MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS



House Ways and Means Committee March 5, 2025

House Bill 1305 – Maryland Consortium on Coordinated Community Supports – Workgroup and Study **POSITION: OPPOSE**

The Mid-Atlantic Association of Community Health Centers (MACHC) is the federally designated Primary Care Association for Delaware and Maryland Community Health Centers. As the backbone of the primary care safety net, Federally Qualified Health Centers (FQHCs) are united by a shared mission to ensure access to high-quality health care to all individuals, regardless of ability to pay. FQHCs are non-profit organizations providing comprehensive primary care to the medically underserved and uninsured. MACHC supports its members in the delivery of accessible, affordable, cost effective, and quality primary health care to those most in need. To this end, MACHC opposes House Bill 1305.

House Bill 1305 requires the Consortium to form a stakeholder workgroup to evaluate the effectiveness of the framework established by the Consortium or the awarding of grants for the provision of community behavioral health services in local school systems. It requires that no grants be provided for FY 26 while the workgroup studies the current program. Further, the bill only permits grant funding for FY 27 if the workgroup finds the current model for awarding grants is effective and grant funds are equitably distributed across the State.

MACHC members are very concerned that the excellent progress made by the Consortium in addressing community behavioral health needs in schools will be negatively impacted by House Bill 1305. It will reduce the aid to local school systems, communities, and students they serve if FY 26 grants are stopped. Further, the bill leaves an unanswered question about future funding for FY 27 and beyond, leaving the Consortium, local school districts, and community behavioral health providers uncertain if and in what framework the work of the Consortium will continue.

The Consortium has already produced extremely impressive statistics regarding who has received grant funds and how many students have been served. Its first round of grants resulted in the provision of mental health resources to more than 58,000 students across 80% of all Maryland public schools. Furthermore, it increased Maryland's school mental health workforce by almost 500, provided mental health training to nearly 1,200 school staff members, and improved mental health outcomes for Maryland students served by the program.

There is no question that the current model is working and does not need to be paused to evaluate its effectiveness. Halting future grant funding while a study is done will only serve to interrupt the continued provision of behavioral health services at a time when the need for those services is accelerating. The Consortium has been very transparent in publishing its information, services provided, and outcomes. If there is an interest in studying the effectiveness of the program, it should not be done at the expense of halting funding going forward. MACHC urges an unfavorable report.

For more information call:

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