



February 10, 2026

**House Health Committee  
TESTIMONY IN OPPOSITION**

*HB 71 - Maryland Medical Assistance Program - Psychiatric Rehabilitation Program Services - Reimbursement (Youth Psychiatric Rehabilitation Parity Act of 2026)*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**Behavioral Health System Baltimore submits respectful opposition to HB 71 - Maryland Medical Assistance Program - Psychiatric Rehabilitation Program Services - Reimbursement (Youth Psychiatric Rehabilitation Parity Act of 2026).** BHSB supports the intent of the bill to improve behavioral health care for children and adults living with legal guardians, but we are concerned about unintended consequences. The bill is unclear in its drafting and could be very costly depending on how it is interpreted. We are happy to work with the bill sponsor, other stakeholders, and the General Assembly to advance policies to improve behavioral health care services for youth and adults with legal guardians, but HB 71 will be counterproductive to such an effort.

PRPs are a well-established service designed to promote resiliency, recovery, full community integration, and improved quality of life for those living with a mental health condition.<sup>1</sup> These services are critical to helping people live a fulfilling life in the community but do not provide treatment for mental health disorders. PRPs instead focus on building skills related to activities daily living, facilitating social support, and navigating community resources. There are separate licenses for PRPs serving minors and adults with distinct regulations for each.<sup>2</sup> Billing is more complicated, with over a dozen billing codes for different monthly rates. A general distinction made in the fee schedule, however, is that individuals living with a parent or guardian need less support with activities of daily living and are reimbursed less than an individual living without the support of a parent or guardian.<sup>3</sup>

HB71 mandates that the Maryland Department of Health (MDH) adopt new regulations that set higher minimum and maximum service encounters for certain PRPs but does not address reimbursement rates. As written, it appears that these new higher expectations would not come with a commensurate rate increase unless Carelon, the Medicaid Administrative Services Organization in Maryland, chose to change the fee schedule of their own accord. It would be inappropriate to mandate these new expectations without a commensurate rate increase. BHSB presumes that the intent of the bill is to establish a rate increase for these PRPs that coincides with these higher expectations. Providing such a rate increase would likely cost the state tens of millions of dollars.

BHSB appreciates the need to provide strengthened and expanded mental health treatment for children and youth with serious disorders but would urge the General Assembly to invest in other more appropriate and under-resourced services. Targeted Case Management (TCM) and 1915(i) Intensive In-

Home Services are specifically designed and staffed to support children and youth with higher levels of need, but these services lines need additional resources to have the capacity to serve all Marylanders. The 1915(i) waiver program has had very low provider participation, leading to legislation passed in 2023 to consider rate increases among other efforts to increase provider participation. Rate increases have not materialized however, and access remains challenging.

PRPs on the other hand have seen their costs increase significantly to \$480 million in FY24. They now represent 28% of all public mental health spending. The proportion is even higher in Baltimore City, where PRPs account for over 40% of public mental health spending.<sup>4</sup> Concerns about waste and even fraud led MDH to seek a moratorium on new PRP programs on July 1, 2024, and it is still in effect in most of the state. MDH plans to implement more rigorous quality and oversight measures through new regulations, but these efforts are not yet implemented. BHSB has also experienced challenges with PRPs in our role as the LBHA for Baltimore City, including documentation and service delivery issues. Baltimore City Public Schools have stopped allowing PRPs on school campuses due to repeated issues, including inappropriate pressure from PRP staff for the school to provide them with referrals. We have welcomed the moratorium and the focus on improving PRP quality. MDH should be given the time to complete its regulatory overhaul and lift the moratorium on PRPs prior to considering any expansion.

While well intentioned, this bill would cause significant challenges for PRP providers, LBHAs, and the public behavioral health system overall. **We urge the House Health Committee to vote unfavorably on HB 71.**

***For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142***

#### **Endnotes:**

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<sup>1</sup> Psychiatric Rehabilitation Association. Available at <https://www.psychrehabassociation.org/about/who-we-are/about-pra>.

<sup>2</sup> For more information, view COMAR [10.63.09](#) and [10.63.10](#)

<sup>3</sup> Carelon Behavioral Health. FY2026 Public Behavioral Health System Fee Schedule – PRP and Specialty Programs 10.7.25.

Available at: <https://s18637.pcdn.co/wp-content/uploads/sites/75/FY2026-PBHS-Fee-Schedule-PRP-and-Specialty-Programs-Eff-11.1.2025-rev-10.7.2025.pdf>

<sup>4</sup> Medicaid Administrative Services Organization claims data, available upon request