

Government and Community Affairs

TO: The Delegate Joseline A. Pena-Melnyk, Chair
House Health and Government Operations Committee

FROM: Annie Coble
Assistant Director, State Affairs

DATE: March 21, 2023

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

SB101
Favorable

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

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

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

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

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

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

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

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

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