



**House Health & Government Operations Committee
March 6, 2024**

**House Bill 1048
Behavioral Health Advisory Council and Commission on Behavioral Health Care
Treatment and Access – Alterations**

Support with Amendments

NCADD-Maryland supports House Bill 1048 with an amendment. We fully support collaboration between the long-standing Behavioral Health Advisory Council and the new Behavioral Health Commission, created just last year. While there are separate statutorily required purposes for the two bodies, there is a great deal of overlap and a need to make sure there is collaboration.

NCADD-Maryland also believes it is appropriate for the Commission, in coordination with the Council, to examine and make recommendations regarding improved integration of somatic and behavioral health care in Medicaid. Having been a participant in discussions for many years on the topic of financing structures, we believe it is inappropriate to rush a new conversation, with new leadership at the Department, are require recommendations by the end of this year. We suggest amending the date to July 1, 2025.

There are many good examples of models where care is integrated or coordinated because of the way services are financed. Opioid treatment programs are among the treatment programs that can apply to be Health Homes, a proven effective model. Just last year, legislation put forth by the Maryland Behavioral Health Coalition turned on billing codes for the Collaborative Care model, as well as legislation to create the Value-Based Purchasing Pilot Program. And just last month, SAMHSA announced a new Innovation in Behavioral Health Model intended to “improve the overall quality of care and outcomes for adults with mental health conditions and/or substance use disorder by connecting them with the physical, behavioral, and social supports needed to manage their care.” We hope Maryland is among the states to successfully apply to be part of this demonstration.

Additionally, NCADD-Maryland has worked diligently for a number of years as part of the Maryland Parity Coalition to ensure both public and private health coverage is in compliance with the federal Mental Health Parity and Addictions Equity Act, passed in 2008. There remains more work to be done to ensure full compliance with the federal law, and we ask that this be incorporated in the work regarding integration.

Amendments adopted by the Senate to this bill’s companion address these issues. With those amendments, we ask for a favorable report.