



February 28, 2023

House Health and Government Operations Committee
TESTIMONY – FAVORABLE W/AMENDMENT
HB 1148 – 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 HB 1148 – 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.

HB 1148 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.

The Commission on Behavioral Health Care Treatment and Access

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 HB1148.

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 HB1148 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