



2018 Legislative Session Report

The Community Behavioral Health Association of Maryland represents the interests of community-based mental health and addiction treatment providers in Maryland's General Assembly.

Every year, CBH works to shape legislation that addresses its members' priorities, and offers its expertise to shape a variety of other matters impacting health care and service delivery for Maryland's community behavioral health system. CBH also facilitates grassroots advocacy by its members.

In the 2018 legislative session, CBH reviewed every bill introduced and monitored those having an impact on community behavioral health providers. CBH testified at over 25 hearings and successfully secured passage of almost all CBH's identified priorities. CBH's voice shaped amendments on other legislation, ensuring that the needs of providers are heard on a wide array of topics impacting the community behavioral health system.



CBH Priorities

CBH's 2018 legislative priorities centered on improving funding for community behavioral health treatment, responding to the workforce crisis, improving transparency in areas of concern, and improving structures in the commercial market.

<p>Goal: Fully fund the HOPE Act's 3.5% increase for community treatment</p>	<p>Why is this a priority? When rates don't keep up with inflation, providers have less money every year to cover the rising costs of salaries, rent and other expenses. With less money to cover their costs every year, community providers are limited in their ability to meet Maryland's increasing demand for behavioral health services.</p> <p>This legislative priority ensures that the 2017 HOPE Act's mandated funding for community treatment is fully funded.</p> <p>CBH's factsheet.</p>	
<p>Budget for Behavioral Health Administration HB0160/SB0185</p>	<p>CBH advocated for full 3.5% rate increase, a total of \$36 million to providers, including \$8 million over the Governor's proposed budget. Click here for CBH's testimony</p>	<p>✓</p>
<p>Budget Reconciliation & Financing Act HB0161/SB0187</p>	<p>CBH opposed proposed language that would reduce the HOPE Act's mandated 3.5% increase for community behavioral health treatment. Click here for CBH's testimony</p>	<p>✓</p>

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<div style="background-color: #2c5e8c; color: white; padding: 10px; text-align: center;"> <h2 style="margin: 0;">Goal:</h2> <p style="margin: 0;">Alleviate workforce crisis by expanding telehealth for psychiatrists</p> </div>		<p>Why is this a priority? While a shortage exists for all behavioral health clinicians, it is particularly acute for psychiatrists. The population practicing psychiatry declined by 10% from 2003 to 2013, and the federal government predicts that by 2025 the demand for psychiatry will outstrip supply by 15,600 physicians, or 25%.</p> <p>CBH's factsheet</p>
<p>Allow telehealth for psychiatrists on ACT/MTS teams</p> <p>HB1652/SB0704</p>	<p>CBH initiated legislation to preserve treatment capacity in Assertive Community Treatment (ACT) and Mobile Treatment by allowing psychiatrists to serve via telehealth. Click here for CBH's testimony.</p>	
<p>Allow OMHC medical directors to serve via telehealth</p> <p>SB0211</p>	<p>CBH initiated legislation to preserve OMHC capacity by allowing medical directors in HPSA shortage areas to meet their onsite requirement via telehealth. Click here for CBH's testimony.</p>	
<p>Interstate Medical Licensing Compact</p> <p>HB0596/SB0234</p>	<p>CBH monitored legislation allowing doctors to participate in telehealth across state lines. Legislation passed with sunset amendment. CBH took no position on the bill, which may alleviate workforce shortages or increase psychiatrist costs.</p>	
<div style="background-color: #2c5e8c; color: white; padding: 10px; text-align: center;"> <h2 style="margin: 0;">Goal:</h2> <p style="margin: 0;">Alleviate workforce crisis by streamlining licensing</p> </div>		<p>Why is this a priority? There is a critical need to expand the behavioral health workforce. While many health occupation boards can turn around licensing applications within a month, the Board of Professional Counselors and Addiction & Drug Counselors can take six months to process applications.</p> <p>CBH's factsheet</p>
<p>Improve licensing by Board of Professional Counselors</p> <p>HB0742/SB0552</p>	<p>CBH advocated for more staff and extending the sunset oversight of Board of Professional Counseling during its period of reform. Click here for CBH's testimony.</p>	
<p>Certification of Community Health Workers</p> <p>HB0490/SB0163</p>	<p>CBH secured amendments to legislation ensuring that there is behavioral health representation on the board shaping the future of community health worker certification. Click here for CBH's testimony.</p>	

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<p>Goal: Ensure state mandates address needs of the behavioral health workforce</p>		<p>Why is this a priority? The direct-care workforce is the backbone of behavioral health services. CBH values the importance of earning a living wage, and recognizes that a quarter of the workforce earns below \$15/hour. To allow providers to offer higher wages, rates must be increased. Legislation raising the minimum wage must ensure that reimbursement is sufficient to cover these costs.</p> <p>CBH's factsheet</p>
<p>Increasing Minimum Wage HB0664/SB0543</p>	<p>CBH sought to ensure that any legislation increasing the minimum wage included language adjusting funds for community behavioral health treatment providers. Legislation did not pass. Click here for CBH's testimony & proposed amendment.</p>	
<p>State Overtime Expansion HB0974</p>	<p>CBH opposed legislation that would extend proposed DOL overtime standards to Maryland. Legislation did not pass. Click here for CBH's testimony.</p>	
<p>Sick Leave Delay SB0304</p>	<p>CBH monitored the veto override and efforts to delay implementation of the 2017 act.</p>	
<p>Goal: Improving delivery of and access to community behavioral health treatment</p>		<p>Why is this a priority? CBH seeks to ensure that its members have the data and policies needed at the state level to support the delivery of high-quality and effective behavioral health services. Several CBH initiatives this year sought reports or policy changes to strengthen behavioral health service delivery.</p>
<p>Transparency for EBPs Budget narrative</p>	<p>BHA's budget report includes narrative requiring the Administration to report on capacity and fidelity reviews for Supported Employment and Assertive Community Treatment programs. Click here for budget narrative reporting language.</p>	
<p>Transparency for Children's Utilization SB977/HB1517</p>	<p>CBH supported legislation that would require better public reporting of children's behavioral health utilization in order to improve oversight and making needed adjustments to service capacity. Click here for CBH testimony.</p>	
<p>Reinsurance for Individual Market SB0387</p>	<p>Through its commission seat, CBH supported legislation establishing a State Reinsurance Program for carriers offering individual health benefit plans to mitigate the impact of high-risk individuals on rates.</p>	
<p>Reform Commercial Credentialing SB1101/HB1310</p>	<p>CBH supported legislation to improve credentialing by commercial carriers. The bill passed, but with significant amendments that reduce the bill's ability to remedy credentialing barriers. Click here for CBH testimony.</p>	



Pilot Programs

CBH supported several coalition or partner efforts to use pilot programs to expand services or test innovations. Three of these four efforts were adopted as pilot programs:

- ✓ Pilot program adding adult dental benefit to Medicaid ([SB284](#)). [Click here for CBH testimony](#)
 - ✓ Pilot program allocating crisis response grants to local jurisdictions ([HB1092/SB0703](#)) CBH secured amendments to a Behavioral Health Coalition bill in order to increase transparency in funding allocations. [Click here for CBH testimony.](#)
 - ✓ Pilot program for collaborative care model ([SB835/HB1682](#)). CBH secured amendments clarifying that the pilot program extends only to individuals not already receiving treatment in the public behavioral health system. [Click here for CBH testimony.](#)
- X** A bill to expand research into the efficacy of Medherent, a medication adherence technology, did not pass ([HB0626/SB0259](#)). [Click here for CBH testimony.](#)

CBH's Legislative Team

CBH dedicates three staff to representing community behavioral health providers during Maryland's legislative session.

- **Lori Doyle** leads CBH's lobbying efforts in Annapolis. With over 25 years' experience, Lori brings deep knowledge and longstanding legislative relationships with key stakeholders to the table.
- **Ann Walsh** brings a decade of government experience in public health and practice improvement to CBH's lobbying. Ann also deploys her experience in communications and marketing to support CBH's priorities and member outreach.
- **Shannon Hall** rounds out CBH's lobbying team with a decade of legal and legislation-drafting experience. Shannon spearheads CBH's grassroots lobbying by working with members in key legislative districts with targeted education and outreach.

None of CBH's legislative successes could occur without the involvement of members like you. CBH members build relationships with legislators to educate them on the needs of individuals with behavioral health disorders, and members coordinate with CBH throughout session to ensure that key legislators are aware of CBH's priorities and interests. Thank you! CBH will be recognizing its 2018 Advocacy Stars at its June 7, 2018, annual meeting.

We fight for your rights
and resources

We support best practices

We connect colleagues
in the field