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

Senate Finance Committee

January 31, 2023

**TESTIMONY IN SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 101.

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

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

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

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

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

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

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