



Testimony on SB 210
COVID-19 Claim – Civil Immunity
Senate Finance Committee
February 12, 2020
POSITION: OPPOSE

The Community Behavioral Health Association of Maryland (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 accessing 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.

The COVID pandemic has been extremely hard on all healthcare providers and community behavioral health providers are no exception. At a time when hospitals and large healthcare systems were challenged to find and provide sufficient personal protective equipment (PPE) for their clients and staff, our much smaller and lesser-resourced providers struggled for months to find and supply adequate PPE. In fact, there are factors that raised the risk exposure for community behavioral health providers beyond those of other healthcare entities.

The population we serve is at higher risk of COVID infection.

A recent Lancet article highlighted research showing that those with a mental health diagnosis are 65% more likely to contract COVID than those without a mental health diagnosis. In addition, many of the individuals we serve with serious mental illness have difficulty in complying with mask wearing, social distancing, and hygiene recommendations that lessen the threat of contracting the virus.

Our services include congregate living arrangements and services provided in clients' homes.

One of the most critical services we offer is residential rehabilitation. These programs can vary from housing anywhere from three to sixteen individuals. The programs are staffed up to 24-hours a day in the most intensive settings. Since these settings are houses in the community, they tend not to have unused space for social distancing or quarantining. Providers have reduced admissions in hopes of keeping clients and staff safe but there is only so much flexibility in these settings.

Our direct care staff often work more than one job to make ends meet.

Our rates are set by the Maryland Medicaid program and until recently, had not been adjusted for inflation on any regular basis. Salaries paid to our direct care workers are low, forcing many to work second or third jobs, often in other human service capacities, such as nursing home aides. Working multiple human service jobs increases the risk of contracting and spreading the COVID virus.

Our organizations have done the best they could under extremely trying circumstances. It would prove a serious economic burden for them to defend against claims related to COVID that they had little or no ability to prevent. For these reasons we urge a favorable report on SB 210.

For more information contact Lori Doyle, public policy director, at 410-456-1127.

