. Certified Community Behavioral Health Clinics (CCBHCs) will do just that.

> ***"The people who could and should be in care don't get it until they're very ill and they're in an emergency room. Whenever you have a crisis, it's because you failed in some way upstream."***
> *– Healing: Our Path from Mental Illness to Mental Health* by Thomas Insel, former director of the National Institute of Mental Health

Decades ago, Congress created federally qualified health centers (FQHCs) to provide a comprehensive array of somatic care services to individuals regardless of their insurance status or ability to pay. CCBHCs were created at the federal level in 2013 to provide the same comprehensive approach for those with behavioral health needs.

CCBHCs must meet rigorous 115 federal standards and provide at least nine required services, including services for children, medication-assisted treatment for those with opioid disorders, 24/7 crisis intervention, and peer supports. A five-year evaluation of CCBHCs in the original ten demonstration states highlights some impressive outcomes, including the following:

New York

- All cause hospital readmissions dropped 55% after 1 year.
- Behavioral health inpatient and overall inpatient services show a 27% and 20% decrease in monthly costs, respectively.
- Behavioral health ED and overall ED services show a 26% and 30% decrease in monthly costs, respectively.
- Behavioral Health services for children and youth increased by 24%.

Oklahoma

- Adult inpatient hospitalizations at any psychiatric hospital were reduced by 93.1%.
- From 2016-2021, the decrease in inpatient hospitalizations produced a $62 million cost savings.

Missouri

- Hospitalizations dropped 20% after 3 years, ED visits dropped 36%.
- Access to behavioral health services increased 35% in 5 years, with a 156% increase in medication-assisted treatment for substance use disorders.
- Deflection and diversion programs with law enforcement increased by 41%.

Maryland struggles with the longest ED wait times in the nation and overutilization of ED services for those with behavioral health conditions. Children's access to behavioral health services has been decimated, resulting in increased ED utilization and ED boarding time. Law enforcement officers are increasingly asked to intervene in behavioral health emergencies. We continue to struggle with unacceptably high opioid overdose deaths.

The cracks in our system are evident. It is time Maryland addressed these critical concerns by adopting the CCBHC model, as have twenty-three other states.

We urge a favorable report on SB 582.

For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or lori@mdcbh.org.

SB582-CBH-Overview-FAV.pdf
Uploaded by: Lori Doyle
Position: FAV

Testimony on SB 582
Behavioral Health Care – Treatment and Access
(Behavioral Health Model for Maryland)
Senate Finance Committee
March 7, 2023
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

This bill takes a balanced approach in creating a commission to study and plan for behavioral health needs over a four-year period while also moving forward with three critical initiatives that will help rebalance our system from one focused on crisis care to one focused on those services that help prevent the need for crisis care. It also provides for innovative changes that will move our behavioral health system from one that rewards volume to one that rewards the achievement of results.

The Commission will be comprised of legislators, representatives of the administrative branch, and members of the behavioral health stakeholder community. They will conduct a needs assessment, review trends and best practices from other states, and make recommendations to provide appropriate and adequate behavioral health services to individuals with complex needs, among other tasks.

SB 582 also includes three initiatives that will help transform our behavioral health system and make the most efficient use of our workforce. These include the continuation of the telehealth flexibilities made available by legislation passed in 2021; the creation of a value-based purchasing program; and implementation of the Certified Community Behavioral Health Clinic (CCBHC) model.

For your convenience we have submitted individual testimony on these three initiatives.

It is time to take action to address the shortcomings of our behavioral health system and to transform it from a good system to a great one.

We urge a favorable report on SB 582.

For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or lori@mdcbh.org.

SB582-CBH-Telehealth-FAV.pdf
Uploaded by: Lori Doyle
Position: FAV

Testimony on SB 852
Behavioral Health Care – Treatment and Access
(Behavioral Health Model for Maryland)
Telehealth
Senate Finance Committee
March 7, 2023
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

The combined impacts of the COVID pandemic and a workforce crisis that predated the pandemic require creative solutions – including the expanded use of technology – in order to meet current and projected demand for behavioral health services. The use of video and audio-only telehealth has proven invaluable in serving those with mental health and substance use disorders who otherwise would have foregone the treatment and support services that help avert the use of higher – and more expensive – levels of care.

It is critical that audio-only telehealth be allowed to continue since many of our clients lack the financial means to purchase smart phones or other video technology and the data plans to support them. Others live in rural areas where broadband coverage is spotty at best. Without ongoing supports through audio-only telehealth these individuals will face great difficulty in accessing needed medications and therapy.

We are also supportive of the continuation of rate parity between services provided through telehealth and those conducted in-person. The licensure and documentation requirements remain the same regardless of the mode of communication. In fact, the use of telehealth helps us to most efficiently use our scarce human resources to meet the increased behavioral health demand. Our workforce crisis is very real. Forcing lower rates for the use of telehealth would jeopardize our ability to maintain our already stretched staff and likely cause providers to eliminate telehealth as an option.

CBH has surveyed its members over the past two years to determine the impact of telehealth on our organizations, their staff, and those served. Our surveys show a high satisfaction rate among both staff and clients regarding telehealth services. We have also seen no-show rates plummet as those who struggled with transportation challenges, restrictive work schedules, and child care are now able to take advantage of the flexibility that telehealth provides.

Telehealth – both audio-visual and audio-only – have changed the service delivery landscape and allowed those with serious behavioral health disorders to access care. It has also allowed providers to make the most efficient use of a stretched workforce.

We urge a favorable report on SB 582.

18 Egges Lane, Catonsville MD 21228 • 410.788.1865 • mdcbh.org

SB582-CBH-VBP-FAV.pdf
Uploaded by: Lori Doyle
Position: FAV

Testimony on SB 582
Behavioral Health Care – Treatment and Access
(Behavioral Health Model for Maryland)
Behavioral Health Care Coordination Value-Base Purchasing Pilot Program
Senate Finance Committee
March 7, 2023
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

Value-based purchasing (VBP) simply means financially incentivizing providers to meet selected outcome measures. VBP differs from the current fee-for-service (FFS) reimbursement in critical ways:

- FFS rewards volume, so the more services provided, the more money brought in. VBP rewards results. There is no incentive to provide unnecessary services.

- FFS does not distinguish between quality providers and those who are not. Because VBP rewards results, only those providers who can achieve the desired outcomes receive incentives.

- FFS is inflexible and prescriptive. VBP allows the flexibility needed to meet individual needs and population health goals.

The somatic healthcare system migrated to VBP many years ago. VBP arrangements exist in Medicare and are also seen here in Maryland in the Total Cost of Care (TCOC) model and the Maryland Primary Care Program (MDPCP).

Twenty-two state Medicaid programs require plans to implement VBP in behavioral health.

We know from Maryland Hospital Association and Maryland Institute for Emergency Medical Services Systems (MIEMSS) data that behavioral health is overrepresented in emergency department (ED) utilization and ED boarding time, both of which contribute to stagnant ED throughput, resulting in Maryland's ED wait times being the longest in the nation.

SB 582 will help address these problems by incentivizing providers to meet such goals as reduced ED and inpatient utilization and lowering total healthcare expenditures. The goals would also include quality metrics, such as Healthcare Effectiveness Data and Information Set (HEDIS) measures.

SB 582 establishes a 3-year pilot program involving at least 500 individuals whose behavioral health condition or functioning places them at risk of ED utilization or inpatient hospitalization. Chosen providers would be paid a per member per month fee to provide intensive care coordination for these individuals.

Following the initial startup year, providers will receive their full care management allotment only if they have achieved the goals targeted by the state. The amount of allotment withheld will increase in Year 3.

On or before Nov. 1, 2027, the Maryland Department of Health (MDH) will report to the Governor and the General Assembly on the findings and recommendations from the pilot program.

This bill will help rebalance our behavioral health system from one that is crisis-focused to one that prevents crises by addressing needs quickly and flexibly.

We urge a favorable report on SB 582.

SB 582 Support.pdf
Uploaded by: Maddie Long
Position: FAV

Testimony in support of
Senate Bill 582: Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)

Finance Committee
Position: Favorable

March 7, 2023

Strong Schools Maryland is a network of education advocates dedicated to ensuring the full funding and faithful implementation of the Blueprint for Maryland's Future. We advocate for legislative and regulatory policy changes to further educational equity and build the technical capacity of everyday Marylanders to hold state and local officials accountable to their responsibilities. **Strong Schools Maryland urges a favorable vote on Senate Bill 582: Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland).**

The Blueprint for Maryland's Future envisions a World-Class system of public schools for our state's students. This involves a significant investment in behavioral and mental health services and supports, including the expansion of community schools in the State, the creation of the Consortium on Coordinated Community-Based Supports, and increased school based health center funding. This bill supports the work of the Blueprint through addressing access to behavioral health services in the State.

Our country is in the midst of a national youth mental health crisis. The U.S. Department of Health and Human Services reports that while there have been considerable measures taken to address adult mental health issues post-pandemic, there are often considerable gaps in capacity to serve youth

and families.[1] In Maryland specifically, the Anne E. Casey Foundation's Kids Count data shows that in 2020, 12.8% of children and teens experienced anxiety or depression.[2] Further, LGBTQ+ students are more likely to experience mental health challenges, but less likely to receive help. One survey found that 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.[3] Left unaddressed, students with mental health challenges can experience multiple negative outcomes, including trouble making friends, learning, concentrating, and completing work, as well as poor grades, absences, suspension, expulsion, and suicide.[4]

This bill aligns with the Blueprint's vision of investments to pre-emptively and responsively address school community behavioral and mental health needs. Therefore, **we urge a favorable report on Senate Bill 582.**

For more information, contact Maddie Long:
maddie@strongschoolsmaryland.org

[1] U.S. HHS
[2] Anne E. Casey Foundation
[3] The Trevor Project
[4] Groves Learning Institute

SB582-- FAV.pdf
Uploaded by: Morgan Mills
Position: FAV

NAMI Maryland
National Alliance on Mental Illness

March 7, 2023

Chairwoman Griffith, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

We recognize the importance of appropriate, accessible, and comprehensive behavioral health services in the State. Establishing a Commission to study and make recommendations to promote this is critical. All people with mental health conditions deserve accessible, affordable, and comprehensive health care.

Although Maryland has been a leader on behavioral health for many years, Marylanders are still struggling to get the help they need. As such, we encourage the development of solutions to these problems. The Behavioral Health Access and Treatment Model is the first step towards providing adequate, effective, and coordinated mental health treatment and services throughout Maryland.

As you know, there are more than 300,000 Marylanders served by our public behavioral health system. We appreciate the efforts in SB582 to address the gaps in the Behavioral Health System—whether it's reimbursing behavioral health services, addressing gaps in services, examining needs of the geriatric and youth population, or assessing the health infrastructure currently available. We applaud the creation of the sub-workgroups within this commission as well. The geriatric, youth, and criminal-justice involved populations are extremely vulnerable. Mental health is important at every stage of life.

NAMI supports policies that improve and expand data collection, promote quantitative and qualitative outcomes measurement, and ensure accountability in mental health services delivery. Measurements should include outcomes in systems, specific programs, and providers, as well as for individuals.

Additionally, when reimagining healthcare, we need innovative solutions like those outlined in the Value-Based Purchasing Pilot program. Value-Based Purchasing rewards better value of care instead of simply volume of services. This pilot program that will help assess the feasibility of adoption of a state-wide plan. We realize that the legislation calls for $600,000/year for this pilot, but it is absolutely worth it seeing as we know there will be a decrease in the need of emergency department utilization, inpatient hospitalization, as well as criminal justice system involvement. Wellness is an important investment that will lead to decreased public cost, improved resource allocation, and reduction in stigma, thus improving the lives of all those affected by serious mental illnesses.

For these reasons, we urge a favorable report.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
Compass Government Relations
Mmills@compassadvocacy.com

MPA Testimony 2023 - Support - Senate Bill 582 - B

Uploaded by: Pat Savage

Position: FAV

MARYLAND PSYCHOLOGICAL ASSOCIATION

10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

March 4, 2023

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

RE: SB 582 Behavioral Health Care – Treatment and Access

Position: **Support**

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 582.**

The MPA **STRONGLY SUPPORTS** establishing a Commission on Behavioral Health Care Treatment and Access and appreciates the opportunity participate on the Commission.

In addition, MPA supports the development of a Pilot Program within Maryland Medical Assistance to provide services which might otherwise not be covered by Maryland Medical Assistance, but which are cost-effective and prevent expensive hospitalization.

Thank you for considering our comments on SB 582. If we can be of any further assistance as the 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 Resnick, 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

Anne Arundel County_FAV_SB582 (1).pdf
Uploaded by: Peter Baron
Position: FAV

ANNE ARUNDEL COUNTY
MARYLAND
County Executive Steuart Pittman

March 7, 2023

Senate Bill 582

Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)
Senate Finance Committee

Position: FAVORABLE

Senate Bill 582 would establish a Commission on Behavioral Health Care Treatment and Access and take other steps in order to improve access to mental health treatment and modernize the State's mental health care system. This Commission will be charged with assessing the current landscape of behavioral health services to identify needs and gaps, reviewing trends and best practices from other states, and providing recommendations on health infrastructure, workforce, and other issues to be taken up in the future.

Health - physical health and mental health - is what matters the most to every one of us, regardless of political philosophy. In many ways, the COVID pandemic strengthened us and strengthened our health and human service agencies. But it also increased the need for crisis behavioral health services in our communities

With the legislature's support, in mid-December of last year, Anne Arundel County finally received from the State the deed for the Crownsville Hospital Center. Our vision for the Crownsville Hospital Memorial Park is to preserve the undeveloped portion of the property and establish passive uses such as trails. The developed portion of the property will be utilized to further enhance the health and wellness non-profit presence and community support services that are already on site.

Crownsville will be a center for healing. As we bring that land and its historic buildings back to life, we will be nurturing the nonprofit organizations that undertake that work in a new Health and Wellness incubator at a building we already own on the Crownsville campus - 41 Community Place. Our capital program already includes funding to restore that building

Anne Arundel County looks forward to being a part of an improved behavioral health system for our State and our residents. I ask for a **FAVORABLE** report on SB 582

Peter Baron Phone: 443.685.5198 Email: Peter.Baron@aacounty.org

SB0582_CC_Vaughan_FAV.pdf
Uploaded by: Regan Vaughan
Position: FAV

SB 582
Behavioral Health Care – Treatment and Access
(Behavioral Health Model for Maryland)
Finance Committee
March 7, 2023

Support

Catholic Charities of Baltimore supports House Bill SB 582 which would create a Commission on Behavioral Health Care Treatment and Access, establish a value-based purchasing pilot program, expand certified community behavioral health clinics, and extend telehealth provisions established in the wake of COVID.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For 100 years, Catholic Charities has accompanied Marylanders as they age with dignity, obtain empowering careers, heal from trauma and addiction, achieve economic independence, prepare for educational success and feel welcome as immigrant neighbors. We recognize the importance of creating and maintaining a strong public behavioral health system in Maryland.

We are encouraged by the attention and focus that behavioral health is receiving. Our system was strained with the double crises of COVID and the failed ASO transition. It's time to rebuild it. The creation of a Commission on Behavioral Health Care Treatment and Access will allow us to take a comprehensive approach to rebuilding our system. We greatly appreciate that youth are a focus of one of the workgroups. However, we respectfully request that they not be combined with the "individuals with complex behavioral health needs" population. Youth are very different from adults and as such their needs are different. They are different physiologically, they interact different systems, they have different rights and unlike adults, successful treatment for a youth cannot be isolated from the family, as a whole. Combining youth with individuals with complex needs into one workgroup ignores the unique needs of youth at all levels of care. There is also a fear that it would take away from the need to focus on rebuilding both low intensity and high intensity community supports for children. **We strongly suggest creating a separate workgroup that focuses solely on youth and adding commission members who specifically can address the needs of youth including youth serving providers and organizations representing families.**

We appreciate the inclusion of value-based payments, certified community health centers and the renewal of the telehealth flexibilities in the bill. We fully support those aspects.

For the reasons listed above, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for Senate Bill 582.

Submitted By: Regan Vaughan, Director of Advocacy

Testimony In Support of SB 582 - HB 1148 - Finance

Uploaded by: Rich Ceruolo

Position: FAV

February 23, 2023

Maryland House Senate
11 Bladen St.
Annapolis, MD. 21401

In Support of HB SB 582 / HB 1148: Behavioral Health – Behavioral Health 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 HB 1148 and the help that it will bring to all the citizens that benefit from a commission that will analyze and help to improve the behavioral health care system across our state.

There is real benefit to the various communities that our health care system serves in both the availability and quality of services being offered to all Maryland citizens. There is so much room for improvement and we hope that the establishment of the commission will be a huge leap forward in this process.

We would like to ask and encourage this committee and MGA members to continue to explore ways to improve access and quality of health care options. 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 all citizens with an improved behavioral health care system across our state. We ask the committee to please support SB 582 / HB 1148 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

2023 ACNM SB 582 Senate Side FAV.pdf
Uploaded by: Robyn Elliott
Position: FAV

AFFILIATE OF AMERICAN COLLEGE of NURSE-MIDWIVES With women, for a lifetime®

Committee:	**Senate Finance Committee**
Bill Title:	**Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**
Hearing Date:	**March 7, 2023**
Position:	**Support**

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) supports *Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)*. The bill provides for a robust package of behavioral health initiatives, including the establishment of a commission to develop a comprehensive, long-term strategy to improve behavioral health access.

The bill also provides for a 2-year extension of two provisions related to telehealth reimbursement for Medicaid and private plans: 1) reimbursement of audio-only services; and 2) reimbursement parity for telehealth services. In providing services to women, certified nurse-midwives (CNMs) and other health care practitioners can use telehealth services to increase access to care. Some examples are:

- **Hypertension – Prenatal and Post-Partum:** Telehealth, including remote patient monitoring, is a strategy for addressing hypertension for women in both prenatal and postpartum care. It allows for more frequent monitoring and clinical intervention than regular in-person visits.[i] A recent peer-reviewed research study showed that remote patient monitoring reduced prenatal admissions and induced labor for women with gestational hypertension.[ii]

- **Lowering Pregnancy Stress:** The Mayo Clinic's "OB Nest" program, which includes several uses of telehealth communication resulted in lower pregnancy stress and higher patient satisfaction.[iii]

- **PrEP:** Telehealth is being used to increase access to PrEP.[iv]

We need consistent and fair reimbursement rules in order to continue to implement telehealth innovation across the health care spectrum, including somatic, behavioral health, and dental. We ask for a favorable report. If we can provide any further assistance, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

[i] Hoppe, Kara et al. Telehealth with remote blood pressure monitoring for postpartum hypertension: A prospective single-cohort feasibility study. Pregnancy Hypertension. Volume 15, January 2019, Pages 171-176.

[ii] Lanssens, Dorien et al. The impact of a remote monitoring program on the prenatal follow-up of women with gestational hypertensive disorders. Obstetrics & Gynecology and Reproductive Biology Volume 223, April 2018.

[iii] Butler Tobah, Yvonne et al. Randomized comparison of a reduced-visit prenatal care model enhanced with remote monitoring. American Journal of Obstectics and Gynecology. December 2019.

[iv] Touger, R. & Wood, B.R. Curr HIV/AIDS Rep (2019) 16: 113. https://doi.org/10.1007/s11904-019-00430-z.

2023 MASBHC SB 582 Senate Side FAV.pdf
Uploaded by: Robyn Elliott
Position: FAV

masbhc
MARYLAND ASSEMBLY ON
SCHOOL-BASED HEALTH CARE
education+health=success

Committee:	**Senate Finance Committee**
Bill Number:	**Senate Bill 582 - Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**
Hearing Date:	**March 7, 2023**
Position:	**Support**

The Maryland Assembly on School-Based Health Care supports *Senate Bill 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland).* Through the establishment of the Commission on Behavioral Health Care Treatment and Access, the bill would advance a public health approach to improving access to behavioral health. The Commission's work would begin with a robust needs assessment by region of unmet behavioral health needs. Then, through several workgroups, the Commission would gather extensive data from clinicians, consumers, and public health experts on potential strategies to close gaps in access.

The bill also extends the sunset date for two critical provisions of telehealth reimbursement law for Medicaid and state-regulated private insurance: 1) required reimbursement for audio-only services; and 2) required reimbursement parity for telehealth services.

We ask for a favorable report on this legislation. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

2023 MDAC SB 582 Senate Side FAV.pdf
Uploaded by: Robyn Elliott
Position: FAV

Maryland Dental Action Coalition

10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: **Senate Finance Committee**

Bill Title: **Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**

Hearing Date: **March 7, 2023**

Position: **Support**

The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 582 – Behavioral Health – Treatment and Access*. The bill provides for a comprehensive planning process to improve access to behavioral health. The bill also extends provisions of telehealth reimbursement for an additional two years – including extending the provision for reimbursement parity for telehealth services and reimbursement for audio-only services. The underlying telehealth reimbursement law already includes reimbursement for teledentistry. Since the beginning of the pandemic, the Maryland Medical Assistance Program has reimbursed for teledentistry using a procedure code established by the American Dental Association.

Through telehealth during the pandemic, dentists have been able to provide remote consultations and then follow-up with in-person services as necessary. The pandemic has accelerated the implementation of telehealth to address access issues by:

- Connecting patients in remote areas to specialists. This is particular critical in rural areas;
- Providing emergency consults and diverting patients from emergency rooms; and
- Allowing dentist to provide consults to patients who face mobility and transportation issues.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

2023 MNA SB 582 Senate Side FAV.pdf
Uploaded by: Robyn Elliott
Position: FAV

Committee: **Senate Finance Committee**

Bill Title: **Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**

Hearing Date: **March 7, 2023**

Position: **Support**

The Maryland Nurses Association (MNA) supports *Senate Bill 582 – Behavioral Health Care – Treatment and Access*. The bill provides for the creation of comprehensive public health plan to address access behavioral health access issues. The bill also provides for the extension of fair and consistent reimbursement rules to continue the support of telehealth to 2025. We would like to continue to highlight the bill's support of audio-only visits, which are critical to serve communities without access to broadband or have limited technology resources.

Under our Total Cost of Care Model in Maryland, it is critical that health care providers continue to be able to utilize telehealth to communicate efficiently and effectively with patients. According to the American Hospital Association Center for Health Innovation:[i]

> *"Telehealth and digital health care enable a model of care that is ubiquitous and seamless, more affordable and integrated into patients' lives. In the shift to demand-driven health care, telehealth becomes the patient's first — and most frequent — point of access for urgent care, triage for emergent conditions, specialty consults, post-discharge management, medication education, behavioral health counseling, chronic care management and more."*

Telehealth can be used to:

- Increase access to primary care services, urgent care, and specialist services in shortage areas;
- Support facilities and programs in managing the use of the use of their ambulatory care space. If some patients can be treated through telehealth, it is a more efficient use of resources; and
- Increase patient satisfaction. Patients can probably be seen more quickly and without having to take time off from work.

We ask for a favorable report on this legislation. If we can provide additional perspective on telehealth, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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[i] The American Hospital Association Center for Health Innovation. "Telehealth: A Path to Virtual Integrated Care". February 2019. https://www.aha.org/system/files/media/file/2019/02/MarketInsights_TeleHealthReport.pdf

2023 MOTA SB 582 Senate Side FAV.pdf
Uploaded by: Robyn Elliott
Position: FAV

Maryland Occupational Therapy Association

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

Committee: **Senate Finance Committee**

Bill Title: **Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**

Hearing Date: **March 7, 2023**

Position: **Support**

The Maryland Occupational Therapy Association (MOTA) fully supports *Senate Bill 582 – Behavioral Health Care – Treatment and Accesss*. The bill provides a comprehensive approach to behavioral health access including these two key provisions:

- **Establishment of the Commission on Treatment and Access in Behavioral Health.** We strongly this comprehensive planning approach that will incorporate input from all the stakeholders. As part of the behavioral health provider community, we are committed to participating in and supporting the work of the Commission.
- **Extension of Audio-Only and Parity in Reimbursement Payment Policies for Telehealth.** SB 3/HB 123 of 2021 established the foundation for telehealth reimbursement requirements for Medicaid and state-regulated private plans. This bill extends two key provision – audio-only reimbursement and partiy in reimbursement for telehealth services. This extension will ensure that telehealth can continue to be intergrated into the health care system.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

2023 MSCA SB 582 Senate Side FAV.pdf
Uploaded by: Robyn Elliott
Position: FAV

MARYLAND SCHOOL COUNSELOR ASSOCIATION

Committee: **Senate Finance Committee**

Bill Title: **Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**

Hearing Date: **March 7, 2023**

Position: **Support**

The Maryland School Counselors Association (MSCA) supports *Senate Bill 582 – Behavioral Health Care – Treatment and Access*. The bill creates the Commission on Treatment and Access in Behavioral and Access. The Commission would collect public input through workgroups and make recommendations on improving behavioral health access across Maryland.

We are supporting the bill because youth are facing a behavioral health crisis. Suicide is the second leading cause of death for youth between the ages of 10 and 24 years of age.[1] However, youth and their families struggle to get the help they need, as nearly all of Maryland has a behavioral health professional shortage.[2] This bill will provide the framework for Maryland to address this issue. The fund can support initiatives to increase the number of people entering the behavioral health field, as well as retaining them.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

[1] https://www.cdc.gov/mmwr/volumes/70/wr/mm7008a1.htm
[2] https://www.ruralhealthinfo.org/charts/7?state=MD

2023 PPM SB 582 Senate Side FAV.pdf
Uploaded by: Robyn Elliott
Position: FAV

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Committee: **Senate Finance Committee**

Bill Title: **Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**

Hearing Date: **March 7, 2023**

Position: **Support**

Planned Parenthood of Maryland supports *Senate Bill 582 – Behavioral Health Care – Treatment and Access*. The bill, while mostly about behavioral health, includes telethealth provisions regard reimbursement for all health care services. The bill extends two provisions of SB 3/HB 123 which are set to sunset at the end of June 2023: 1) reimbursement for audio-only services; and 2) reimbursement parity for telehealth services. It is critical that Maryland continue these policies to ensure the health care system can meet the needs of patients for somatic, behavioral health, and dental care.

A recent report from the Maryland Health Care Commission observed that the telehealth use during the pandemic "demonstrated the utility of telehealth and the potential of telehealth to address disparities in access to care."[i] In reproductive health, telehealth has been critical in supporting access to a wide range of services including birth control, abortion, and prevention of HIV.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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[i] https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_tlth_study_recommendations.pdf

Senate Bill 582 Legislature statement.pdf
Uploaded by: shelley bourdelais
Position: FAV

ORAL AND WRITTEN TESTIMONY
SB582
TUESDAY MARCH 7, 2023
1:30 SENATE HEARING

The mental health care system in the state has failed my teenage daughter. My name is Shelley and I support this bill because because a comprehensive assessment of Maryland's behavioral health services and telemedicine should be evaluated and how to acquire meaningful metrics therapists, psychiatrists and Drs should meet and exceed to get the mental health of our youth back on track.

The isolation caused by the Covid pandemic has impacted our youth and, as recognized by a recent CDC report, particularly affected teenage girls. My daughter, living with her father, was in the 8th grade when the pandemic began and stayed isolated at home without going to school for the next 4 years. When in-person learning resumed, my teenager did not attend school. Her father was rarely at home and did not connect her with telemedicine. Her father was able to convince a health-care professional to sign off on my daughter attending school through a "home/hospital" program rather than attending an out-patient clinic or tele therapy as a first step. Her school work deteriorated and her isolation only harmed her more.

Last year, her father chose to dump her off at a Level 4 In-Patient Psychiatric Facility rather than dealing with her educational needs. After just a 20 minute telemedicine Zoom meeting with an in-patient personnel, which is a conflicts of interest, my daughter was admitted to the Eating Disorders wing. My daughter does not have an eating disorder.

During her 3 weeks there, I spoke with her by phone and visited regularly-It was obvious to me that the in-patient facility was not helping her and was causing her more pain and suffering. My daughter demanded to be released and at first those demands were ignored, despite the law requiring her to be released or involuntarily committed within 72 hours. It was not until lawyers from the State of Maryland intervened on her behalf that she was allowed to go home.

My 16-year-old daughter's ordeal has not ended, as her father, once again, has attempted to have her attend school home/hospital school program. This time a nurse, whom is not providing any actual care for my daughter other than evaluating her medications, sign the document as on the basis of "well, she's not going to school anyways," without reading medical records. The school system rejected the application, and now at risk for dropping out of school and suffering from further isolation.

My daughter's experience with the health care system in Maryland demonstrates the importance of evaluating individual gaps in behavioral health care and not merely by

examining statistics and to make recommendations for changes. Please support the overhaul of how therapists are assessed during remote zoom therapy sessions and what red flag criteria therapists must abide by when to send a person to a local out-patient clinic as a series of proper escalation steps.

5c - X - SB 582 - FIN - MHCC - LOS.pdf
Uploaded by: State of Maryland
Position: FAV

MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

March 1, 2023

The Honorable Melony Griffith
Chair, Senate Finance
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland) - Letter of Support

Dear Chair Griffith and Committee Members:

The Maryland Health Care Commission (the "MHCC") is submitting this letter of support on *SB 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland).*

This bill establishes the Commission on Behavioral Health Care Treatment and Access (Commission) to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals in the State across the behavioral health continuum that are available on demand. The bill also establishes within the Maryland Department of Health the Behavioral Health Care Coordination Value–Based Purchasing Pilot Program an intensive care coordination model using value–based purchasing in the specialty behavioral health system. The Maryland Department of Health is also required to submit a state plan amendment to the Centers for Medicare and Medicaid Services to establish certified community behavioral health clinics. SB 582 extends the date of the inclusion of audio–only telephone conversations in the definition of "telehealth" in the Maryland Medicaid Program and certain requirements related to the provision of reimbursement for health care services appropriately provided through telehealth by Medicaid, commercial insurers, nonprofit health service plans, and health maintenance organizations.

An inadequate behavioral health system impacts the prevention, diagnosis, and treatment of behavioral health conditions. Untreated behavioral health conditions are often cited as major contributors to many societal ills including homelessness and violence. Less severe behavioral health conditions, untreated because of limited access to providers or the stigmatization of behavioral health conditions, may lead to expensive inpatient care or prolonged outpatient care. It is to everyone's benefit that there is a strong robust behavioral health system in the State. A strong behavioral health system includes a capable and qualified workforce, up-to-date data and information systems, and agencies that can assess and respond to the behavioral health needs of Maryland citizens.

The proposed work of the Commission is extensive and comprehensive looking at all aspects of a behavioral health system continuum.

The issues to be addressed under this Commission aligns with many of the areas of focus for the MHCC. We are pleased to be named to this Commission and look forward to being an active participant.

If you any questions or would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov or Tracey DeShields, Director of Policy Development and External Affairs at tracey.deshields2@maryland.gov.

Sincerely,

Ben Steffen,
Executive Director

cc: The Honorable Malcolm Augustine, President Pro Tem

FCITP Testimony SB 582.pdf
Uploaded by: Steve Buckley
Position: FAV

Jessica Fitzwater
County Executive

FREDERICK COUNTY GOVERNMENT

DIVISION OF HEALTH SERVICES
Frederick County Developmental Center

Barbara A. Brookmyer, M.D., M.P.H., Health Officer
Stephen Buckley, M.S., OT/L, Director

**Testimony Concerning SB 582: Behavioral Health Care –
Treatment and Access (Behavioral Health Model for Maryland)**

DATE: March 7, 2023
COMMITTEE: Senate Finance Committee
POSITION: Favorable with Amendments
FROM: Lisa M. Jarboe, Director, Frederick County Infants and Toddlers Program

The Frederick County Infants and Toddlers Program (FCITP) is an Early Intervention (EI) Program in Frederick, Maryland, that serves children ages birth to three years and their families, with the option to stay in the program until entry into school following the child's 4th birthday. FCITP, along with other community programs, work together to help families and caregivers meet the educational, social emotional, and physical needs of young children with developmental delays and disabilities. Services are provided in the context of naturally occurring routines and within the child's natural environment(s), such as their home, childcare/preschool, and community settings, including but not limited to the library, park, playgroups, etc.
The Frederick County Infants and Toddlers Program supports SB 582, which establishes the Commission on Behavioral Health Care Treatment and Access with amendments to include infant and early childhood behavioral health experts and to include a workgroup on Infant and Early Childhood Mental Health.

SB 582 creates a Commission on Behavioral Health Care Treatment and Access. This Commission will make recommendations to ensure that all Marylanders who need them can receive accessible and comprehensive behavioral health services. The Commission's work will include assessing needs and gaps in behavioral health services across the state, conducting a needs assessment of the behavioral health workforce, and making recommendations to ensure that Maryland is aligned with best practices from other states.

With the help of the increased ability to scan brains, we now know that **85% of brain development happens before a child turns 3 years old.** That brain development is highly influenced by a young child's experiences. For children experiencing toxic levels of stress—like those children living in poverty, their brains do not develop at the same rate because of the impact on their bodies responding to that toxic stress.[1] However, **a strong attachment to one primary caretaker can buffer the negative impacts toxic stress can have on brain development** and ensure brain development progresses appropriately.[2] A caretaker can only provide that strong

[1] https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/
[2] https://developingchild.harvard.edu/science/key-concepts/toxic-stress/tackling-toxic-stress/innovating-in-early-head-start-can-reducing-toxic-stress-improve-outcomes-for-young-children/

attachment to their children if they are receiving the behavioral health treatment they need. Additionally, many parents and caretakers need support in creating that strong attachment. That support often involves working a caretaker and their baby or young child together (the dyad). Working with this dyad rather than only the child is one of **the many unique aspects of infant and early childhood behavioral health which is why it is crucial that an infant and early childhood workgroup is added to SB 582.**

The December 2021 "External Evaluation of Maryland's Infant and Early Childhood Mental Health Consultation Project" stated that "based on the work of Fuchs and Deshler (2007), between 8,667 and 30,336 children in the state of Maryland need intensive and individualized interventions in order to remain in the classroom. Between 2018-2020, [Maryland's Infant and Early Childhood Mental Health] Consultation Project served an average of 537 children each year, which is 6% of the lower range of the estimated population of young children in need of services."[3] As Jack P. Shonkoff, M.D., Director of the Center on the Developing Child at Harvard University explains "Mental health can't be separated out from cognitive development and language development and…social competence and they all have their roots early on in a very sturdy or a weak foundation….Most potential mental health problems will not become mental health problems if we respond to them early."[4]

There is a critical gap in EI regarding access to services for one of the five developmental domains that EI programs are mandated to provide, which is social–emotional development. This gap does not exist in the same way for more obvious needs such as speech and language or motor delays. We are noticing more and more children in our program who have social and emotional delays that stem from complex family needs such as poverty, domestic violence, substance use, mental health challenges, trauma, etc. Now, more than ever, there is a critical need to treat early childhood trauma within EI to prevent life-long impairments.
This bill will improve all Marylanders' ability to receive the mental health services they need. **For these reasons, The Frederick County Infants and Toddlers Program urges this committee to issue a FAVORABLE report on SB 582 with the attached amendments.**

Amendments:
On p. 4, line 3, after "(IV)" and before "of a provider" insert: FROM THE INFANT MENTAL HEALTH ASSOCATION OF MD/DC;
On p. 6, line 14, after the word "geriatric" and before the word "and" insert ", INFANT AND EARLY CHILDHOOD,"
On p. 7, line 8, after "(3)" and before "Criminal" insert: INFANT AND EARLY CHILDHOOD BEHAVIORAL HEALTH;

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[3] Tirrell-Corbin, C., Jones Harden, B., Jimenez Parra, L., Martoccio, T. & Denis, K. (2021). External Evaluation of Maryland's Infant and Early Childhood Mental Health Consultation Project. College Park, MD: University of Maryland, Center for Early Childhood Education and Intervention at p. 3.
[4] https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health-video/

SB 582 - SWA - MPS WPS.pdf
Uploaded by: Thomas Tompsett
Position: FAV

March 5, 2023

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

RE: Support with Amendments – Senate Bill 582: Behavioral Health Model for Maryland

Dear Chair Peña-Melnyk 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 suffering from 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 support with amendments Senate Bill 582: Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland) (SB 582) as a commission to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals could be very beneficial to the State. Mental health and behavioral health issues affect a significant portion of our population, and access to quality care can be limited, particularly for individuals in underserved or marginalized communities.

A commission dedicated to improving behavioral health services could help identify gaps in existing services and make recommendations for improving access and quality of care. The Commission could also work to increase awareness of mental health issues and reduce the stigma that often surrounds seeking treatment. By providing comprehensive and accessible behavioral health services, the State could improve overall health outcomes, reduce healthcare costs, and enhance the well-being of individuals and communities.

Finally, MPS/WPS believe that the perspective of a practicing psychiatrist could be beneficial to the Commission established under this bill and asks for the following amendment:

Amendment 1

On page , line 1 strike the period and substitute "; (XX) ONE PHYSICIAN WHO PRACTICES PSYCHIATRY."

With the above amendment adopted, MPS/WPS ask this committee for a favorable report on HB 582. If you have any questions concerning this testimony, please contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com .

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

NCADD-MD - 2023 SB 582 FAV - Behavioral Health Com
Uploaded by: Ann Ciekot
Position: FWA

Senate Finance Committee
March 7, 2023

Senate Bill 582
Behavioral Health Care - Treatment and Access -
Behavioral Health Model for Maryland
Support

NCADD-Maryland supports Senate Bill 582 to establish, in part, another commission to examine the state's behavioral health care system. It will be important for this commission to examine how the many services and policies interact and how they can be better connected.

While large commissions can be cumbersome, our behavioral health system in Maryland has many stakeholders. NCADD-Maryland appreciates being named as one of the members and we request the following:

- Replace on page 4, lines 12 and 13 with:
  - One representative from the Maryland Addictions Directors Council;
  - One representative from the Maryland Association for the Treatment of Opioid Dependence;
  - One representative from the Maryland-DC Society of Addiction Medicine
  - One representative from On Our Own of Maryland
- Replace on page 4, lines 8 and 9 with:
  - One consumer of substance use disorder treatment services
  - One consumer of mental health services
- Replace on page 4, lines 10 and 11 with:
  - One family member of an individual with a mental health condition
  - One with a substance use disorder condition
- One representative from the Maryland Parity Coalition
- One individual with expertise in the certification of peer recovery specialists
- One representative from Maryland Legal Aid
- The Special Secretary for Opioid Response
- One representative from the Department of Housing and Community Development
- One representative from the Department of Public Safety and Correctional Services

In §13-4806, four specific workgroups are established. We would request language that would not limit the commission from establishing others.

National Council on Alcoholism & Drug Dependence – Maryland Chapter
28 E. Ostend Street, Suite 303, Baltimore, MD 21230 · 410-625-6482 · fax 410-625-6484
www.ncaddmaryland.org

In §13-4807, (A)(2) directs the commission to include with recommendations estimates on funding required to implement recommendations. We urge an amendment that adds that the commission should also include an estimate on any savings anticipated with recommendations.

With regard to the directives of what the commission should examine and make recommendations on, we request adding the following:

- Make recommendations for the creation of a consumer assistance program to help individuals understand and navigate insurance coverage for mental health and substance use disorder care, address denials of care, and identify system-wide barriers to care regardless of insurance coverage;
- Make recommendations for adoption of comprehensive harm reduction services for substance use disorders; and
- Examine models of integration of substance use disorder and mental health services in medical care settings, including hospital emergency departments, and make recommendations for improving integration of treatment of substance use disorders.

In reference to the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program, §13-4904(E)(3)(I) requires in an evaluation the comparison of several data elements before and after enrollment of participants. We believe a fourth data point should look at incarceration.

NCADD-Maryland also strongly supports the other two components of this legislation, the extension of the sunset of the Preserve Telehealth Access Act and the creation of Certified Community Behavioral Health Clinics.

With these amendments, we urge a favorable report.

SB 582_Maryland Coalition of Families_Fav with Ame
Uploaded by: Ann Geddes
Position: FWA

SB 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)

Committee: Senate Finance
Date: March 7, 2023
POSITION: Support with Amendments

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 challenge.

MCF strongly supports SB 582 with amendments.

For years, behavioral health stakeholders have worked to improve the 1) quality, 2) quantity, and 3) cost-effectiveness of behavioral health services in Maryland. SB 582 establishes three initiatives that will do just these things, which have been priorities of behavioral health advocates:

1. Establish a value-based purchasing (VBP) pilot program. There are numerous benefits to VBPs. They remove the constraint on providers of having to focus on delivering billable services, allowing them more freedom to deliver the services that they deem are most valuable to patients. They require collection of data on quality and costs, leading to improvements in services. And of great benefit to the state, they allow for more predictable funding for the behavioral health system.
2. Extend the telehealth provisions that were slated to end in 2023. Telehealth has been shown to produce a multitude of benefits, including ease of access, fewer missed appointments, and greater adherence to treatment plans. The many positive provisions that were put in place in 2021 (such as audio-only telehealth, consumer choice and payment parity for providers) were designed to sunset in 2023 – SB 582 will extend them for another two years.
3. Establish Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs provide a wide array of services, including 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the CCBHC model have seen increased access to care, reductions in emergency department and inpatient utilization, improved utilization of medication assisted

treatment for opioid use disorders, and improved integration with physical care, resulting in significant cost savings.

MCF is in strong support of these three provisions in the bill.

In addition, SB 582 establishes a Commission on Behavioral Health Care Treatment and Access. A Commission is absolutely needed to study the many complex issues that must be addressed to improve the behavioral health system of care in Maryland. We would propose, however, that the timeline for action be moved up. **There are many initiatives happening right now that need to be tackled immediately.** Just two examples:

- For some years now there has been no provider of adolescent residential substance use treatment in Maryland that accepts Medicaid, therefore a number of adolescents have been unable to access treatment that has been deemed medically necessary. This is in violation of Medicaid's EPSDT requirement (Early and Periodic Screening, Diagnosis and Treatment), which requires that a state Medicaid agency must fund a service for a Medicaid-eligible child if it is deemed medically necessary.
  In the 2022 legislative session, HB 971 was introduced, which required MDH to provide an adequate array of substance use treatment options for adolescents. The bill did not pass, but Governor Hogan put in a Supplemental Budget $500,000 for MDH to undertake a needs assessment. The time to act on this is NOW. Not only are adolescents unable to access needed treatment, Medicaid is in violation of federal requirements.
- There has been an attempt to build out a Mobile Response and Stabilization Services (MRSS) system for children and youth with federal dollars. MRSS is a proven model that keeps youth out of emergency departments and hospitals, and stabilizes them in their communities. These federal funds have not yet been successfully spent. Our youth and families are in crisis, lingering for days and weeks and even months in emergency departments and hospital inpatient psychiatric units. Maryland needs to act NOW to spend these dollars on an MRSS system before the funds dry up.

In addition to moving up the timeline for the Commission to take action, there are other amendments that would strengthen its work.

- Since one entire workgroup will be devoted to youth behavioral health, it is imperative that Maryland's family organization, *which is dedicated to serving families of children and adolescents with behavioral health challenges*, be represented on the Commission. **We propose adding the Maryland Coalition of Families to the Commission.**
- There are many unique aspects of infant and early childhood behavioral health. The current membership structure would benefit greatly from the addition of infant and early childhood experts. **We propose that the Infant Mental Health Association of Maryland and DC be named as a stakeholder on the Commission.**
- The local expertise and on-the-ground perspectives of Maryland's Local Behavioral Health Authorities are critical in informing how services are delivered and how

recommendations may best serve our communities. **We request two representatives from Local Behavioral Health Authorities, one representing a rural and one representing an urban area, be added to the Commission.**

For all of these reasons, we urge a favorable report on SB 582 with amendments.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
8950 State Route 108, Suite 223
Columbia, Maryland 21045
Phone: 443-926-3396
ageddes@mdcoalition.org

2023-03-07 - MD - Pyramid Healthcare - Testimony r

Uploaded by: Collan Rosier

Position: FWA

Pyramid Healthcare
AN INTEGRATED BEHAVIORAL HEALTHCARE SYSTEM

CORPORATE OFFICE
P.O. Box 967
Duncansville, PA 16635
P: 814-940-0407
F: 888-218-8253
pyramidhc.com

March 7, 2023

Delivered Via [MyMGA Witness Signup Platform]

The Hon. Melony Griffith, Chair
Senate Finance Committee
Maryland General Assembly
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

The Hon. Katherine Klausmeier, Vice Chair
Senate Finance Committee
Maryland General Assembly
123 James Senate Office Building
11 Bladen Street
Annapolis, MD 21401

RE: Pyramid Healthcare Favorable with Amendments Testimony re Senate Bill 582 / House Bill 1148 – An Act Concerning "Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)"

Dear Chair Griffith, Vice Chair Klausmeier, and distinguished members of the Committee:

The Pyramid Healthcare, Inc. ("Pyramid Healthcare") family of companies is providing information and feedback below regarding Senate Bill 582, an act concerning "Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)." We urge you to adopt the legislation with an amendment to add the Maryland Addiction Directors Council ("MADC") as a member of the Commission on Behavioral Health Care Treatment and Access. As a member of MADC, Pyramid Healthcare believes their voice is an essential component of such a crucial conversation and supports their testimony that the Council should be included on the Commission.

As background, Pyramid Healthcare was founded in 1999 and is an integrated behavioral healthcare system that employs over 3,000 professionals caring for 12,000 unique commercial and Medicaid patients per day throughout our residential and outpatient locations across eight states. We offer a treatment continuum providing comprehensive behavioral healthcare specialties, including: substance use disorder, mental health, autism, and eating disorder treatment across an integrated network of service lines and affiliated behavioral healthcare organizations. In Maryland, Pyramid Healthcare operates 170 licensed treatment beds across four locations which serve thousands of clients per year across our California residential and outpatient treatment centers, Charlotte Hall residential treatment center, and Harford County residential treatment center. In addition, we recently received approval for our certificate of need (CON) application to build a residential treatment center outside of Bowie in Prince George's County.

These facilities serve adult men and women with substance use disorder and co-occurring mental health disorders by providing medically-managed detoxification, short-term and long-term residential rehabilitation, partial hospitalization (PHP), and intensive outpatient (IOP) services as well as medication-assisted treatment (MAT) for opioid use disorder. We also provide transportation for clients to and from our facilities to ensure wider access to care across the State. All of our facilities are licensed by the State of Maryland and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Specifically, please amend Section 13-4803(A)(14) to add a new (IV) to read: **"(IV) One Representative of the Maryland Addiction Directors Council;**".

Please consider this feedback and amend the legislation accordingly. Thank you for your support of mental health, behavioral health, and substance use providers in Maryland and for considering our policy proposals and recommendations on behalf of Pyramid Healthcare. If we can provide any additional information or materials, please contact me at crosier@pyramidhc.com or 667-270-1582. In addition, we invite you or a member of the Committee or staff to reach out and schedule a visit to one of our Maryland locations sometime soon to learn more about our programs and services.

Sincerely,

Collan B. Rosier
Vice President of Government Relations

CC: Members, Senate Finance Committee
Tammy Kraft, Committee Manager

SB 582_BH Model for MD-BHSB_FAVwAMENDMENT.pdf
Uploaded by: Dan Rabbitt
Position: FWA

Behavioral Health System Baltimore

March 7, 2023

Senate Finance Committee
TESTIMONY – FAVORABLE W/AMENDMENT
SB 582 – Behavioral Health Care - Treatment and Access
(Behavioral Health Model for Maryland)

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 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 supports SB 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland). BHSB also requests that the Committee adopt an amendment to ensure rural and urban LBHAs have a formal role in the proposed Commission on Behavioral Health Care Treatment and Access.

SB 582 will achieve four key behavioral health objectives through the sections outlined in the bill:

- Establish the Commission on Behavioral Health Care Treatment and Access to make recommendations for an effective and comprehensive behavioral health continuum.
- Establish a behavioral health care coordination value-based purchasing (VBP) pilot.
- Extend the sunset for audio-only behavioral health telehealth services and mandated payment parity between telehealth and in-person services.
- Submit a state plan amendment to the Centers for Medicare and Medicaid Services to provide Medicaid funding Certified Community Behavioral Health Clinics (CCBHC) services statewide.

<u>The Commission on Behavioral Health Care Treatment and Access</u>
The establishment of this Commission would provide an important opportunity to review the challenges across the Maryland behavioral health care continuum and build consensus around the necessary solutions. Public officials, advocates, and other stakeholders have a wealth of knowledge to share, and the Commission can ensure strong recommendations are implemented that are coordinated and properly resourced.

To ensure the important voice of LBHAs representing both rural and urban jurisdictions are included in the critical discussions of the Commission, BHSB requests the following amendment:

- After line 3 on page 5, add the following:
  (XX) TWO REPRESENTATIVES OF LOCAL BEHAVIORAL HEALTH AUTHORITIES, ONE REPRESENTING A RURAL JURISDICTION AND ONE REPRESENTING AN URBAN JURISDICTION.

Adding representation from Maryland's LBHAs is essential to the work of the Commission. LBHAs are defined in § 7.5-101 of the Health article as *"the designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded mental health, substance-related disorder, and addictive disorder services."* These responsibilities lead LBHAs to be intimately familiar with the public behavioral health system, its strengths and its challenges. The Behavioral Health Administration (BHA) passes the majority of its funding through to LBHAs and depends on them to oversee the full continuum of behavioral health programs, grants, contracting, and provider accountability. At BHSB, we oversee $60 million and 35% of the state's public behavioral health system, while also regularly assessing needs and responding to community concerns. The expertise of LBHAs will be a great asset to the Commission, and the divergent concerns of rural and urban Maryland communities will be best represented by having two seats for LBHAs on the Commission.

Value-Based Purchasing (VBP) Pilot

VBP programs, in contrast to traditional fee-for-service (FFS) that rewards volume, reward providers for reaching certain outcomes like reduced hospital emergency department (ED) and inpatient usage. This approach has worked well in other settings like the capitation program here in Baltimore City and in the state's total cost of care model, and it should be explored further through the proposed VBP pilot.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCS are federally designated clinics that provide a comprehensive range of behavioral health services regardless of a consumer's ability to pay. States that have implemented the model broadly have seen increased access to care, reductions in ED and inpatient usage, and a mitigation of behavioral health workforce challenges. We are seeing similar success in the Baltimore area Sheppard Pratt CCBHC demonstration projects. Maryland should expand beyond the current grant funding of CCBHCs and incorporate them into the state's Medicaid program as proposed in SB 582.

Telehealth Sunset Extension

Maryland telehealth services played a huge role in maintaining access during the COVID-19 pandemic and continue to be crucial today. Audio-only services and payment parity between telehealth and in-person services are key components needed for effective telehealth services. A large proportion of Marylanders do not have the data plans and technological hardware for a video telehealth appointment and rely on audio-only services. Payment parity is essential to avoid a reduction in telehealth access or behavioral health provider capacity. BHSB supports extending the sunset of these provision to further assess Maryland's behavioral health telehealth policies.

BHSB appreciates this comprehensive approach to building an even stronger behavioral health care continuum. **We urge a favorable report on SB 582 along with the adoption of the amendment to add two LBHA representatives to the Commission on Behavioral Health Care Treatment and Access.**

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

SB582_ MDOD_ FWA .pdf
Uploaded by: Elizabeth Hall
Position: FWA

Carol A. Beatty, Secretary

Wes Moore, Governor
Aruna Miller, Lt. Governor

Maryland
DEPARTMENT OF DISABILITIES

DATE: March 7, 2023
BILl: Senate Bill 582: Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)
COMMITTEE:Senate Finance Committee
POSITION: Favorable with Amendments

Dear Chair Griffith,

The Maryland Department of Disabilities (MDOD) is pleased to be favorable with amendments for Senate Bill 582: Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland) and respectfully request that the bill be amended to add THE SECRETARY OF DISABILITIES, OR THE SECRETARY'S DESIGNEE to the Commission on Behavioral Health Care Treatment and Access as one of the members.

The Maryland Department of Disabilities (MDOD) is unique in that it is a cabinet-level state department focused on cross-disability policy. Due to MDOD's cross-disability and cross subject-matter structure MDOD has a strong ability to connect and engage with the various stakeholders on this commission to ensure the work of this bill is achieved. MDOD understands the diverse needs of individuals with disabilities and those with complex care needs. MDOD's expertise can provide information on challenges and potential gaps in the system for this population. MDOD's Director of Health and Behavioral Health Policy has worked on several commissions of this nature and has been able to provide disability expertise to ensure the policy going forward has a disability lens. Some of the previous commissions the director has participated on are as follows: Lt. Governor Boyd Rutherfurd's Commission to Study Mental and Behavioral Health in Maryland, the Behavioral Health Advisory Council, the Commission on Suicide Prevention, Maryland's Health Equity Commission, and the Trauma – Informed Care Commission. For these reasons MDOD requests to amend this bill to include the Secretary of Disabilities, or the Secretary's designee.

If you have any questions please contact Elizabeth Hall, Director of Interagency Affairs, (410)767-3652, elizabeth.hall2@maryland.gov.

Sincerely,

Carol A. Beatty

Carol A. Beatty, Secretary

217 EAST REDWOOD STREET, SUITE 1300, BALTIMORE, MARYLAND 21202
VOICE/TTY 410-767-3660 VOICE/TTY 1-800-637-4113 FAX 410-333-6674 EMAIL info.mdod@maryland.gov

Legal Action Center SB582_Behavioral Health Care-T
Uploaded by: Ellen Weber
Position: FWA

LEGAL ACTION CENTER

Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland) (SB 582)
Finance Committee Hearing
March 7, 2023
SUPPORT WITH AMENDMENTS

Thank you for the opportunity to submit testimony **in support of SB 582 with amendments** to create a Commission on Behavioral Health Care Treatment and Access. This testimony is submitted on behalf of the Legal Action Center, a law and policy organization that has worked for 50 years to fight discrimination, build health equity and restore opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDs. In Maryland, we convene the Maryland Parity Coalition and work with our partners to ensure non-discriminatory access to mental health (MH) and substance use disorder (SUD) services through enforcement of the Mental Health Parity and Addiction Equity Act (Parity Act).

I. Creation of Commission on Behavioral Health Care Treatment and Access

The General Assembly has taken important steps to improve access to SUD and MH care in the face of the state's worst overdose epidemic and mental health crisis. The proposed Commission would (1) examine and make recommendations to further improve the MH and SUD health care delivery system, and, in doing so, (2) help ensure coordination of programs and services across the public and private payer systems and all state agencies whose programmatic work involves services for individuals with MH and SUDs. All Marylanders are affected by these health conditions, and the failure to provide affordable, effective, and timely care results in death and despair in families as well as significant, but avoidable, costs to our health, criminal legal, social services and unemployment systems. These burdens fall most harshly on Black and brown Marylanders.

To ensure the Commission will achieve its purpose, we offer proposed amendments to:

- Include appropriate representation from the substance use disorder treatment and consumer communities on the Commission; and
- Incorporate key federal priorities in the Commission's work, including enforcement of the Parity Act, improving integration of the SUD and MH services in medical care settings, and adoption of Medicaid Reentry for individuals in carceral settings.

We also seek clarification of the Commission's role as it relates to future legislation.

A. Commission Membership – Section 13-4803

The Commission's membership is understandably broad to include representation from government agencies, non-governmental organizations, payer systems, and persons with lived experience in providing and receiving SUD and MH care. Sec. 13-4803(a). Several notable entities with expertise in SUD care and financing have not been included in the Commission's membership, which we believe will weaken its deliberations and recommendations. Maryland ranked 7th in highest overdose death rates in the country in the year ending April 2021, and Black Marylanders have experienced substantial and disproportionate increases in fatal overdoses. **To ensure that all state efforts are focused on helping Marylanders with SUDs, the Commission must have all the right people at the table.** These would include:

- Special Secretary for the Opioid Response/Executive Director of the Opioid Operational Command Center;
- Representatives from the SUD treatment community, including the Maryland Addiction Directors Council, the Maryland Association for the Treatment of Opioid Dependence and the MD Society of Addiction Medicine;
- The Maryland Parity Coalition, convened by the Legal Action Center;
- Individuals with SUDs and their family members by including one SUD consumer, one MH consumer, one family member of a person with SUD and one with MH;
- Maryland Legal Aid, whose clients experience civil legal problems based on their untreated MH and SUDs.

We also recommend that the provision related to the composition of the membership (Sec. 13-4803(b)) be amended to ensure that it reflects Maryland's racial and gender diversity as well as its geographic and ethnic diversity. (*See* Attachment A, Amendment 1).

B. Commission Purpose – Section 13-4804

We agree that one of the Commission's purposes should be to make recommendations for the delivery of MH and SUD services across the care continuum. We urge the Committee to clarify that the goals of that care include "affordable" and "equitable" care in addition to the metrics of "appropriate, accessible and comprehensive" and that these standards apply in both the public and private insurance systems.

Additionally, we urge the Committee to explicitly require the Commission to serve in a coordination role so that (1) state agencies and the public are well informed of the SUD and MH programmatic work across the government and (2) the respective agencies have an opportunity to coordinate their work, as appropriate. (*See* Attachment A, Amendment 2).

We also seek clarification of the intended role of the Commission for purposes of future legislation. We appreciate the broad mission of the Commission and agree that the Commission's work will lead to some legislative proposals. We also expect that other issues and legislation related to improving access to MH and SUD care will arise outside the Commission's work. **We urge the Committee to clarify that the Commission does not need to be involved in all future legislative proposals related to behavioral health through its development, review, vetting or other actions.**

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C. Commission Functions – Section 13-4805

SB 582 covers a wide range of important tasks and inquiries. We offer several recommendations to ensure that the product of that work is appropriately comprehensive and focused on the coverage and delivery of **non-discriminatory and Parity Act compliant benefits and services**. We also offer additional recommendations to ensure that Maryland's care model incorporates several federal priorities that will improve access to SUD and MH care.

1. Needs Assessment

We agree that a needs and gaps assessment is an appropriate starting point for the Commission's work. To ensure a complete landscape review, we recommend that the needs assessment:

- include additional services along the care continuum, including "harm reduction," "office-based services for opioid use disorder (OUD) and substance use disorder care," and "recovery services;" and
- explicitly require an examination of services in both the public and private payer systems with attention to service coverage that complies with the Mental Health Parity and Addiction Equity Act.

Harm reduction activities are highly effective in saving lives, delivering essential health services to prevent and treat diseases and wounds, and offering a bridge to SUD and MH treatment. Office-based services for OUD treatment must be expanded to meet the needs of Marylanders, and the recent elimination of the X-waiver requirement for buprenorphine prescribing will remove one key obstacle to expanding office-based practices. Finally, recovery services are part of the essential continuum of services for the treatment of these chronic conditions.

These services should be available in both the public and private payer systems. All too often, care costs that should be borne by private insurance are shifted to the public system. The Parity Act was enacted to ensure that coverage of MH and SUD benefits is comparable to and no more restrictive than benefit coverage for medical/surgical care. Maryland has incorporated the federal standards into state law and requires compliance reporting that should inform and advance the Commission's work. INS. §§ 2-109 and 15-802; COMAR § 31.10.51. **We urge the Committee to amend the bill to incorporate this standard in the service coverage task.** (*See* Attachment A, Amendment 3).

Given the importance of the needs and gaps assessment and the short timeline for conducting the assessment, **we urge the Committee to amend the bill to designate the entity that is responsible for conducting the assessment and provide designated funding to conduct the assessment, allowing for non-governmental agency assistance.** Finally, we believe that the needs assessment tasks in Sections 13-4804(1) and 13-4804(3) overlap and should be combined in a single provision.

We also note that the requested workforce needs assessment (Sec. 13-4805(5)) overlaps with a similar needs assessment to be conducted under **HB 418/SB283** – Mental Health – Workforce Development Fund. We trust that this work will be coordinated.

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2. Reimbursement of SUD and MH Services

We agree that the Commission should thoroughly examine reimbursement methodologies and practices for both public and private insurance and also ensure that all reimbursement practices comply with the Parity Act. A 2019 report by Milliman found that in-network reimbursement rates for MH and SUD services were substantially lower than reimbursement rates for primary medical care and med/surg specialty care: primary care payments were 18.2% higher than payments for MH/SUD care and specialty medical/surgical care payments were 11.3% higher. The Maryland Insurance Administration is examining reimbursement rates as part of its parity compliance reporting, and that information should help inform the Commission's work. We also note that Maryland Medicaid has never conducted an examination of parity compliance for its reimbursement rate setting practices for MH and SUD services, notwithstanding a federal requirement to do so annually. We urge the Committee to amend Sec. 13-4805(2) to ensure the Commission uses this critical legal tool to improve access to MH and SUD care. (*See* Attachment A, Amendment 4).

3. Treatment Services for Court-Ordered Individuals

Nearly 70% of individuals in Maryland's jails have a SUD, 39% have a MH condition and 35% have a co-occurring MH and SUD condition. Among the State's prison population, one-third of the individuals have a "serious drug related problem and one in five individuals has a mental illness. (Governor's Office of Crime Control and Prevention, Substance Use and Mental Health Disorder Gaps and Needs Analysis, Dec. 31, 2016). An overwhelming majority – 71.5% -- of individuals in state prisons are Black. (Maryland Dept. of Public Safety and Correctional Services, July 2022 Inmate Characteristics). SB 582 would appropriately require the Commission to make recommendations to expand access to MH and SUD care for individuals involved in the criminal legal system, which is also needed to begin to address racial discrimination.

As justice-involved individuals return to their communities, the State must do all it can to ensure that they are connected seamlessly to SUD and MH services. A federal initiative that many states are exploring is Medicaid Reentry, which allows Medicaid to cover the final 30-90 days of SUD care for individuals in carceral settings through an 1115 waiver. CMS just approved this authority for California and will issue guidance soon outlining how states can use Medicaid funds for treatment before people are released. **We urge the Committee to require the Commission to make recommendations related to the adoption of Medicaid-Reentry to help prevent overdose deaths, reduce medical, legal and social service costs, and ensure effective care delivery to this very vulnerable population.** This funding mechanism will support the State's current efforts to screen individuals in jails for opioid use disorder, assess treatment needs and provide medications and other services. (Maryland Dept. of Public Safety and Correctional Services, SUD and MAT Report, Nov. 1, 2021) (*See* Attachment A, Amendment 5).

4. Additional Commission Activities

We urge the Committee to task the Commission with three additional sets of inquiries and recommendations to ensure that Marylanders can access SUD and MH services effectively. **First, a federal treatment priority is to improve integration of substance-use related**

LEGAL ACTION CENTER 810 First St, NE, Suite 200, Washington, DC 20002 T 202.544.5478 F 202.544.5712 nationalpolicy@lac.org www.lac.org

prevention and treatment in general health care settings, ending the long-standing siloed delivery system for SUD care. As the U.S. Surgeon General has observed, "Integrating services for primary care, mental health and substance use-related problems together produces the best outcomes and provides the most effective approach for supporting whole-person health and wellness." (U.S. Dept. of Health and Human Services, Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health*, Nov. 2016, at 6-1). Integration is essential to build a larger, more diverse workforce that has the expertise to prevent, identify and treat SUD. We urge the Committee to include within the Commission's tasks the evaluation and recommendations for improved integration of SUD care in general health care settings in Maryland, including hospital emergency departments.

Second, as noted above, harm reduction is an essential component of the health care continuum for SUD care. While Maryland has undertaken important steps to expand syringe services programs and other harm reduction practices, the state should adopt a comprehensive plan that includes Overdose Prevention Sites and other tools. **We urge the Committee to require the Commission to evaluate and make recommendations for the adoption of the full complement of harm reduction practices.**

Third, providing comprehensive coverage of SUD and MH services is meaningless if Marylanders cannot access those services through their insurance in a timely way. In the midst of a crisis, individuals and families need support to understand and navigate their insurance coverage, locate a network provider, and, if denied prescribed care, challenge the denial. Other states have established consumer assistance programs to provide on-the-ground client assistance and representation, address system-wide problems and enforce the Parity Act to ensure non-discriminatory coverage. In 2022, the Senate passed the Consumer Health Access Program to meet this need (SB 460). A Working Group convened by the Maryland Insurance Administration reached consensus that consumer assistance is needed and not offered by any other entity it the state. It could not reach consensus on the structure for delivering this service. **We urge the Committee to task the Commission with establishing the Consumer Health Access Program as quickly as possible**. (*See* Attachment A, Amendment 6).

Thank you for considering our views. We urge the Committee to issue a favorable report with amendments on SB 582.

Ellen M. Weber, J.D.
Sr. Vice President for Health Initiatives
Legal Action Center
eweber@lac.org
202-607-1047 (c)
202-544-5478 Ext. 307 (w)

Attachment A

ATTACHMENT A
PROPOSED AMENDMENTS – SB 582
Legal Action Center

1. Amendment 1 – Composition of Commission 13-4803(B).

p. 3, line 24. Add (14) "**SPECIAL SECRETARY FOR THE OPIOID RESPONSE/EXECUTIVE DIRECTOR OF THE OPIOID OPERATIONAL COMMAND CENTER."**

p. 4, line 9. Delete "BEHAVIORAL HEALTH SERVICES" and insert **"SUBSTANCE USE DISORDER SERVICES AND ONE CONSUMER OF MENTAL HEALTH SERVICES**.

p. 4, line 11. Delete "BEHAVIORAL HEALTH SERVICES" and insert "**SUBSTANCE USE DISORDER SERVICES" AND ONE FAMILY MEMBER OF AN INDIVIDUAL WITH EXPERIENCE AS A CONSUMER OF MENTAL HEALTH SERVICES.**

P. 5, line 3. Add after (XIX):

(XX) ONE REPRESENTATIVE OF THE MARYLAND PARITY COALITION CONVENED BY THE LEGAL ACTION CENTER;

(XXI) ONE REPRESENTATIVE OF THE MARYLAND ADDICTION DIRECTORS COUNCIL;

(XXII) ONE REPRESENTATIVE OF THE MARYLAND ASSOCIATION FOR THE TREATMENT OF OPIOID DEPENDENCE;

(XXIII) ONE REPRESENTATIVE OF MDDC SOCIETY OF ADDICTION MEDICINE; AND

(XXIV) ONE REPRESENTATIVE OF MARYLAND LEGAL AID.

p. 5, lines 4-5. Add "**GENDER AND RACIAL**" after "GEOGRAPHIC".

2. Amendment 2 – Purpose of Commission – 13-4804

p. 5, line 18. Add "**AFFORDABLE AND EQUITABLE**" after "ACCESSIBLE".

p. 5, line 20. Add "**IN BOTH PUBLIC AND PRIVATE INSURANCE SYSTEMS**" after "CONTINUUM."

p. 5, line 17. Add **"(1)"** after "TO" and before "MAKE".

Add new **"(2) ENSURE COORDINATION OF STATE AGENCY MENTAL HEALTH AND SUBSTANCE USE DISORDER ACTIVITIES."**

3. Amendment 3 – Commission Activities – 13-4805(1) – Needs Assessment

p. 5, line 24. Add "**PUBLIC AND PRIVATE INSURANCE**" after "CONTINUUM."

ATTACHMENT A
PROPOSED AMENDMENTS – SB 582
Legal Action Center

p. 5, line 25. Add **"HARM REDUCTION," "OFFICE-BASED SERVICES FOR OPIOID USE DISORDER AND SUBSTANCE USE DISORDER CARE" AND "RECOVERY SERVICES"**

p. 5, line 26. Add "**AND TO IDENTIFY SERVICES THAT ARE NEEDED TO COMPLY WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT.**"

The revised provision would read:

(1) CONDUCT AN ASSESSMENT OF BEHAVIORAL HEALTH SERVICES IN THE STATE TO

(I) IDENTIFY NEEDS AND GAPS IN SERVICES ACROSS THE CONTINUUM **IN PUBLIC AND PRIVATE INSURANCE**, INCLUDING **HARM REDUCTION**, COMMUNITY-BASED OUTPATIENT AND SUPPORT SERVICES, **OFFICE-BASED SERVICES FOR OPIOID USE DISORDER AND SUBSTANCE USE DISORDER CARE,** CRISIS RESPONSE, ~~AND~~ INPATIENT CARE AND **RECOVERY SERVICES, AND**

(II) **TO IDENTIFY SERVICES THAT ARE NEEDED TO COMPLY WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT.**

4. **Amendment 4 – Commission Activities – 13-4805(2) – Reimbursement Practices**

p. 5, line 29. Add **"AND REIMBURSEMENT STANDARDS THAT COMPLY WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT"** after "DELIVERY."

5. Amendment 5 – Commission Activities – 13-4805(10) – Services for Justice-Involved Individuals

p. 6, line 23. Add **"INCLUDING THE ADOPTION OF MEDICAID REENTRY TO AUTHORIZE MEDICAID, UNDER 1115 WAIVER AUTHORITY, TO PAY FOR SUBSTANCE USE DISORDER AND MENTAL HEALTH CARE PRIOR TO THE RELEASE OF ELIGIBLE INDIVIDUALS FROM DETENTION, JAIL OR PRISON"** after "POPULATION."

6. AMENDMENT 6 – Commission Activities – 13-4805 – Additional Tasks

p. 6 or 7. Add the following 3 amendments.

ATTACHMENT A
PROPOSED AMENDMENTS – SB 582
Legal Action Center

(13) EVALUATE AND MAKE RECOMMENDATIONS TO IMPROVE INTEGRATION OF SUBSTANCE USE DISORDER CARE IN GENERAL HEALTH CARE SETTINGS, INCLUDING EMERGENCY DEPARTMENTS AND SKILLED NURSING FACILITIES.

(14) EVALUATE AND MAKE RECOMMENDATIONS FOR THE ADOPTION OF COMPREHENSIVE HARM REDUCTION STRATEGIES FOR SUBSTANCE USE DISORDERS.

(15) MAKE RECOMMENDATIONS FOR THE PROMPT ESTABLISHMENT OF A CONSUMER ASSISTANCE PROGRAM TO ASSIST INDIVIDUALS ACCESS CARE FOR SUBSTANCE USE DISORDER AND MENTAL HEALTH CARE THROUGH ALL FORMS OF PUBLIC AND PRIVATE INSURANCE AND ADDRESS SYSTEM-WIDE BARRIERS TO BEHAVIORAL HEALTH CARE.

SB0582 Behavioral Health Model_CBHC FWA.pdf
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Position: FWA

Children's Behavioral Health Coalition

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

Senate Bill 582 Behavioral Health Care - Treatment and Access
(Behavioral Health Model for Maryland)
Senate Finance Committee
March 7, 2023

TESTIMONY IN SUPPORT WITH AMENDMENTS

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 today in strong support of Senate Bill 582, and would like to offer some amendments that we believe will bolster the work of the Commission.

Commission Timeline

SB 582 establishes a Commission on Behavioral Health Care Treatment and Access, "to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals in the state across the behavioral health continuum that are available on demand." The bill enumerates commission membership, establishes standing workgroups, and outlines various duties and responsibilities across a variety of policy areas. The commission sunsets after four years.

Behavioral health stakeholders in Maryland have worked long and hard to address an increasing demand for mental health and substance use care across the state. After many years, we are finally starting to see attention to and progress across three key pillars of the behavioral health care continuum – community-based services and supports, crisis response services, and inpatient treatment.

As reforms in these areas progress, the most important role this commission could play is ensuring these efforts are integrated, coordinated, and properly resourced. **As such, we would urge the commission to develop a plan within one year that guides state coordination and support for these ongoing reform efforts.** The commission should then focus the remaining three years of its term on oversight and execution of the plan, including allocation of resources necessary to ensure its success.

Workgroup Structure

The science and understanding of early brain development has exploded over the last decade, and we now know that 85% of brain development happens before a child turns 3 years old. That

brain development is highly influenced by and dependent upon a young child's relationships and experiences. For children experiencing toxic levels of stress—like those children living in poverty or with a caregiver whose mental health is impaired, brain architecture can be negatively impacted, leading to problems with learning, behavior, and emotional regulation.[1] However, a strong attachment to a healthy caretaker can buffer the negative impacts of toxic stress and create the emotional well-being required for optimal development.[2] A caretaker can only provide that foundation if they are receiving the behavioral health treatment they need. Many parents and caretakers need support in creating that strong attachment. Interventions that support a caretaker and their baby or young child require working with this dyad together rather than only the child and is one of the many unique aspects of infant and early childhood behavioral health. **This is why it is crucial that an infant and early childhood workgroup be added to SB 582.**

We would also urge that the **Youth Behavioral Health** and I**ndividuals with Complex Behavioral Health Needs** be separated into two distinct workgroups.

Commission Membership

For the above reasons, we believe that the current membership structure would benefit greatly from the addition of infant and early childhood experts. **We propose that the Infant Mental Health Association of Maryland and DC be named as a stakeholder on the Commission.**

Additionally, the local expertise and on-the-ground perspectives of our Local Behavioral Health Authorities is critical in informing how services are delivered and how recommendations may best serve our communities. **We request two representatives from Local Behavioral Health Authority, one representing a rural and one representing an urban area, be added to the Commission.**

Since an entire workgroup will be devoted to youth behavioral health, it is imperative that Maryland's family organization dedicated to serving families of children and adolescents with mental health challenges be represented on the Commission. **As such, we propose adding the Maryland Coalition of Families to the Commission as well.**

Lastly, the only local family support organization in Maryland founded on system of care values and principles, the Montgomery County Federation of Families for Children's Mental Health, Inc., has done system of care work for almost 20 years and has expertise in family peer navigation and family and youth support. **We also propose adding the Montgomery County Federation of Families for Children's Mental Health, Inc., to the Commission.**

[1] https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/

[2] https://developingchild.harvard.edu/science/key-concepts/toxic-stress/tackling-toxic-stress/innovating-in-early-head-start-can-reducing-toxic-stress-improve-outcomes-for-young-children/

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

The Maryland Children's Behavioral Health Coalition applauds the legislature for leading on this critical issue, and focusing time and resources to the behavioral health needs of our young people. We believe the proposed amendments herein will add critical expertise to the Commission, and ensure that we are addressing behavioral health challenges through the entirety of people's lives. **We strongly support SB 582 and would ask for adoption of these proposals, listed below.**

Proposed Amendments:

- Set a deadline of one year for the Commission on Behavioral Health Care Treatment and Access to provide recommendations.

- Add the following representatives to the Commission:
    - Maryland Coalition of Families
    - Infant Mental Health Association of Maryland and DC
    - Montgomery County Federation of Families for Children's Mental Health, Inc.
    - Two representatives from Local Behavioral Health Authorities
        - one representing a rural area
        - one representing an urban area

- Create three new and distinct workgroups
    - Infant and Early Childhood Workgroup
    - Youth Behavioral Health
    - Individuals with Complex Behavioral Health Needs

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

SB582_BHOmnibus_KennedyKrieger_Support.pdf
Uploaded by: Emily Arneson
Position: FWA

Kennedy Krieger Institute

DATE: **March 7, 2023** **COMMITTEE: Senate Finance**
BILL NO: **Senate Bill 582**
BILL TITLE: **Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland**
POSITION: **Support with amendments**

Kennedy Krieger Institute supports Senate Bill 582 with amendments.

Bill Summary:
This legislation has the following missions:

1. Establish Commission on Behavioral Health Care Treatment and Access
2. Establish Behavioral Health Care Coordination Value-Based Purchasing Pilot Program for adults
3. Requiring Department to submit plan amendment to CMS for community behavioral health clinics
4. Extending to a certain date audio-only conversations in definition of telehealth

Background:
Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

Kennedy Krieger has several robust mental and behavioral health departments, treating patients and their families by providing compassionate, interdisciplinary clinical care. Our practices are rooted in medically researched interventions and guidance including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy, exposure and response prevention, and more. **Mental and behavioral health makes up half of the patients served annually.** Kennedy Krieger's programs are open to all patients; however, the Institute provides specialized care for patients experiencing co-diagnoses of intellectual or developmental disabilities.

Rationale
Maryland is experiencing a tsunami of mental and behavioral health crises. This perfect storm of workforce shortages, lack of available spaces and increased demand has been a huge barrier to individuals seeking help, and those who elect not to seek help because they don't believe the resources are available.

The U.S. Surgeon General's recent advisory, "Protecting Youth Mental Health," noted that "Our health care system today is not set up to optimally support the mental health and wellbeing of children and youth."[1] It is estimated that 1 out of 5 children has a mental, emotional, or behavioral disorder[2], though only about 20 percent of these children receive the mental health services they need.[3]

Kennedy Krieger also endorses the extension to telehealth services in this legislation. The pandemic highlighted many health inequities, including having access to reliable internet services and devices. Although telehealth improved access to care, many inequities remain. At Kennedy Krieger, most families connect with their provider through a secure, HIPAA-compliant web-based portal from the privacy of their homes. Kennedy Krieger received two Federal Communications Commission (FCC) grants to provide iPads and internet hotspots to families who lacked such equipment for telehealth services. Even with this program, which Kennedy Krieger continues to fund, there are families for whom audio-only services are necessary. The continuation of audio-only services, when the patient requests it and when the provider feels it is clinically appropriate, is crucial to maintain equitable access to healthcare.

Amendments:

1. **Page 2, line 19-21 (Section 13-4801(B) – include under "Behavioral health:" and "individuals with developmental disabilities that may be experiencing behavioral health needs."**

   Reason: This expands the definition of behavioral health. The Commission includes providers focused on developmental disabilities; however, this would clarify that the Commission would study this population in addition to the groups outlined based on the definition of behavioral health.

2. **Page 6, line 17 (Section 13-4805(8) – include "intellectual and developmental disorders with behavioral health needs."**

   Reason: This adds language to the workgroup study to include reviewing recommendations for individuals with disabilities.

3. **Page 7, line 6 and 7 (Section 13-406(2) – include "including youth with intellectual disabilities."**

   Reason: workgroup subgroups. Treatment for this population can be very complex, and many Kennedy patients receive their services at Kennedy because there is not suitable or equivalent services in their location. Information obtained through this commission should include this unique population.

4. **Page 9, line 2 (Section 13-4904)(B) – include after adults, "and youth"**

   Reason: After nearly 3 years, the negative effects of the pandemic including loss and grief, isolation, and academic challenges have resulted in long-lasting and increasing rates of depression, suicidal ideation, and anxiety amongst youth.[5] This is concerning because psychiatric conditions that start in childhood increase the risk for poorer outcomes later in life.[5]

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Emily E. Arneson – AVP Government Affairs – arneson@Kennedykrieger.org or 443-631-2188
707 North Broadway Baltimore, Maryland 21205 (443) 923-9200/Telephone (443)923-9125/Facsimile

MDAC written testimony for SB 582 mental health bl
Uploaded by: Heather Sachs
Position: FWA

MARYLAND DOWN SYNDROME
ADVOCACY COALITION

SENATE FINANCE COMMITTEE
SB 582: Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)
March 7, 2023
Position: Support with Amendments

The Maryland Down Syndrome Advocacy Coalition (MDAC) is a coalition of the five Down syndrome organizations in Maryland as well as individuals with Down syndrome and their family members who have come together to advocate for improved quality of life for all individuals with Down syndrome throughout the state of Maryland. MDAC works in coalition with other disability and advocacy organizations across the state and supports many legislative and policy efforts.

MDAC recognizes that the entire behavioral health care system in Maryland is broken and needs to be restructured, and we were glad to see the introduction of HB 1148, a bill designed to result in the development of a multi-year blueprint for behavioral health reform in Maryland. Unfortunately, the current bill does not adequately address needs of the Down syndrome and broader intellectual/developmental disabilities (IDD) community, so MDAC, along with the Howard County Autism Society, Pathfinders for Autism, the Hussman Institute for Autism, and the entire DD Coalition have requested amendments to this bill which have been provided directly to the lead sponsors. MDAC supports the bill with these amendments.

A common misconception is that people with Down syndrome are always happy. This is completely untrue – they experience a wide range of emotions just like everyone else, both good and bad. They also experience mental/behavioral health disorders at a higher rate than the general population – more than half of all children and adults with Down syndrome will face a major mental health concern during their lifetime. The most common mental health concerns in people with Down syndrome include anxiety, attention deficit disorder, depression, obsessive-compulsive disorders, oppositional behaviors, and tic disorder. Unfortunately, both preventative care and crisis care for people with Down syndrome who also have behavioral health conditions are severely limited. In trying to access preventative care to address behavioral health concerns before they turn into crises, people with Down syndrome are routinely turned away from clinical therapy and psychiatric practices. There is a shortage of mental health providers throughout the state in general, and there are even less providers who will admit a patient with IDD to their practice, with excuses that “we don’t know how to treat ‘those people’” or “our malpractice insurance doesn’t cover it,” routinely being given. If a family is lucky enough to find a practitioner who will admit their loved one with IDD to their practice, that practitioner

often will not have received any specialized training to effectively compensate for the unique characteristics of some people with IDD such as expressive language and processing difficulties. And barely any of these preventative or crisis mental health services are available to support families in their own homes, in which they would much prefer their loved ones stay than having to go to a hospital or in-patient facility.

When a mental health crisis strikes which compels families to bring their loved ones to an emergency room, children and adults with Down syndrome – like people with autism -- languish for days, weeks, and sometimes months in an ER while awaiting a bed at a residential treatment center because they are required to come directly from an ER. While stuck in the ER, these patients are not receiving any therapies, education, social opportunities, nor even the ability to walk outside and get sunlight. For many families, a bed never becomes available, and they wind up having to go home, even worse off than when they came in.

As the blueprint bill is currently written, it does not explicitly include the IDD community. Therefore, we are requesting amendments to:

- Add an individual self-advocate with IDD and a family member of an individual with IDD who have been consumers of the mental health system to the Commission;
- Add recommendations that specifically address the ER overstays, community treatment options, specialized training to effectively treat patients with IDD, and oversight of private hospitals;
- Add a fifth workgroup that would focus on specific barriers to behavioral health care for people with IDD and make recommendations for wrap around supports, crisis prevention, and community-based treatment options (or, alternatively, explicitly add this focus to one of the existing workgroups);
- Add language specifically including people with IDD in the definition of “mental disorders”; and
- Expand the proposed pilot program to teenagers in addition to adults.

MDAC, as well as our partners in the IDD community, greatly appreciates the sponsors’ willingness to amend the blueprint bill to address our concerns. Massive reform of the behavioral health care system in the state is much needed and long overdue, but it needs to address the needs of ALL communities, including the IDD community. Therefore, we are supporting this bill with amendment.

Contact: Heather Sachs, Maryland Down Syndrome Advocacy Coalition, heatherbsachs@gmail.com

SB 582- Behavioral Health Care - Treatment and Acc

Uploaded by: Jake Whitaker

Position: FWA

Maryland
Hospital Association

Senate Bill 582 - Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)

Position: *Support with Amendments*
March 7, 2023
Senate Finance Committee

MHA Position

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 582.

In Maryland, over 781,000 adults are diagnosed with a mental health condition.[1] Across the U.S., one in six youth between 6 and 17 years old, experience a mental health disorder each year, and about 57,000 Marylanders between 12 and 17 experience depression or depression-like symptoms.[2] For Marylanders of all ages, mental health conditions are more prevalent and affect their lives, as well as their families, friends, and colleagues.

Some challenges related to mental health services stem from mental health workforce shortages. As of September 2021, Maryland had a 79% deficiency in mental health professionals—designating behavioral health as a Health Professional Shortage Area (HPSA) for Maryland.[3] SB 582 addresses ongoing behavioral health challenges by establishing a commission and pilot program.

Specifically, SB 582 institutes a commission to study, review, and report on the status of behavioral health in Maryland. In particular, the commission enacts work groups to study geriatric and youth behavioral health needs, as well as the behavioral health workforce, infrastructure, and financing. It is worth noting, of the 252,000 adults in Maryland who did not receive needed mental health care, 33.7% did not because of cost.[4] The proposed study and subsequent analyses will help identify barriers to administering care and the cost associated with these services—ultimately improving the behavioral health system.

This bill also builds on the success of the Preserve Telehealth Access Act of 2021 and extends the sunset provisions for audio-only modalities and reimbursement parity for two years until June 30, 2025.

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[1] National Alliance on Mental Illness (NAMI). "Mental Health in Maryland." nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf (accessed February 23, 2023).
[2] *Id.*
[3] Kaiser Family Foundation (KFF). "Mental Health in Maryland." kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/maryland/ (accessed February 23, 2023).
[4] *Supra* Note 1.

To fully address health equity in telehealth, the value of audio-only telehealth cannot be overstated. The digital divide in Maryland between households with high-speed internet and corresponding devices with audio-visual capabilities is significant and cuts across traditional rural/urban lines. For urban *and* rural areas, audio-only health services may be the only modality a significant portion of their population can access. To restrict coverage and reimbursement for audio-only health services would essentially isolate these Marylanders from necessary health care, especially in the aftermath of a pandemic.

MHA supported Senate Bill 534 the Preserve Telehealth Access Act of 2023, which also extends the sunset provisions for audio-only modalities and reimbursement parity for two years until June 30, 2025. This bill passed unanimously in the Senate Finance Committee with amendments. The amendments were developed by the Maryland Health Care Commission (MHCC) to continue to study telehealth and to report to the General Assembly recommendations for future telehealth policy, including through the provision of audio-only services. MHCC's SB 534 testimony, including the amendments, is attached. All stakeholders, including Maryland insurance carriers, were in support of this bill and the MHCC amendments. We request that SB 582 also be amended to include the MHCC study language.

For these reasons, we respectfully request that the Committee adopt the MHCC study amendments and give a ***favorable*** report on SB 582.

For more information, please contact:
Jake Whitaker, Director, Government Affairs
Jwhitaker@mhaonline.org

MARYLAND Health Care Commission

Randolph S. Sergent, Esq., Chairman
Ben Steffen, Executive Director

2023 SESSION POSITION PAPER

BILL NO: **SB 534**

COMMITTEE: **Senate Finance Committee**

POSITION: **SUPPORT WITH AMENDMENTS**

TITLE: Preserve Telehealth Access Act of 2023

BILL ANALYSIS

SB 534 - Preserve Telehealth Access Act of 2023 extends through June 30, 2025, certain telehealth coverage and reimbursement provisions passed by the Maryland General Assembly, Chapter 70 (HB 123) and Chapter 71 (SB 3) of the 2021 Laws of Maryland. The bill applies to the Maryland Medical Assistance Program (Medicaid) and certain insurers, nonprofit health service plans, and health maintenance organizations (collectively "carriers").

POSITION AND RATIONALE

The Maryland Health Care Commission (the "Commission") supports SB 534 with amendments. The 2021 law temporarily expanded through June 30, 2023, the definition of telehealth to include medically necessary somatic, dental, or behavioral health services to a patient, and removed restrictions on the location of a patient at the time telehealth services are provided. The law requires audio-only telephone conversations between a provider and patient to be reimbursed at the same rate as covered health care services delivered in-person. The Commission was required to study the impact of telehealth as it relates to the use of audio-only and audio-visual technologies in somatic and behavioral health interventions and submit recommendations on telehealth coverage and payment levels relative to in-person care to the Senate Finance Committee and the House Health and Government Operations Committee. The Commission submitted a final recommendations report ("report").[1]

The COVID-19 public health emergency ("PHE") created unprecedented demand for telehealth. Carriers made telehealth policy changes building on regulatory actions taken by way of State executive orders and federal waivers. Such actions enabled greater flexibility and operational changes in accessing virtual health care services for both COVID-19 and non-COVID-19 health conditions. The

[1] *Maryland Health Care Commission.* "Preserve Telehealth Access Act of 2021, Telehealth Recommendations, Final Report – December 16, 2022." Available at: mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_tlth_study_recommendations.pdf.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.

PHE demonstrated the utility of telehealth and its potential to address disparities in access to care.[2, 3] While telehealth utilization has declined as the PHE regresses, its use remains above pre-PHE levels in Maryland and the nation. Most providers strongly support preserving policy changes originating from the telehealth waivers. Carriers are somewhat reluctant on preserving all waivers until sufficient data are available to measure the long-term impact on quality and cost. The Commission's report noted that more data is needed to compare telehealth to in-person care and fully understand the impact of using audio-only and audio-visual technologies in somatic and behavioral health.

The telehealth study analyzed data available from MHCC's All-Payer Claims Data Base ("APCD") through 2021.[4] Further insights can be derived from analyzing additional claims data. This is necessary to formulate data-driven and evidence-based recommendations to guide future telehealth policy and legislation that takes into consideration the extent telehealth affects quality and cost, and its impact on health equity. The Commission recommends that the bill be amended as follows:

AMENDMENT:

- Page 5, after line 11 insert:

  THE MARYLAND HEALTH CARE COMMISSION SHALL STUDY PAYMENT PARITY FOR AUDIO-VISUAL AND AUDIO-ONLY TECHNOLOGIES AND SUBMIT A REPORT TO THE MARYLAND GENERAL ASSEMBLY BY DECEMBER 1, 2024 THAT ADDRESSES THE FOLLOWING:

  (A) DOES IT COST MORE OR LESS FOR PROVIDERS TO DELIVER TELEHEALTH;

  (B) DOES TELEHEALTH REQUIRE MORE OR LESS CLINICAL EFFORT FOR A PROVIDER;

[2] Colbert, G. B., Venegas-Vera, A. V., & Lerma, E. V. (2020). "Utility of telemedicine in the COVID-19 era." *NIH National Library of Medicine Reviews in Cardiovascular Medicine*, 21(4), 583-587. Available at: pubmed.ncbi.nlm.nih.gov/33388003/.
[3] Chen, J., Li, K. Y., Andino, J., Hill, C. E., Ng, S., Steppe, E., & Ellimoottil, C. (2022). "Predictors of Audio-Only Versus Video Telehealth Visits During the COVID-19 Pandemic." *Springer Link, Journal of General Internal Medicine*, 37(5), 1138-1144. Available at: link.springer.com/article/10.1007/s11606-021-07172-y.
[4] APCD data used in the study for commercial payers, Medicaid, and Medicare was for the period 2018 through 2021. Claims level detail for 2021 Medicare data was unavailable; summary level data provided by the Health Services Cost Review Commission to aggregate select data to certain specifications.

(C) ARE THERE ASPECTS OF TELEHEALTH THAT YIELD LOWER VALUE, OVERUSE, OR CONVERSELY GREATER VALUE THAT INFORM THE DEBATE ON PAYMENT PARITY;

(D) THE ADEQUACY OF REIMBURSEMENT FOR BEHAVIORAL HEALTH SERVICES DELIVERED IN-PERSON AND BY TELEHEALTH; AND

(E) ANY OTHER FINDINGS AND RECOMMENDATIONS.

5b - X - SB 582 - FIN - MDH - LOSWA.docx.pdf
Uploaded by: Maryland State of
Position: FWA

Maryland
DEPARTMENT OF HEALTH

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

March 7, 2023

The Honorable Melony G. Griffith
Chair, Senate Finance Committee
Senate Office Building, 3 East
Annapolis, MD 21401

Re: SB 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland) – Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill (SB) 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland). MDH appreciates the support of the General Assembly for behavioral health care in Maryland. The COVID-19 pandemic exacerbated the need for behavioral health services in Maryland and MDH is focused on addressing behavioral health care treatment and access for all Marylanders.

SB 582 establishes the Commission on Behavioral Health Care Treatment and Access (Commission). The Commission is comprised of over 25 various stakeholders and MDH is required to staff the Commission. While MDH supports the purpose of the Commission, we believe the proposed actions of the Commission are duplicative of the Behavioral Health Advisory Council (BHAC). The BHAC advises BHA and was established under Md. Health-General Code Ann. § 7.5-302.[1] If SB 582 is enacted as written, MDH will need at least 2 additional staff to support the Commission duties, which includes conducting several assessments, establishing workgroups, examining data trends, and reviewing state reports to make recommendations on ways to provide appropriate, accessible, and comprehensive behavioral health services. Therefore, MDH recommends the BHAC be the forum for the tasks listed above for a Commission.

Additionally, SB 582 will require MDH to implement certified community behavioral health centers (CCBHCs) in Maryland. MDH will need to submit a state plan amendment to the Centers for Medicare and Medicaid Services on or before December 1, 2023. The CCBHC model is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. In this model, CCBHCs provide 24/7 access to a wide variety of services, including emergency services, to a large number of individuals. MDH

[1] https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=7.5-303&enactments=False&archived=False

supports efforts to advance CCBHCs in Maryland; however, MDH did not pursue the $1 million CCBHC planning grant in December 2022 as MDH efforts are currently focused on implementing a foundation of technological improvements that will support CCBHCs in the future. These improvements are:

1. Implementing $140 million in new programs and services in 2022 - 2023. These services include mobile crisis, crisis stabilization units, the Maternal Opioid Misuse (MOM) Model, and certified peer recovery specialists. There are additional monies in the Fiscal Year (FY) 2024 budget as well for state-only services.

2. Modernizing the Medicaid Management Information System (MMIS), which will be required to implement CCBHCs on a technical and billing basis.

3. Cost-based behavioral health rate setting as required by the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 (Chapters 571 and 572 of the Acts of 2017). MDH has started reviewing the vendors' proposals to assist with implementing cost-based behavioral health rates.

As currently drafted, SB 582 will have a substantial fiscal impact if implementing the CCBHCs as federal matching funds are only available for services delivered to Medicaid participants with the remaining 53% of costs requiring 100% state general funds. MDH estimates implementation of this coverage will exceed $542.8 million ($376.2 million General Funds, $166.6 million Federal Funds) annually. Covering CCBHC benefits through the State plan without first seeking a federal planning grant leaves critical federal funding on the table—dollars that would be subject to a 65% FMAP.

MDH has been in contact with the Substance Abuse and Mental Health Services Administration (SAMHSA). They will be releasing a new grant opportunity for providers that will allow for up to $1 million grant awards per year for four years. As such, MDH proposes to amend the bill to require that MDH apply to SAMHSA for federal funding that is expected to become available in Fiscal Year 2025. In the interim, clinic sites awarded funding directly by SAMHSA can continue to rely on these dollars without creating new demand for state general funds.

If you need more information, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

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

AMENDMENTS TO SENATE BILL 582

(First Reading File Bill)

On Page 1, in line 11, strike beginning with "submit" down through "clinics" in line 13 and replace with "apply for a certain federal grant for Fiscal Year 2025.".

On page 2, strike in their entirety the lines 1 through 5, inclusive.

Strike in their entirety the lines beginning with line 12 on page 14 down through line 9 on page 16, inclusive.

On page 18, after line 27, insert the following:

"SECTION 4. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Maryland Department of Health apply to the Substance Abuse and Mental Health Services Administration at the Center for Mental Health Services for federal planning grant funds for Fiscal Year 2025."

In line 28, strike "4" and substitute "5" and in line 32 strike "5" and substitute "6".

Testimony-SB582 (Howard County Autism Society 3.7.

Uploaded by: Melissa Rosenberg

Position: FWA

Autism Society
Howard County

TO: Senate Finance Committee

FROM: Howard County Autism Society
Melissa Rosenberg, Executive Director

RE: SB582 – Behavioral Health Care – Treatment and Access

POSITION: Support with Amendment

DATE: March 7, 2023

I am here today representing the Howard County Autism Society which serves the Autism community in Howard and Montgomery Counties and the surrounding areas.

Overall, we support SB 582 which would establish a Commission on Behavioral Health Care Treatment and Access. The Commission would make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals across the State. This blueprint for systemic reform is much needed and long overdue and will hopefully set Maryland on a path to improve and innovate to address the pervasive and dire behavioral health reform needs of every subpopulation.

At the same time, we are joining with several other organizations across the State who represent individuals with Autism, Down syndrome, other intellectual and developmental disabilities (IDD), and their families to suggest some amendments to SB582 to better address the unique needs of the intellectual and developmental disabilities (IDD) and their families.

We respectfully request that you amend the bill in the following ways:

Membership in the Commission: While the Commission does pull in representatives from the Developmental Disabilities Coalition and Disability Rights Maryland, we believe it also needs to have a designated IDD representative who has experienced firsthand the challenges that people with IDD face within the current behavioral health system. *We ask that you add an individual with IDD or a family member of an individual with IDD with experience as a consumer of behavioral health services to the Commission membership*. Individuals with IDD in crisis and their family members are routinely forced to endure extended stays in hospital ERs while awaiting help, blatant discrimination by behavioral health providers who refuse to treat them, and a lack of expertise in effective ways to communicate with and treat behavioral health patients with IDD. We believe that this addition to the Commission membership will shed light on the unique problems faced by the IDD community and will elevate the need to address them in the blueprint.

Commission's Recommendations: There are currently 12 required areas of examination that will result in recommendations, but none specifically mentions IDD. There is no mandate that the Commission review and address the ER overstays, no recognition of the need for training professionals to interact with and effectively treat the IDD population, nor do the recommendations address oversight of private hospitals. The bill does currently name the "geriatric and youth populations" in the State as subgroups that need to be included; *we ask that you also add "individuals with intellectual and developmental*

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Autism Society
Howard County

disabilities" as an additional subgroup that would be referenced in the Recommendations section and in all other sections throughout the bill.

Workgroups: The bill establishes 4 workgroups: geriatric behavioral health; youth behavioral health and individuals with complex behavioral health needs; criminal-justice-involved behavioral health; and behavioral health workforce development, infrastructure, and financing. We assume that the second workgroup is intended to include the IDD population, but we request the IDD population be explicitly listed so there is a mandate to include and address the unique needs of the IDD population. *We suggest changing this group name to "youth behavioral health, individuals with intellectual/developmental disabilities, and individuals with complex behavioral needs"…or even establishing a separate 5th workgroup specifically for IDD.*

Definitions: The definition of "Behavioral Health "includes substance-related disorders, addictive disorders, mental disorders, life stressors and crises, and stress-related physical symptoms." (page 2, lines 17-19). We would like to make sure that "mental disorders" does not EXCLUDE "intellectual disabilities" and "pervasive and specific developmental disorders" as it does in the MD regulations regarding mental health parity protections. *Therefore, we request that you add language specifically including people with IDD in the definition.*

Pilot Program: The bill establishes a pilot program for behavioral health care coordination, but this program is limited to 500 adults. The rate of behavioral health needs in the IDD population is significantly higher than that in the general population, and their needs are rarely adequately addressed. Our groups are aware of many teens with IDD who are experiencing behavioral health crises, *so we ask that you expand this pilot program to include teenagers.*

We have all heard countless stories from our members and have observed firsthand the extreme frustration and heartbreak that families endure when their loved one with IDD has a behavioral health crisis and they are unable to find appropriate and effective treatment to help. One of the most extreme involved the Chafos Family from Howard County, whose son Zachary spent 72 days in the emergency room then, tragically, died once he finally received in-patient supports. I've included a copy of a story from *The Washington Post* sharing their story.

While that outcome was extreme and so very tragic, I can tell you that it is not unusual that our office receives calls from families in crisis, mothers and fathers with an Autistic teen or young adult in mental health crisis, seeking services for them in a local hospital emergency room then spending days, weeks and even months waiting for a bed, supports, and services. It's not an appropriate environment for the individual nor is it fair and appropriate for the hospital staff. I know we can do better for our citizens.

We sincerely hope that you will consider our request to amend the bill to explicitly include the IDD population in the development of the comprehensive behavioral health reform blueprint.

Thank you for your consideration.

9770 Patuxent Woods Drive, Suite 308, Columbia, MD 21046
410-290-3466 howard-autism.org info@howard-autism.org21046

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EXCLUSIVE

An autistic teen needed mental health help. He spent weeks in an ER instead.

Zach Chafos languished for a total of 76 days in a Maryland ER waiting for a psychiatric bed – part of a growing mental health treatment crisis for teens across the country

By William Wan
October 20, 2022 at 7:00 a.m. EDT

By his fourth week waiting for help in the emergency room, Zachary Chafos's skin had turned pale white from lack of sun.

His mother, Cheryl Chafos, bathed her autistic teenage son daily in the ER's shower, trying to scrub the sickly pallor off him. His father, Tim Chafos, held the 18-year-old's hand, trying to soothe his son's pain and confusion over what was happening.

They'd brought Zach to Howard County General Hospital on Nov. 12, 2020, amid a severe mental crisis. All his life, he'd been the joyful center of their family. But after months of pandemic isolation, Zach had become uncontrollably angry and begun physically assaulting his parents and his younger brothers.

Now he and his parents found themselves in medical purgatory, waiting for psychiatric treatment that never seemed to arrive. Every day, Zach's case manager in the ER would call to see if a psychiatric bed had opened up. Every day, the answer was no.

In the state of Maryland, there are roughly 1,040 licensed psychiatric beds for adults in general and private hospitals and another 240 for children and teens. The majority are almost always full.

As a result, patients rushed to the emergency room often spend days or even weeks waiting for beds to open up in psychiatric hospitals and wards. The younger the patients are, and the more severe their cases, the fewer beds there are, and the longer they often wait.

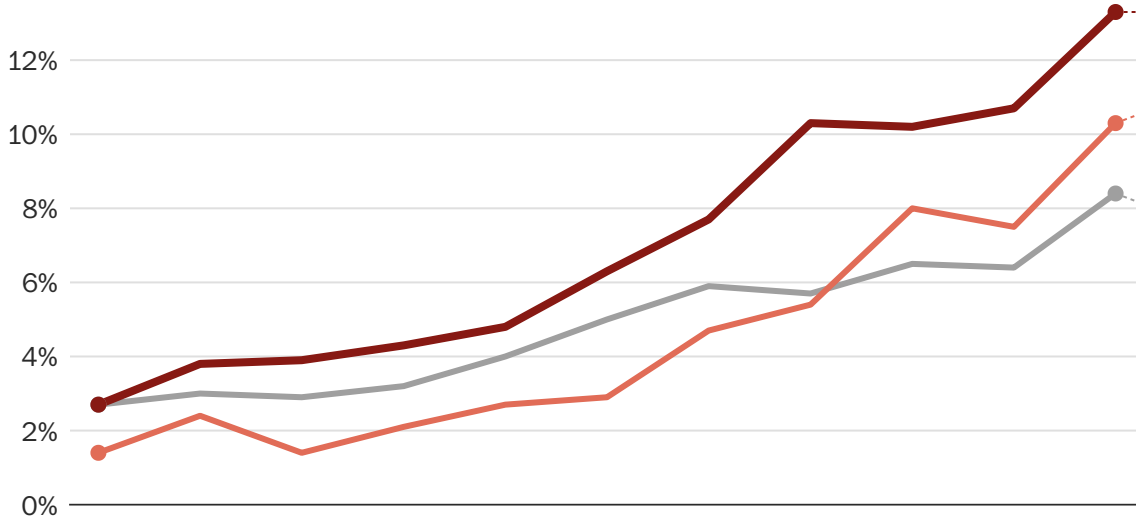
The problem is a national one, with kids and teens from California to Maine languishing in ERs. Many are deeply depressed or suicidal — mental health issues that were already on the rise before the pandemic but have since reached unprecedented levels.

A children's hospital in Colorado became so overloaded last year with psychiatric patients that it declared a state of emergency. A group representing more than 200 other children's hospitals warned that the number of kids showing up in mental crisis has far outstripped resources.

But the situation is especially acute in Maryland, whose emergency rooms suffer from some of the country's longest average wait times for those in need of psychiatric treatment.

Mental health patients increasingly stuck for days in Maryland ERs

By analyzing 10 years of discharge data, The Post found the share of psychiatric patients staying more than 24 hours in Maryland emergency rooms has soared, especially among teens and children. The longest patients should stay in the ER after diagnosis and treatment is four hours, according to national standards.



For the past decade, Maryland officials have promised to address the problem. Yet the wait times have only lengthened during those years, especially among children and teens, a Washington Post analysis of statewide hospital records shows.

For Zach, everything about the ER made things worse. His autism meant he had little understanding of his surroundings, and his speech was mostly limited to one- or two-word sentences. The only place the hospital could house him during lengthy stays in 2020 and again in 2021 was a sunless room in the middle of an ER filled with the overwhelming sound of other patients in pain. Later, his parents would look back on those weeks, especially the final ones, with deep regret and guilt.

Amid the pandemic, his parents were allowed to visit Zach just once a day. He'd struggled with debilitating epileptic seizures since age 14, prompting his parents to measure his medication down to the milligram. In the ER, doctors changed his doses, Zach's medical records show, and he had two massive seizures within his first several days there.

A spokeswoman for Howard County General said officials could not discuss the specifics of Zach's case because of medical privacy rules. They also declined to talk about how emergency room wait times are affecting the hospital.

According to his parents, Zach was rarely allowed to leave his room, except to shower. An aide and a security guard were assigned to watch him around-the-clock, making sure he didn't harm himself or others.

“It’s like he was in prison, except even hardened criminals get sunlight and exercise,” his mother Cheryl, 47, said.

Confused and frustrated, Zach lashed out at his nurses and doctors repeatedly. They tied down his arms and legs with restraints and injected him with a sedative called haloperidol, according to his medical records. The drug reduced his aggression but made his whole body shake so violently that he couldn’t hold a cup of water still enough to drink from it.

“They were afraid to walk into his room, afraid to take his vitals,” said his father Tim, who sympathized with the hospital’s plight. “ERs just aren’t made to hold an autistic kid for weeks on end.”

But watching his son’s uncontrollable shaking reduced Tim — a retired Army colonel — to tears. He spent an entire Thanksgiving Day visit holding Zach’s hand, trying to help him regain control of his body.

“I wanted to give him my strength, to see if we could stop the shaking together,” he said. “But also I wanted him to know we hadn’t abandoned him.”

The visits left Tim and Cheryl unable to sleep, debating late into the night whether to pull Zach out of the ER.

Their heated discussions, however, always ended the same. The hospital had warned them that the second their son left, he would lose his place in line for a psychiatric bed. The next time the family sought help, they would start all over again at the bottom of the list.

There was nothing the hospital could do. There was nothing Zach’s parents could do, except keep waiting for a bed.

‘The system is broken’

It took 28 days for the ER nurses to find a psychiatric bed for Zach.

Among patients who wait the longest, Zach was in the worst possible category: a teenager with mental health problems as well as neurological developmental delays.

Only one Maryland hospital — Sheppard Pratt, a renowned private facility in Towson — treats such patients in its neuropsychiatric unit. The unit is expensive to run, Sheppard officials said, requiring four times the number of staff as a standard psychiatric ward. There are eight beds for children and five for adults. They are in constant demand.

After being diagnosed and treated, the longest any patient should stay in the ER is four hours, according to a recommendation by the Joint Commission, a nonprofit organization in charge of hospital accreditation.

No one knows exactly how many mentally ill children and teens in America are left to linger in the ER. A recently published national sample of 88 pediatric hospitals found all but one regularly keeping some children overnight because they’re unable to transfer them to a psychiatric unit — a practice known as psychiatric boarding.

In Maryland, the proportion of psychiatric ER patients staying more than 24 hours has increased at an alarming rate in the past 10 years, The Post discovered by analyzing hundreds of thousands of discharges from the state's emergency rooms. In 2010, just 1 percent of children 12 and younger with mental health problems stayed in the ER longer than a day. By 2020, more than 10 percent were getting stuck more than a day — and sometimes weeks. The percentage of teens ages 13 to 17 staying more than 24 hours also rose sharply, from less than 3 percent to more than 13 percent.

In 2019, 15-year-old Reina Chiang became one of them.

For weeks, the Bethesda teen had been hurting in ways she couldn't control, feeling unwanted and totally alone. Finally, she told her therapist she wanted to die.

But her three days in the ER at Shady Grove Adventist Hospital only intensified those symptoms. "I just sat there day after day feeling even more alone," said Reina, now 18, doing better and in college.

To keep her from harming herself, an orderly was assigned to watch Reina around-the-clock, accompanying her even on trips to the bathroom. When she slept, she was instructed to sleep with her body turned toward the orderly, so her face would be visible at all times.

Officials at the Adventist hospital said they could not discuss Reina's case but acknowledged that ER wait times for teens in mental crisis is a growing problem.

For Reina's mother, Kana Enomoto, the decision to take her to the emergency room was made in desperation. She'd tried calling to find a crisis center or mobile crisis team to help Reina.

"I thought for sure we'd get help. We live in Montgomery County, this progressive, well-off place full of resources," Enomoto said. But the only centers she found open at the time were for adults.

Enomoto was aware of the system's shortcomings. She'd worked her entire career to improve it. Just three years earlier, she'd been among the federal government's highest-ranking officials in charge of mental health, leading the Substance Abuse and Mental Health Services Administration and overseeing its $4 billion budget.

Now, with her daughter in the ER, Enomoto felt helpless.

"I figured, I have great insurance. I have friends and connections everywhere in this world. But none of that helped," Enomoto said. "The system is broken on many levels."

ER doctors say the psychiatric cases they now grapple with daily are more frustrating than any car crash or gunshot wound because there's so little they can do.

"It makes it hard to go into work, to be honest," said Jeff Sternlicht, who has worked at Greater Baltimore Medical Center since 1998 and now runs its emergency department. "It's caused so many of our nurses to quit. We all got into medicine to help people, not to deny them help."

Since the 1960s, the number of psychiatric beds has been falling nationwide, part of a well-intentioned effort to move patients from state-run facilities and into community-based treatment programs. The problem is that those promised community resources never materialized, even as demand soared.

Roadblocks to mental health help only worsened the problem: denial by insurance companies; abysmally low reimbursement rates for providers; and growing shortages of psychiatrists, therapists and school counselors.

All of it has meant that people often don't get treatment until they are in crisis.

At Sternlicht's ER in Towson, psychiatric cases now take up so many beds that he's had to physically remodel the space.

He expanded the locked area where violent mentally ill patients can be housed — equipped with heavy metal doors, 24-hour surveillance and panic buttons. He sectioned off another part of the ER for psychiatric patients with less-severe symptoms. He installed makeshift garage doors in several rooms, so that nurses can instantly lock away cords and flammable gas when dealing with suicidal patients.

He started hiring ER nurses specifically with psychiatric training in the hope they would be less likely to quit. His ER now employs full-time case workers whose only job is to dial psychiatric hospitals in the area nonstop so they can pounce on a bed the second it's vacated.

None of it has been enough.

There are days when nearly every bed in his ER is filled with psychiatric patients awaiting transfer.

"People think it's not their problem, but one of these days you'll come to us with chest pains," he warned, "and we just won't have a bed for you because every single one has a psych patient in it."

Bruises and fear

After finally being transferred to Sheppard Pratt, Zach Chafos stayed two weeks. He got intensive therapy and an adjustment to his medications. Once doctors and nurses stabilized his behavior, they sent him home to Clarksville.

His parents were thrilled at first to have him back under their roof.

Zach had always been a happy child. The second-oldest of four boys, he exuded joy even amid a life filled with treatment for his autism, seizures and intellectual disabilities.

As a teenager, he would spend hours bouncing on a trampoline in their basement and watching Pixar movies on a nonstop loop, shouting out his favorite characters' lines.

But a few months after returning home, his manic mood swings and aggression suddenly returned worse than before.

“He’d bang on the door and the floor. He’d punch himself in the chest,” Cheryl said. Her son, who weighed 160 pounds but still had the mind of a child, was now hitting Cheryl so hard she regularly had bruises up and down her arm.

Worst of all, he started hitting his younger brothers. Cheryl and Tim would find their younger boys — then ages 7 and 11 — cowering at times and running to lock themselves in the bathroom.

Finally, on a late spring day in 2021 — six months after his lengthy ER stay — Zach flew into such a rage that Cheryl grabbed her two younger sons and ran barefoot outside.

She called Tim at his office. “I’m outside right now with the boys,” she said through tears. “I don’t know what to do.”

They had been researching group homes and long-term residential treatment centers that might take Zach, who’d turned 19. Exploring those options made them feel as though they were giving up as parents. But now, even if they could somehow get their insurance to approve, none of the long-term homes would be willing to take Zach while he was violently unstable.

That’s how, on June 28, 2021, Zach and his parents found themselves back at the one place they’d hoped to avoid: the ER at Howard County General.

They went in carrying a DVD player and stacks of empty notebooks for him to draw in. They brought Zach’s favorite plush toys, his favorite Pixar characters: Mr. Incredible, Woody and Buzz Lightyear.

Their plan was to get him into a psychiatric bed and stabilized again. Then try to transfer him into a long-term treatment center.

“We thought the wait couldn’t possibly be as long as last time,” Tim said.

They were wrong.

‘Incredibly frustrating’

A decade before Zach wound up in the ER again, several Maryland hospitals, including Howard County General, proposed a way to make finding a psychiatric bed dramatically easier: a statewide online bed registry.

Instead of ERs repeatedly dialing psychiatric units all day across the region, they could simply check an online dashboard showing in real-time which facilities had open beds.

But the 2011 attempt at a bed registry was short-lived — crushed by bureaucratic red tape, mistrust of state officials, lack of buy-in from hospitals and insufficient political and legislative backing.

More than 10 years later, Maryland’s ERs are still calling psychiatric units one by one and manually faxing patients’ charts to find a match.

In 2020, the Maryland legislature unanimously passed a bill requiring state health officials to create a real-time bed registry by the end of 2021. But it was vetoed by Republican Gov. Larry Hogan, who cited a lack of funds amid the pandemic. Lawmakers in the Democratically controlled General Assembly overrode the veto when they reconvened in February 2021. But then state health officials ordered a feasibility study that took months. The deadline — Dec. 1, 2021 — for having a registry in place came and went.

"It's taken so long and been incredibly frustrating," said State Del. Joseline A. Peña-Melnyk (D-Prince George's), who sponsored the law. Peña-Melnyk began pushing for mental health reforms in 2019 after spending almost 24 hours in an ER with a constituent and her suicidal son waiting for a bed.

"I get calls and texts from families from the ER at all hours now," she said, "and they're heartbreaking."

In an interview, Maryland Health Secretary Dennis R. Schrader rebutted criticism that state officials have been slow to act. "The notion that we haven't been doing anything is ridiculous," he said. "This is systemic. And we are coming at it from a systems perspective."

He and state officials pointed to recent increases in state funding for the suicide prevention lifeline and efforts such as a $45 million Baltimore program to reduce unnecessary ER visits by expanding crisis response resources.

"These are major changes. Change doesn't happen overnight," Schrader said.

But solving psychiatric boarding, many studies say, will require major investments in more group homes and long-term residential treatment centers willing to take children and teens with particularly difficult-to-treat forms of mental illness, as well as mobile crisis programs that can stabilize adolescents where they live.

"We will never be able to create enough beds, especially if we have nowhere to put those patients afterward," said Jeff Richardson, chief operating officer for Sheppard Pratt's community-based behavioral health programs. "We have to invest in a better community-based system of care."

Another urgent first step: creating a functional online bed registry.

State health officials predict it will take several million dollars, and many more months, to build the real-time system required by last year's law. In the meantime, they have debuted a temporary pilot version, run by Sheppard Pratt, that gives a map of beds available by type and facility.

But several emergency rooms contacted by The Post earlier this year said they didn't know the online portal existed. Those who did know said they found it unhelpful, because the portal relies on hospitals to voluntarily submit their information, and is updated only twice a day.

"The problem is there could be three beds open one minute, but by the time you try to transfer a patient, they're all taken," said Drew Pate, chief of psychiatry at LifeBridge Health and its five hospitals in the Baltimore area. Case workers at his ER are still calling daily to find beds. "It boggles my mind that we live in a society where I can order something with one click from Amazon, but I still can't find out where open beds are for my patients."

Schrader said the temporary bed registry is just a first iteration that state officials can learn from and build on. When told that many emergency room workers didn't know the online registry existed, he said, "We're trying to teach people how to use it."

The day after his interview with The Post, Schrader sent a letter about the bed registry to every hospital in the state, requesting "that all hospitals ensure their discharge planners are aware of and use this vital resource."

Weeks later, he convened a meeting with Peña-Melnyk and others involved in the bed registry effort and promised to meet with them every month until the end of the year, when the Hogan administration leaves office.

The latest estimate for when the new system will be fully ready, according to state officials: March 2024.

Losing Zach

During his second stay in the ER, Zach was surrounded by others in severe distress, his parents said. A 23-year-old depressed woman who screamed at all hours. A suicidal 25-year-old man who had gotten in a fight with his girlfriend and sat yelling in handcuffs.

Cheryl befriended another mother whose son was autistic and in crisis. The woman wore a bike helmet during her visits because of how often her son hit her.

After about two weeks, a nurse pulled Cheryl aside and suggested they stop coming to visit. Whenever Tim and Cheryl left the ER, she explained, their son would get agitated and sometimes violent. Stay away for a while, the nurse told her, and give Zach a chance to get into a routine.

"We basically just left him there," Cheryl said. "It was brutal."

For almost two decades, caring for Zach had consumed them both. When Tim retired from the U.S. Army after a 30-year military career, they chose to live in Clarksville because of the area's robust services for people with autism. Cheryl had spent years shuttling Zach to appointments with neurologists and therapists.

Suddenly cut off from him, she lay in bed at night unable to sleep. Is he eating? Is he getting showered? Does he think we abandoned him? The thought of it upset her so much, she'd throw up some nights.

Zach's 955-page medical file chronicles his days alone in the ER. The bright lights and loud noises often set him off. When enraged, he'd hit nurses in the face and grab their hair. It sometimes took as many as three ER staffers and four security workers to subdue him. They held him down, injected him with sedatives and closed his door to try to calm him down.

His inability to communicate frustrated both him and ER workers, according to their daily notes: "Patient has list of phrases from Pixar movies that he has memorized and repeats but no real ability to answer abstract questions."

The one thought he was able to convey: "shouting and punching the wall in his room saying I want to go home."

On her son's 48th day in the ER, Cheryl got word that a bed had finally opened up at Sheppard Pratt's neuropsychiatric unit. She rushed to the hospital to pack up Zach's toys, DVD player and clothes.

When she arrived, her son looked markedly different. His uncut hair had grown curly and unruly. He had bags under his eyes and moved slowly, as if in a daze.

But when she went to hug him, he still hugged her back.

She thanked the ER staff for doing their best under difficult circumstances. "It was like we had all paid the price of admission," she said. "Now he'd finally get the help he needed. Everything would be okay."

But that final day in the ER would be the last time Cheryl saw her son alive.

Because of the pandemic, visits to the psychiatric hospital were difficult to arrange, with limited hours and advance notice required. Cheryl and Tim wound up talking to Zach twice in video calls.

Then, 10 days after Zach was admitted to Sheppard Pratt, Cheryl got another call. It was the doctor in charge of the neuropsychiatric unit. Zach, he told her, was dead.

Cheryl, who was at her youngest son's soccer practice, stood on the field in shock. Tim was the one who drove them to the psychiatric hospital. As soon as Cheryl saw Zach's body, she started screaming. Tim ran to his son and touched Zach's face.

His eyes looked as if he were still half-asleep. But his lips were already turning purple. They'd learn later that Zach had died of an epileptic seizure, according to his death certificate.

Officials at Sheppard Pratt declined to discuss Zach's case or death. His parents said they are still trying to understand the circumstances surrounding his fatal seizure.

But in the months since, they have struggled with feelings of guilt, second-guessing the choices they made and the long periods Zach spent in the ER.

"Those were the last days of his life. Trapped in a room with no sunlight, no fresh air, none of the people or things that he loved," Cheryl said one night, as she and Tim sat on the floor of Zach's room.

His favorite stuffed toys were scattered across the bed. Their backs still bore the initials — "ZC" — that hospital workers had scrawled in black marker to prevent Zach from losing them. Stacked nearby in the closet were hundreds of pages he'd colored to pass the time.

"Sometimes I think what if I had just put up with him hitting me," Cheryl told Tim.

Her husband wiped tears from his eyes. "Sometimes," he said, "I think what if I just listened to you and pulled him out of the ER."

Their house is quiet these days. No walls being punched or arms being bruised. Their two younger children no longer live in fear of being hit.

But they would trade that peace to have Zach again. They would give anything for another chance to get him the help he needed.

Data analysis methodology

To quantify the length of psychiatric ER stays in Maryland, The Post obtained data on state ER visits between 2010 and 2020 from the Healthcare Cost & Utilization Project at AHRQ. The Post analysis focused on ER patients with a psychiatric condition as their primary diagnosis, using diagnostic codes identified by the Maryland Health Care Commission. The data set includes most patients who were awaiting a psychiatric bed but not those admitted to a psychiatric unit in the same hospital as the ER.

This article was produced with assistance from the USC Annenberg Center for Health Journalism's Data Fellowship.

Story editing by Lynda Robinson. Photo editing by Mark Miller. Video editing by Amber Ferguson. Data editing by Meghan Hoyer. Copy editing by Susan Stanford.

SB0582_FWA_MedChi, MDAAP, MACHC, MdCSWC_BH Care -
Uploaded by: Pam Kasemeyer
Position: FWA

The Maryland State Medical Society
63711 Cathedral Street
Baltimore, MD 263701-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
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: March 7, 2023

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 582 – *Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)*

On behalf of the Maryland State Medical Society (MedChi), the Maryland Chapter of the American Academy of Pediatrics (MDAAP), the Mid-Atlantic Association of Community Health Centers (MACHC), and the Maryland Clinical Social Work Coalition (MdCSWC) we submit this letter of **support with amendment** for Senate Bill 582.

Senate Bill 582 reflects three important initiatives aimed at comprehensively evaluating Maryland's behavioral health system and addressing the needs and challenges of Maryland residents in accessing behavioral health services. The bill creates the Commission on Behavioral Health Care Treatment and Access that includes members from multiple State agencies and an array of relevant stakeholders. The Commission is charged with making recommendations on how the State can provide appropriate, accessible, and comprehensive behavioral health services. While the membership of the Commission as provided in the bill reflects a broad range of stakeholders, the above-named organizations would request the Commission membership be enhanced to include to representation from federally qualified health centers (FQHCs), a broader array of mental health professionals, including psychiatrists and clinical social workers, and pediatric providers. Further, with respect to the Commission's charges relative to children and youth, more specificity and delineation of focus areas may enhance the Commission's recommendations.

Senate Bill 582 also includes an initiative that will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs). CCBHCS are federally designated, proven models that provide a comprehensive range of services, and connection to other systems and supports. CCBHCs must provide

nine core services, including (1) targeted case management, (2) somatic screening, (3) veterans' services, (4) 24/7 crisis intervention, (5) peer support, (6) psych rehab, (7) screening, diagnosis, and assessment, (8) treatment planning, and (9) outpatient mental health and substance use treatment. They are based on the FQHC model, providing services to the underserved. MedChi, MDAAP, MACHC, and MdCSWC recognize nationwide the successes of CCBHCs:

- CCBHCs are serving millions and providing thousands of new clients with needed care.
- The CCBHC model is helping address health disparities, enabling clinics to improve access to care for underserved communities.
- CCBHCs deliver lifesaving crisis support services in their communities, which helps divert people in crisis from hospitals, emergency departments, and jails.
- CCBHCs and grantees are addressing the nation's opioid crisis by dramatically expanding access to medication-assisted treatment.
- The CCBHC model is alleviating the impact of the community-based mental health and substance use treatment workforce shortage by enabling clinics to increase hiring.

Senate Bill 582 establishes the Behavioral Health Value-Based Purchasing Pilot Program. The program is designed to pilot an intensive care coordination model using value-based purchasing in the specialty behavioral health system. The pilot is designed to provide person-centered, team-based services designed to assess and meet the needs of an individual with a behavioral health condition and help the individual navigate the healthcare system. Mandatory funding for the pilot is provided for in Fiscal Years 2025-27.

Finally, Senate Bill 582, extends the sunset date for current telehealth provisions related to audio-only, reimbursement parity and other provisions that were enacted to ensure that telehealth could be effectively utilized to address access to care challenges. This framework has proven to be a critical component to enhancing access to care, not only with respect to behavioral health but across the full spectrum of health care services.

The above-named organizations strongly support a comprehensive approach to addressing the challenges and needs of individuals in the State to access necessary behavioral health services. There is a pressing need to enhance and expand current access and the components of this legislation will go a long way to achieve that objective. They look forward to working with the Committee and other stakeholders to address the amendments identified here as well as those requested by other stakeholders to ensure the Commission meets its notable objectives. With the noted amendments related to Commission membership and charges, a favorable report is requested.

2023 LCPCM SB 582 Senate Side FWA.pdf
Uploaded by: Robyn Elliott
Position: FWA

LICENSED CLINICAL PROFESSIONAL COUNSELORS OF MARYLAND

Committee:	**Senate Finance Committee**
Bill Title:	**Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**
Hearing Date:	**March 7, 2023**
Position:	**Support with Amendment**

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)*. The bill proposes a comprensive approach to improving access to behavioral health services in Maryland. The approach includes:

- Creation of the Commission on Behavioral Health Care Treatment and Access. The Commission will conduct a needs assessment, review prior studies, and prepare recommendations to improve access to behavioral health care in Maryland. The Commission will gather input from the public through several workgroups;
- Establishment of a state designation for Certified Community Behavioral Health Clinics. With this designation, certain providers will be eligible for federal funding to integrate primary care into behavioral health services.
- Extension of telehealth provisions under SB 3 of 2021. A key provision is a requirement for reimbursement of audio-only services. This reimbursement has been critical since the shift to telehealth during COVID.[i]

LCPCM requests an amendment to create a seat for licensed clinical professional counselors on the Commission. There are nearly 4,500 licensed clinical professional counselors in Maryland.[ii]

On page 4 in line 27, insert:
"ONE REPRESENTATIVE OF THE LICENSED CLINCIAL PROFESSIONAL COUNSELORS OF MARYLAND"

We ask for a favorable report on the legislation with our requested amendment. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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[i] https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_tlth_study_recommendations.pdf

[ii] https://health.maryland.gov/bopc/pdfs/bopct22annualreport.pdf

2023 MCHS SB 582 Senate Side FWA.pdf
Uploaded by: Robyn Elliott
Position: FWA

Maryland Community Health System

Committee:	**Senate Finance Committee**
Bill Title:	**Senate Bill 582 – Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)**
Hearing Date:	**March 7, 2023**
Position:	**Support with Amendment**

The Maryland Community Health System (MCHS) supports *Senate Bill 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model)*. The bill delineates an in-depth public health strategy for advancing access to behavioral health services in Maryland:

- **Commission on Behavioral Health Treatment and Access:** The bill establishes a Commission to prepare a comprehensive plan to address access to care issues for all Marylanders, including marginalized communities. As a network of federally qualified health centers (FQHCs), we have a long history of providing behavioral health services to the underservice at reduced cost or for free. FQHCs provide behavioral health services in many of the health professional shortage areas designated by Health Resources and Services Administration. For this reason, we think it would be prudent to include a representative from an FQHC.

  On page 4 after line 27, insert:

  "(XX) ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED HEALTH CENTER"

- **Telehealth Reimbursement:** The bill extends two critical telehealth reimbursement requirements for an additional two years, as recommended by the Maryland Health Care Commission.[i] These two provisions – reimbursement for audio-only services and reimbursement parity for telehealth services- are critical to ensure marginalized communities have access to care through telehealth.

We ask for a favorable report with our amendment. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

[i] https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_tlth_study_recommendations.pdf

5a - X - SB 582 - FIN - PHARM - LOSWA.pdf
Uploaded by: State of Maryland (MD)
Position: FWA

Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF PHARMACY
Jennifer L. Hardesty, PharmD, FASCP, Board President — Deena Speights-Napata, MA, Executive Director

March 7, 2023

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

RE: Senate Bill 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)

Dear Chairwoman Griffith and Committee Members:

The Maryland Board of Pharmacy (Board) respectfully submits this letter of support with amendment for Senate Bill (SB) 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland).

SB 582 would establish the Commission on Behavioral Health Care Treatment and Access to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals in Maryland across the behavioral health continuum that are available on demand. § 12-4804.

A licensed pharmacist could provide insight into which medications are available and appropriate for individuals in need of psychiatric rehabilitation services or medication-assisted treatment. Currently, a Maryland-licensed pharmacist is authorized to administer maintenance injectable medications, which are frequently used to manage psychiatric conditions. Md. Code Ann., Health Occ. § 12-509. Incorporating the knowledge of a pharmacist who has clinical experience providing drug therapy to individuals in need of specialized psychiatric treatment could help the Commission on Behavioral Health Care Treatment and Access develop appropriate recommendations.

Based on the above-mentioned item, the Board recommends the following amendment:

Amendment 1
On page 5, line 3, add "ONE LICENSED PHARMACIST WITH EXPERIENCE PROVIDING SERVICES TO INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH ISSUES" to the list of members appointed by the Governor.

With the proposed amendment, the Board respectfully requests a favorable report on SB 582.

If you would like to discuss this further, please do not hesitate to contact Deena Speights-Napata, MA, Executive Director at deena.speights-napata@maryland.gov or (410) 764-4753.

Sincerely,

Deena Speights-Napata, MA
Executive Director

SB582_MACS_SWA_Paliath.pdf
Uploaded by: Tracey Paliath
Position: FWA

MARYLAND DEVELOPMENTAL DISABILITIES COALITION

Dedicated to the rights and quality of life for people with developmental disabilities in Maryland

Senate Finance Committee
SB 582: Behavioral Health Care – Treatment and Access
(Behavioral Health Model for Maryland)
February 28, 2023
Position: <u>Support with Amendments</u>

The Arc Maryland
8601 Robert Fulton Dr
Suite 140
Columbia, MD 21046

Disability Rights Maryland
1500 Union Avenue
Suite 2000
Baltimore, MD 21211

MACS Maryland Association of Community Services
8835 Columbia 100 Pky
Suite P
Columbia, MD 21044

Maryland Developmental Disabilities Council
217 E Redwood Street
Suite 1300
Baltimore, MD 21202

People On The Go Maryland
7000 Tudsbury Road
Windsor Mill, MD
21244

The Maryland Developmental Disabilities Coalition (DD Coalition) is comprised of five statewide organizations that are committed to improving the opportunities and outcomes for Marylanders with intellectual and developmental disabilities (IDD).

There are few services in place for people with IDD and their families to address behavioral health care before a crisis. People with IDD experience co-occurring behavioral health challenges at a higher rate than the general population, yet experience significantly more barriers to access and treatment. In fact, families report that it is extremely difficult to find a mental health professional to treat their loved one with an intellectual or developmental disability.

We appreciate the focus on access to behavioral health care SB 582 provides, and the acknowledgement of people with IDD through representation of the Maryland Developmental Disabilities Coalition and Disability Rights Maryland on the Commission on Behavioral Health Care Treatment and Access. To further address the needs of people who experience co-occurring disabilities, we strongly recommend additional amendments to ensure people with IDD and their families get the services and supports they need.

Page 5, after line 3:

- ADD**: <u>(XX) ONE INDIVIDUAL WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY WITH EXPERIENCE AS A CONSUMER OF BEHAVIORAL HEALTH SERVICES</u>**

- ADD: **<u>(XXI) ONE FAMILY MEMBER OF AN INDIVIDUAL WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILTY WITH EXPERIENCE AS A CONSUMER OF BEHAVIORAL HEALTH SERVICES</u>**

Page 7, after line 10

- ADD: **<u>(5) PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES</u>**

A specific workgroup should focus on the specific barriers to behavioral health care for people with IDD and make recommendations about how to increase community-based treatment options, wrap around supports, and crisis prevention; how the Developmental Disabilities Administration and Behavioral Health Administration can work together to better support people; and address other barriers to treatment, including training.

Contact: Rachel London, Maryland Developmental Disabilities Council and Chair of the Maryland DD Coalition, RLondon@md-council.org

SB582 - CareFirst Testimony - FWA (1).pdf
Uploaded by: Tricia Swanson
Position: FWA

Tricia Swanson
Acting Director
Government Affairs – Maryland

CareFirst BlueCross BlueShield
1501 S. Clinton Street, Suite 700
Baltimore, MD 21224-5744
Tel. 410-528-7054
Fax 410-528-7981

Senate Bill 582 – Behavioral Health Model for Maryland

Position: Favorable with an amendment

Thank you for the opportunity to provide comments in support of Senate Bill 582. This bill has four major components: creates the Commission on Behavioral Health Care Treatment and Access; establishes the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program in the Maryland Department of Health; requires the Department of Health to submit a state plan for establishing certified community behavioral health clinics; and extends audio-only telehealth coverage and reimbursement provisions through June 30, 2025.

CareFirst applauds the General Assembly for taking a holistic approach to analyze and make recommendations for how the State can best provide appropriate, accessible, and comprehensive behavioral health services to all Marylanders. The provisions in this bill align with initiatives CareFirst has in place to ensure access to needed behavioral health services such as partnering with 7 Cups, a digital resource for members to get emotional support 24/7. We are also collaborating with Headway, a tech-enabled solution that shows up-to-date provider appointment availability and enables real-time data sharing to gain further insights into member experience.

In addition to the creation of the Commission, CareFirst supports each component of the legislation, including:

- **Behavioral Health Value-Based Purchasing Pilot Program** – CareFirst strongly supports value-based care arrangements as a vehicle to drive better health outcomes and improve patient experience. This pilot program supports those objectives and is a welcome step towards broader healthcare delivery system transformation that will serve those with behavioral healthcare needs. This initiative complements our own efforts to provide greater behavioral healthcare access and improved outcomes. We look forward to reviewing the results of this pilot to more deeply understand how we can collectively better serve all Marylanders.

- **Certified Community Behavioral Health Clinics** – CareFirst believes that all people with behavioral health conditions deserve accessible, affordable, and comprehensive health care. We support Certified Community Behavioral Health Clinics (CCBHC) so access to care can be expanded, including mental health and substance use disorder care, delivered in community-based settings across Maryland. CCBHCs offer a broad array of coordinated, evidence-based services for people with mental illnesses and substance use disorders. Specifically, CCBHCs provide 24/7 mobile crisis teams, crisis stabilization, screening, assessment, diagnosis, patient-centered treatment planning, outpatient mental health and substance use services, primary care screening and monitoring of key health indicators, targeted case management, mental health care for members of the armed forces and veterans, and much more. By providing well-rounded community care, CCBHCs help people with mental illness stay healthy and engaged in their communities where they live, work and play.

- **Telehealth Coverage and Reimbursement** – CareFirst recognizes telehealth has served as an invaluable lifeline during the pandemic in meeting patients where they are. In December 2022, the Maryland Health Care Commission provided telehealth recommendations based on an independent study performed by the National Opinion Research Center ("NORC"). NORC's evaluation included a literature review, consumer interviews, a provider survey, behavioral health focus groups, and claims analyses. **Based on NORC's 2-year study and evaluation, the MHCC recommended that payment parity continue for two more years and that the MHCC study and report to the legislature in December 2024 on payment parity for audio-visual and audio-only services. As such, CareFirst respectfully requests an amendment that requires the MHCC to complete this study and report.** It is imperative that the MHCC continue to gather more information that supports the development of evidence-based coverage and payment recommendations. CareFirst believes that affordability, quality care, and value for consumers should be at the forefront of this study.

Behavioral health is essential to advancing whole-person care and improving health outcomes. Barriers to accessing behavioral health care persist, including a fragmented system of care, stigma, and an insufficient supply of mental health providers. However, demand continues to rise, which has increased the need for innovative approaches, such as those included in this bill. CareFirst strongly supports Senate Bill 582 and looks forward to partnering with legislators, health departments, public health groups, and other stakeholders to ensure our communities have access to necessary mental health and substance use disorder services.

We urge a favorable report with an amendment.

About CareFirst BlueCross BlueShield

As the largest healthcare insurer in the Mid-Atlantic region, CareFirst provides health insurance products and administrative services to 3.6 million individuals and employers in Maryland, the District of Columbia, and Northern Virginia. We participate in the individual, small group and large employer markets, as well as in Medicare and Medicaid. CareFirst is Maryland's only nonprofit health service plan and consistent with our not-for-profit mission, we are committed to improving the overall health of the communities we serve, and increasing the accessibility, affordability, safety, and quality of healthcare throughout our service area.
To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com and our transforming healthcare page at www.carefirst.com/transformation, or follow us on Facebook, Twitter, LinkedIn, or Instagram.

PROPOSED AMENDMENT:

- Page 18, after line 27 insert:
  THE MARYLAND HEALTH CARE COMMISSION SHALL STUDY PAYMENT PARITY FOR AUDIO-VISUAL AND AUDIO-ONLY TECHNOLOGIES AND SUBMIT A REPORT TO THE MARYLAND GENERAL ASSEMBLY BY DECEMBER 1, 2024 THAT ADDRESSES THE FOLLOWING:
  (A) DOES IT COST MORE OR LESS FOR PROVIDERS TO DELIVER TELEHEALTH;
  (B) DOES TELEHEALTH REQUIRE MORE OR LESS CLINICAL EFFORT FOR A PROVIDER;
  (C) ARE THERE ASPECTS OF TELEHEALTH THAT YIELD LOWER VALUE, OVERUSE, OR CONVERSELY GREATER VALUE THAT INFORM THE DEBATE ON PAYMENT PARITY;
  (D) THE ADEQUACY OF REIMBURSEMENT FOR BEHAVIORAL HEALTH SERVICES DELIVERED IN-PERSON AND BY TELEHEALTH; AND
  (E) ANY OTHER FINDINGS AND RECOMMENDATIONS.

SB 582, FWA, OCE Testimony, JF, LS23.pdf
Uploaded by: Victoria Venable
Position: FWA

Jessica Fitzwater
County Executive

FREDERICK COUNTY GOVERNMENT

OFFICE OF THE COUNTY EXECUTIVE

SB 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)

DATE:	March 7, 2023
COMMITTEE:	Senate Finance Committee
POSITION:	Favorable with Amendments
FROM:	The Office of Frederick County Executive Jessica Fitzwater

As the County Executive of Frederick County, I urge the committee to pass SB 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland) with amendments to include infant and early childhood behavioral health experts and to include a workgroup on Infant and Early Childhood Mental Health.

SB 582 creates a Commission on Behavioral Health Care Treatment and Access. This Commission will make recommendations to ensure that all Marylanders who need them can receive accessible and comprehensive behavioral health services. The Commission's work will include assessing needs and gaps in behavioral health services across the state, conducting a needs assessment of the behavioral health workforce, and making recommendations to ensure that Maryland is aligned with best practices from other states.

My experience as a teacher in Frederick County Public Schools has shown me the importance of mental health services for our youngest residents. Increasingly, research shows how brain development is highly influenced by a young child's experiences. In fact, we now know that 85% of brain development happens before a child turns 3 years old.[1]

As the Frederick County Executive, I am working closely with experts in our community to address the mental and behavioral health crisis our youth is currently suffering. Our resource in our county is the Frederick County Infants and Toddlers Program (FCITP), which is an Early Intervention Program that helps families and caregivers meet the educational, social emotional, and physical needs of young children (from birth to age 3) with developmental delays and disabilities. The work FCITP and other community programs do is critically important for the well-being of our families. To better support this work, I believe that the Commission on Behavioral Health Care Treatment and Access should include infant and early childhood behavioral health in its scope.

Thank you for your consideration of SB 582. As the Frederick County Executive, I respectfully request a FAVORABLE report on SB 582 with amendments.

Respectfully,

Jessica Fitzwater, County Executive
Frederick County, MD

[1] Early Brain Development and Health | CDC

SB0581_SB0582_testimony-20230306.pdf
Uploaded by: Franklin Welch
Position: UNF

SB0581 and SB0582: UNFAVORABLE and UNFAVORABLE

Communist much? SB0581 states, in-part, "'Value-Based Purchasing' means financially incentivizing providers to meet specified outcome measures." Nothing like government "incentives" to produce an outcome for which government has zero authority for involvement. Leave health care to doctors and their patients. The People don't need the same harmful government involvement (at any level) in medical affairs as has been demonstrated in the past few years. Thanks.

SB0582 goes on to state, "'Behavioral Health' includes substance-related disorders, addictive disorders, mental disorders, life stressors and crises, and stress-related physical symptoms." Would this include the mental anguish suffered by say, gender detransitioners, who must suffer for the rest of their lives due falling for an agenda pushed by certain politicians as depicted in the following article? https://nypost.com/2022/06/18/detransitioned-teens-explain-why-they-regret-changing-genders/

Once again, government has no business meddling in health care. In-short: butt out.