



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 7, 2023

The Honorable Melony G. Griffith
Chair, Senate Finance Committee
Senate Office Building, 3 East
Annapolis, MD 21401

Re: SB 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland) – Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill (SB) 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland). MDH appreciates the support of the General Assembly for behavioral health care in Maryland. The COVID-19 pandemic exacerbated the need for behavioral health services in Maryland and MDH is focused on addressing behavioral health care treatment and access for all Marylanders.

SB 582 establishes the Commission on Behavioral Health Care Treatment and Access (Commission). The Commission is comprised of over 25 various stakeholders and MDH is required to staff the Commission. While MDH supports the purpose of the Commission, we believe the proposed actions of the Commission are duplicative of the Behavioral Health Advisory Council (BHAC). The BHAC advises BHA and was established under Md. Health-General Code Ann. § 7.5-302.¹ If SB 582 is enacted as written, MDH will need at least 2 additional staff to support the Commission duties, which includes conducting several assessments, establishing workgroups, examining data trends, and reviewing state reports to make recommendations on ways to provide appropriate, accessible, and comprehensive behavioral health services. Therefore, MDH recommends the BHAC be the forum for the tasks listed above for a Commission.

Additionally, SB 582 will require MDH to implement certified community behavioral health centers (CCBHCs) in Maryland. MDH will need to submit a state plan amendment to the Centers for Medicare and Medicaid Services on or before December 1, 2023. The CCBHC model is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. In this model, CCBHCs provide 24/7 access to a wide variety of services, including emergency services, to a large number of individuals. MDH

¹ <https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg§ion=7.5-303&enactments=False&archived=False>

supports efforts to advance CCBHCs in Maryland; however, MDH did not pursue the \$1 million CCBHC planning grant in December 2022 as MDH efforts are currently focused on implementing a foundation of technological improvements that will support CCBHCs in the future. These improvements are:

1. Implementing \$140 million in new programs and services in 2022 - 2023. These services include mobile crisis, crisis stabilization units, the Maternal Opioid Misuse (MOM) Model, and certified peer recovery specialists. There are additional monies in the Fiscal Year (FY) 2024 budget as well for state-only services.
2. Modernizing the Medicaid Management Information System (MMIS), which will be required to implement CCBHCs on a technical and billing basis.
3. Cost-based behavioral health rate setting as required by the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 (Chapters 571 and 572 of the Acts of 2017). MDH has started reviewing the vendors' proposals to assist with implementing cost-based behavioral health rates.

As currently drafted, SB 582 will have a substantial fiscal impact if implementing the CCBHCs as federal matching funds are only available for services delivered to Medicaid participants with the remaining 53% of costs requiring 100% state general funds. MDH estimates implementation of this coverage will exceed \$542.8 million (\$376.2 million General Funds, \$166.6 million Federal Funds) annually. Covering CCBHC benefits through the State plan without first seeking a federal planning grant leaves critical federal funding on the table—dollars that would be subject to a 65% FMAP.

MDH has been in contact with the Substance Abuse and Mental Health Services Administration (SAMHSA). They will be releasing a new grant opportunity for providers that will allow for up to \$1 million grant awards per year for four years. As such, MDH proposes to amend the bill to require that MDH apply to SAMHSA for federal funding that is expected to become available in Fiscal Year 2025. In the interim, clinic sites awarded funding directly by SAMHSA can continue to rely on these dollars without creating new demand for state general funds.

If you need more information, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

AMENDMENTS TO SENATE BILL 582

(First Reading File Bill)

On Page 1, in line 11, strike beginning with “submit” down through “clinics” in line 13 and replace with “apply for a certain federal grant for Fiscal Year 2025.”.

On page 2, strike in their entirety the lines 1 through 5, inclusive.

Strike in their entirety the lines beginning with line 12 on page 14 down through line 9 on page 16, inclusive.

On page 18, after line 27, insert the following:

“SECTION 4. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Maryland Department of Health apply to the Substance Abuse and Mental Health Services Administration at the Center for Mental Health Services for federal planning grant funds for Fiscal Year 2025.”

In line 28, strike “4” and substitute “5” and in line 32 strike “5” and substitute “6”.