



March 21, 2023

The Honorable Joseline A. Pena-Melnyk
Chair, House Health and Government Operations
Committee
Room 241, House Office Building
Annapolis, Maryland 21401

Re: SB 283 – Mental Health - Workforce Development - Fund Established – Letter of Support as Amended

Dear Chair Pena-Melnyk and Committee Members:

The Maryland Health Care Commission (the “MHCC”) is submitting this letter of support as amended on *SB 283 – Mental Health - Workforce Development - Fund Established*.

This bill establishes the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. The bill specifies that money expended from the Fund is supplemental and not intended to supplant funding that would otherwise be appropriated for behavioral health services. Further, the bill also requires the Maryland Health Care Commission to conduct a comprehensive behavioral health workforce needs assessment on or before December 1, 2023.

The United States faces a growing shortage of licensed behavioral health care specialists—psychiatrists, psychologists, and clinical social workers—and that shortage comes at a time when rates of mental illness and substance use disorder (SUD) are high and rising. Concerns about shortages of behavioral health care professionals and paraprofessionals have been longstanding. The shortage of behavioral health care professionals and paraprofessionals is not foreign to the state of Maryland. We face the same or similar issues in the delivery of behavioral health care services as every other state.

An inadequate behavioral health workforce 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.

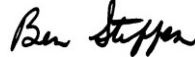
Building the behavioral health workforce is hampered by difficulties in accessing training programs, challenges with staff retention due to burnout and limited career advancement opportunities, payers low reimbursement rates, and the complexities of behavioral health treatment that incorporates psychopharmacological treatments with individual or group therapy. Even very treatable behavioral conditions require involvement of a psychiatrist to prescribe and monitor the drugs and a psychologist or clinical therapist to deliver individual and group therapy. Increasingly primary care physicians are also involved in working with behavioral health professionals in monitoring behavioral health treatment and synchronizing behavioral and physical care.

This bill requires the MHCC to conduct a comprehensive behavioral health workforce needs assessment in coordination with the Behavioral Health Administration, the Maryland Higher Education Commission, the Department of Labor and other interested stakeholders. We are pleased to take on this task and believe now is the time to start this important assessment. This legislation aligns with the work we have done on health care workforce issues over the past two decades.

MHCC is supportive of SB 283 as amended and ask the Committee for a favorable report.

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 Malcom Augustine, Education, Energy, and the Environment Committee
Ms. Tracey DeShields, MHCC

