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Testimony on HB71

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

Health Committee
February 10, 2026

POSITION: OPPOSE (unless amended)

On behalf of the Community Behavioral Health Association of Maryland (CBH), we respectfully oppose HB71. However, if the Committee were to amend the bill with the suggested amendments discussed below, CBH would remove its opposition.

CBH is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those who access care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

CBH is aligned with the goal of increasing access to appropriate behavioral health services for children. However, as drafted, HB71 does not achieve that goal. Instead, it triples the frequency of client visits without a matching adjustment to the rate. This mismatch will drive providers out of business rather than improve care.

A psychiatric rehabilitation program (PRP) is intended to be a service that supports clients in developing life skills, building resilience, and promoting independence. PRP client visits frequently include activities such as practicing positive self-talk and role-playing difficult conversations or scenarios, with clients averaging <1 visit per week. As drafted, HB71 increases the minimum and maximum number of client visits beyond what is appropriate for this service. The implications of this are substantial:

- As drafted, PRPs will be required to triple the minimum number of client visits per month (from the current minimum of 2 to a minimum of 6). This will occur in the midst of a behavioral health workforce crisis, and without commensurate reimbursement. At present, Maryland has only half of the behavioral health workforce needed to meet the behavioral health needs in the state.¹ Requiring such a rapid increase in service delivery is not feasible and will harm existing providers. This increase in the minimum number of encounters without clear clinical justification risks driving service volume instead of supporting individualized, medically necessary care.
- As drafted, HB71 would afford providers the ability to bill each client in their care for up to 30 client visits per month, far more than clinically appropriate for a client in PRP. CBH is concerned that this could create an incentive for PRPs to keep clients exhibiting a much higher level of need in a low-intensity service rather than referring them to more appropriate community-based programs, such as Targeted Case Management (TCM) or 1915(i) Intensive In-Home Services, which are specifically designed and staffed to meet this higher level of need. These programs allow for an

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increased number of clinically appropriate client visits per month for those who need them.

Further, HB71 adds program descriptors that do not align with current eligibility requirements for PRPs serving minors. This eligibility language is more restrictive than existing requirements and will result in decreasing youth access to PRP rather than increasing it, contrary to the intent of the bill.

Again, CBH agrees with the need to increase access to appropriate behavioral health services in Maryland. However, HB71 does not accomplish this, and will unintentionally harm existing providers and clients. For these reasons, CBH urges the Committee to issue an unfavorable report on HB71 unless it is substantially amended in line with our recommendations outlined in Exhibit A. If such amendments are made, CBH will remove its opposition. However, it is still important to note that CBH continues to question whether the changes being made by this bill are the appropriate mechanism for improving behavioral health services for youth.

For more information contact Sara Hairgrove at Sara@MDCBH.org.

¹ Maryland Health Care Commission, "[Investing in Maryland's Behavioral Health Talent](#)," p. 3 (Oct. 2024).

Exhibit A: Requested Amendments

HB71 content	Requested amendment	Rationale for amendment
Creates a new section of Health-General § 15-103.9 to require BHA to issue regulations.	Amend to Health-General § 7.5-402.	Health-General § 7.5-402 is the provision of law authorizing the Behavioral Health Administration to issue regulations governing community behavioral health programs. This change will ensure that the provisions of HB71 appear in the statutory section for the appropriate state authority, and in the sub-section governing the state's authority and limitations on regulating programs.
Refers to "psychiatric rehabilitation program for psychiatric rehabilitation program community psychiatric support services."	Replace with a simplified reference to "psychiatric rehabilitation program for minors."	This changes the language in HB71 to align with the program description as used in existing statutes and regulations.
Raises the minimum number of services delivered by a psychiatric rehabilitation program for minors from 2 per month, per client to 6 per month, per client.	Maintain the current minimum number of services delivered by a psychiatric rehabilitation program for minors at 2 per month, per client.	Most clients within PRP do not need 6 services per month. Such a change would place high demand on the existing PRP workforce without necessarily responding to client need, as the need for a minimum of 6 services per month has not been demonstrated across PRP providers.
Raises the maximum number of reimbursed services delivered by a psychiatric rehabilitation program for minors from 3 per month, per	Maintain the current maximum number of reimbursed services delivered by a psychiatric rehabilitation program for	Maintaining the current maximum number of reimbursable services allows youth to continue to receive PRP at the existing rate.

<p>client to 30 per month, per client.</p>	<p>minors at 3 per month, per client;</p> <p>OR</p> <p>Increase the maximum number of reimbursed services delivered by a psychiatric rehabilitation program for minors from 3 per month, per client to 6 per month, per client, at rates equal to or greater than the reimbursement available for services provided to individuals aged 18 or older who do not reside with a guardian.</p>	<p>Youth in need of a significantly higher intensity service should be referred to higher intensity service options.</p> <p>Increasing the maximum number of reimbursable services to 6 aligns the service with PRP provided to individuals aged 18 or older who do not reside with a guardian. It is feasible that a youth PRP client may occasionally need slightly more than 3 visits per month. Allowing reimbursement for up to 6 services, at rates equal to or greater than the reimbursement available for services provided to individuals aged 18 or older who do not reside with a guardian, would provide this flexibility while adequately supporting the PRP workforce.</p>
<p>Adds program descriptors: 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 legally responsible for the individual's care.</p>	<p>Eliminate the program descriptors in (1) – (3).</p>	<p>The program descriptors in (1) – (3) do not align with current eligibility requirements for psychiatric rehabilitation programs serving minors. The eligibility language in HB71 is <i>more</i> restrictive than existing eligibility requirements and will result in restricting youth access to psychiatric rehabilitation programs.</p>

Sets effective date of June 1, 2026.	Amend to effective date of July 1, 2026.	The next state fiscal year begins July 1, 2026; the effective date of HB71 should be in alignment due to the fiscal implications of HB71.
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