

TO: The Honorable Heather Bagnall, Chair
Health Committee

FROM: Rebecca Ferm
*Program Manager of Child & Adult PRP, Adolescent IOP
Johns Hopkins Community Psychiatry Program*

DATE: February 10, 2026

RE: HB71 Maryland Medical Assistance Program - Psychiatric Rehabilitation Program Services - Reimbursement (Youth Psychiatric Rehabilitation Parity Act of 2026)

HB71

**Favorable with
Amendments**

Johns Hopkins **supports HB71** Maryland Medical Assistance Program - Psychiatric Rehabilitation Program Services - Reimbursement (Youth Psychiatric Rehabilitation Parity Act of 2026) **with amendments**. This bill requires psychiatric rehabilitation programs (PRP) to increase their current minimum of 2 services per month to 6 services per month, creates a maximum number of services, and requires PRPs to increase their symptom severity threshold, making it more difficult for patients to meet criteria for PRP and access our services. Johns Hopkins PRP is the only hospital based PRP program in the State; therefore, it runs differently than other PRPs, making it hard to operationalize the changes required in this bill.

As the Committee is aware, PRP services are ancillary, designed to be delivered beyond traditional mental health therapy. Johns Hopkins Community Psychiatry Program operates a Child, Adolescent and Transitional Youth PRP program. It is an after-school program for ages 6-25. Our program provides skills-based training in tandem with a mental health team, assisting youth in the development of social skills, emotion regulation, and daily living activities. We see 2,800 patients annually. The Hopkins PRP offers not only community-based skills training, but on-site, clinic-based groups, which range from 1.5- 3 hours of daily services 2-3 days weekly. We provide transportation to and from our clinic, skills-based groups and 1:1 check ins with patients and their treatment teams. Our flexibility in providing both on-and off-site services allow us to offer personalized treatment options, based on the individual needs of our patients.

Johns Hopkins is concerned the symptom severity threshold would negatively impact access to our program. Specifically, almost half of the current patients in the Johns Hopkins PRP would lose access to the PRP services if the bill were to pass with the current proposed diagnosis severity language. This is because there are different tools used to measure severity that would qualify patients differently. Johns Hopkins PRP has their own tool to account for the types of patients we see, and services we deliver

As the sole HSCRC-regulated on-site PRP services in the state of Maryland, the Johns Hopkins Community Psychiatry Program would be uniquely impacted by the proposed changes, with service delivery operations requiring significant restructuring. We consistently deliver over 6 services a month to our patients; however, we deliver them between our hospital-based clinic and off-site, which are technically two different providers. This is because of HSCRC rules regarding hospital-based

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regulated spaces. It would be operationally impossible, and clinically inappropriate, to meet the 6 services minimum utilizing just clinic-based services or just off-site services. Therefore, we would urge the committee to add language amending PRP programs that bill for blended regulated and unregulated services.

Accordingly, Johns Hopkins respectfully requests a **favorable report with amendments** committee report on HB71.

Suggested Amendment

15-103.9.

(A) THE DEPARTMENT SHALL ADOPT REGULATIONS REQUIRING THE PROGRAM TO REIMBURSE A PSYCHIATRIC REHABILITATION PROGRAM FOR PSYCHIATRIC REHABILITATION PROGRAM COMMUNITY PSYCHIATRIC SUPPORT SERVICES FOR A MINIMUM OF SERVICES AND A MAXIMUM OF 30 SERVICES PER MONTH FOR SERVICES DELIVERED ON-SITE OR OFF-SITE TO AN INDIVIDUAL:

- (1) WITH A SERIOUS EMOTIONAL DISTURBANCE OR A SERIOUS AND PERSISTENT MENTAL DISORDER;
- (2) WHOSE FUNCTIONING IS SEVERELY IMPAIRED; AND
- (3) WHO IS LIVING WITH A PARENT, GUARDIAN, OR RELATIVE WHO IS 5 LEGALLY RESPONSIBLE FOR THE INDIVIDUAL'S CARE.

(B) THE PROVISIONS OF SECTION (A) WOULD NOT APPLY TO PSYCHIATRIC REHABILITATION PROGRAMS THAT ARE REGULATED BY THE HSCRC OR BILL FOR BLENDED HSCRC AND UNREGULATED SERVICES