



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: [410-992-7732](tel:410-992-7732). www.marylandpsychology.org

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January 30, 2023

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3 East, Miller Senate Office Building

Annapolis, MD 21401

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RE: SB 101 Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

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Position: **Support, with Amendments**

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Jessica Rothstein, PsyD

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Dear Chair, Vice-Chair and Members of the Committee:

Representative to APA Council

Peter Smith, PsyD

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Health and Government Operations Committee to **FAVORABLY report on SB 101, with the suggested AMENDMENTS we offer below**. SB 101 provides for Medical Assistance coverage of an integrative care model, known as the collaborative care model, which is currently funded as a pilot program. We support and encourage all integrated primary care and behavioral health models, one of which is the collaborative care model.

COMMITTEE CHAIRS

Communications

Robyn Waxman, PhD

Diversity

Whitney Hobson, PsyD

MPA has been working with stakeholders on this bill to allow all the evidence-based integrative primary and behavioral health models. We think it would limit access to care if Medical Assistance coverage was restricted to only the collaborative care model.

Early Career Psychologist

Meghan Mattos, PsyD

We would like to draw particular attention to page 2, line 11. The phrase "governing the model" on line 11 is a direct reference to the 2017 Medicare Physician Fee Schedule final rule defining the collaborative care model, which requires the inclusion of a psychiatrist on the care team to implement integrated care. In doing so, this model only recognizes 3 of the 4 Medicare-approved codes for behavioral health integration services. Access to psychiatric care in Maryland is already a significant problem, according to the recent Maryland Milliman Parity Report, and limiting who can participate in integrative primary and behavioral healthcare models will likely exacerbate this problem.

Educational Affairs

Laurie Friedman Donze, PhD

There are other evidenced-based models, which we propose being included as detailed in the amendments below:

Ethics

Colleen Byrne, PhD

Legislative

Pat Savage, PhD

Membership

Linda Herbert, PhD

Professional Practice

Karin Cleary, PhD

PROFESSIONAL AFFAIRS

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Paul C. Berman, PhD

Amendment #1:

Page 2, Line 2 – STRIKE “Collaborative Care Model means and evidence-based approach” and INSERT the following: “INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE MEANS THE COLLABORATIVE CARE MODEL, PRIMARY CARE BEHAVIORAL HEALTH MODEL, AND OTHER EVIDENCE-BASED APPROACHES FOR”

INTERIM EXECUTIVE

DIRECTOR

Thomas Cote, MBA, CAE

Amendment #2:

Page 2, Line 9 – After “psychiatrist” INSERT “PSYCHOLOGIST OR OTHER BEHAVIORAL HEALTH PROFESSIONAL” and in Line 11 STRIKE “governing the model”

Amendment #3:

Page 3, Line 28 – STRIKE “In Accordance with the Collaborative Care Model” and INSERT: “THROUGH INTEGRATED AND BEHAVIORAL HEALTH CARE, INCLUDING BUT NOT LIMITED TO THE COLLABORATIVE CARE MODEL, PRIMARY CARE BEHAVIORAL HEALTH MODEL, AND OTHER EVIDENCE-BASED APPROACHES”

Thank you for considering our comments and proposed amendments on SB 101. If we can be of any further assistance as the Senate Finance Committee considers this bill, please do not hesitate to contact MPA’s Legislative Chair, Dr. Pat Savage at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Rebecca Resnik, Psy.D.

Rebecca Resnick, Psy.D.
President

R. Patrick Savage, Jr., Ph.D.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs