

Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, Dr.PH, Acting Secretary

March 5, 2025

Honorable Joseline A. Peña-Melnyk Chair Health and Government Operations Committee 240 Taylor House Office Building House Office Building, Room 131 Annapolis, Maryland 21401

RE: House Bill (HB) 1066 – Commission on Behavioral Health Care Treatment and Access - Membership and Workgroups – Letter of Concern

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of concern to House Bill (HB) 1066, Commission on Behavioral Health Care Treatment and Access – Membership and Workgroups.

HB 1066 proposes adding members to the Commission on Behavioral Health Care Treatment and Access (Commission) to represent individuals with substance use disorders. The bill also mandates the establishment of an additional workgroup focused on improving health, social, and economic outcomes related to substance use disorders. This workgroup would specifically examine treatment data, recovery support services, and the intersection of substance use disorder with the criminal justice system. Furthermore, the workgroup would explore the fiscal impact of the criminal justice system on substance use disorders and recommend changes to state laws, policies, and practices aimed at reducing the criminalization of substance use.

The current composition of membership and purpose of the Commission, per Health General 13-4803-4804, and the existing Commission workgroups, per 13-4806, currently address the provisions proposed in HB1066. Specifically, Health General 13-4805 outlines fourteen charges of the Commission, six of which address the proposed revisions to 13-4806(b)(1)(i) and 13-4806(b)(2):

(1) Conduct an assessment of behavioral health services in the state to identify needs and gaps in services across the continuum, including community–based outpatient and support services, crisis response, and inpatient care;

(2) Examine the methods for reimbursing behavioral health care services in the state and make recommendations on the most effective forms of reimbursement to maximize service delivery

(3) compile findings of state-specific needs assessments related to behavioral health care services

(9) Assess the health infrastructure, facilities, personnel, and services available for the state's forensic population and identify deficiencies in resources and policies needed to prioritize health outcomes, increase public safety, and reduce recidivism;

(10) Make recommendations on expanding behavioral health treatment access for the state's court-ordered population;

(14) Examine methods to assist consumers in accessing behavioral health services.

The remaining proposed revisions to 13-4806(b)(1)(ii) - 13-4806(b)(1)(viii) are addressed by the work of the Commission's workgroup on Criminal Justice-Involved Behavioral Health.

The Department believes that the work currently being conducted by the Commission and its existing workgroup adequately addresses the relationship between substance use disorder and the criminal justice system. No statutory changes are needed to guide this work. As part of its mandate, the Commission evaluates and recommends policies to improve substance use disorder treatment and reduce criminal justice involvement. Additionally, outside of the work of the Commission, the Department has a number of harm reduction initiatives through its Harm Reduction programs and federally funded State Opioid Response Grant. The Harm Reduction programs play a pivotal role in advancing public health strategies that reduce the harms associated with substance use.

In addition, the Commission currently uses 12 staff to manage the administrative duties of the Commission and workgroups. Each workgroup needs 2-3 staff to function properly and ensure participation, documentation, and reporting of key discussion and recommendations back to the larger Commission. All Commission staff also contribute to facilitating the bi-montly joint meetings which includes planning sessions, drafting presentations, and ensuring proper documentation and public posting of information in accordance with the Maryland Open Meetings Act.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at <u>sarah.case-herron@maryland.gov</u>.

Sincerely,

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Ryan Moran, Dr. P.H., MHSA Acting Secretary