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House Bill 1148 – Behavioral Health Model for Maryland

Position: Favorable with an amendment

Thank you for the opportunity to provide comments in support of House Bill 1148. 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 House Bill 1148 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.