

HB71
Youth Psychiatric Rehabilitation Parity Act of 2026
Health Committee
February 10, 2026
Unfavorable

Catholic Charities opposes HB 71, which would require the Maryland Department of Health to adopt regulations mandating that the Maryland Medical Assistance Program reimburse psychiatric rehabilitation programs (PRPs) for a minimum of six and a maximum of 30 community psychiatric support service visits per month for individuals with a serious emotional disturbance or serious and persistent mental illness who are severely functionally impaired and living with a parent, guardian, or legally responsible relative.

For more than a century, Catholic Charities has provided care and services to improve the lives of Marylanders in need. We accompany individuals as they age with dignity, support employment and career advancement, help people heal from trauma and addiction, promote independence, prepare children for educational success, and welcome immigrant neighbors into Maryland communities.

As the second-largest provider of behavioral health services in Maryland, Catholic Charities has offered psychiatric rehabilitation programs for over 30 years, serving youth and families across Allegany, Anne Arundel, Frederick, Harford, and Baltimore Counties, as well as Baltimore City. Currently, 30 staff members serve approximately 250 youth annually through our PRP services. **While we witness firsthand the growing demand for behavioral health care, HB 71, though well-intentioned, does not offer a viable solution to the challenges facing Maryland's youth.**

For starters, the bill triples the minimum number of required visits before a provider may be reimbursed, without increasing reimbursement rates to account for the added level of effort. Recruiting and retaining PRP staff is already challenging. This work is emotionally taxing, carries safety risks, is physically demanding, and involves significant administrative burdens. Expanding service requirements may further strain a workforce already impacted by a statewide behavioral health staffing shortage.

Additionally, the bill risks promoting a “one-size-fits-all” treatment model and may incentivize unnecessary billing up to the maximum allowable limit. At the same time, the bill increases the maximum number of visits tenfold, which, if paired with per-visit reimbursement, would result in unsustainable cost growth within the state’s behavioral health budget.

Make no mistake: Maryland urgently needs improvements to its youth mental health system. Nationally, Maryland ranks 40th in children’s mental health outcomes. Important work is already underway, and this Committee can support meaningful progress through cost studies, service reforms in partnership with the Maryland Department of Health, and rate reform for child welfare services.

However, if the goal is to reform Maryland’s children’s mental health system, HB 71 is not the right vehicle. **For these reasons, Catholic Charities respectfully urges the Committee to issue an unfavorable report on HB 71.**

Submitted by: Madelin Martinez on behalf of Karen Lilley-Haughey, LCSW-C, Administrator of Behavioral Health