



Maryland
Hospital Association

**Senate Bill 39 - Behavioral Health – Certified Community Behavioral Health Clinics and
Outpatient Mental Health Centers – Reimbursement Rates**

Position: *Support*

March 3, 2026

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 39.

SB 39 takes an important and timely step toward strengthening Maryland's behavioral health system by establishing a clear, transparent pathway to sustainable reimbursement for Certified Community Behavioral Health Clinics (CCBHC) and outpatient mental health centers. The bill creates a work group within the Behavioral Health Administration to develop a long-term rate methodology for CCBHCs, requires the Maryland Department of Health to conduct a comprehensive rate study for outpatient mental health centers, and provides modest interim rate increases while this work is underway.

Maryland hospitals and health systems experience firsthand the consequences of inadequate access to community-based behavioral health services. When outpatient mental health centers and community providers are under-resourced, patients often experience delays in care, worsening conditions, and increased reliance on emergency departments and inpatient settings. Ensuring that reimbursement rates reflect the true cost of providing behavioral health services is essential to maintaining access, stabilizing the workforce, and improving patient outcomes across the continuum of care. Recent closures of outpatient mental health centers in Maryland highlight the fragility of the community behavioral health infrastructure when reimbursement fails to keep pace with the cost of care.

SB 39 recognizes that current reimbursement rates are outdated and insufficient, and it directs the Department to evaluate workforce costs, infrastructure needs, and compliance requirements. This deliberate approach will help ensure that future rate methodologies support high-quality, evidence-based care while promoting parity between behavioral health and somatic health services.

Importantly for hospitals, the bill requires the work group to recommend strategies to integrate CCBHCs into the state's broader health care financing system in alignment with the Achieving Healthcare Efficiency Through Accountable Design (AHEAD) Model. Additionally, including a representative from a statewide hospital association on the work group ensures that hospitals have a direct voice in the development of behavioral health rate-setting policies that have systemwide implications.

SB 39 is a balanced approach that combines near-term stabilization with long-term planning. We also support the effort currently underway to align the provisions of this bill with those included in HB 772, which seeks to achieve similar goals.

For these reasons, we request a favorable report on SB 39.

For more information, please contact:

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