

# 2024 Legislative Report

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COMMUNITY BEHAVIORAL  
HEALTH ASSOCIATION  
OF MARYLAND



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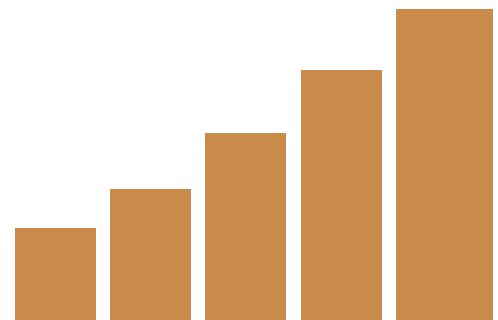
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# About the Community Behavioral Health Association of Maryland

Founded in 1984, the Community Behavioral Health Association (CBH) of Maryland is the professional association for Maryland's public community behavioral health providers - including both mental health and substance use treatment services. Our members support the CBH vision of a high-quality system of public behavioral health care for individuals and families in Maryland. This is realized through a mission that advocates, educates, and affiliates members, stakeholders, and decision makers around the success and needs of the public behavioral health system. Our core values guide the everyday actions of the association and how we make decisions to best support the public behavioral health system in Maryland.

CBH supports our members through advocacy at the legislative, executive, and grassroots level. We work to support peer-learning and education through our five member-driven learning communities, and we affiliate with peer groups and stakeholders to strengthen the voice of change for behavioral health in Maryland.



# Our Policy Team

The Community Behavioral Health Association of Maryland is the only voice in Annapolis devoted solely to representing the interests of community-based mental health and substance use treatment providers in Maryland. With a team of three lobbyists dedicated exclusively to representing its members, CBH ensures that every bill introduced is scrutinized for its impact on behavioral health. Our lobbying team analyzes legislation, meets with legislators, their staff and budget analysts, coordinates coalition efforts, and facilitates our members' grassroots outreach.



**LORI DOYLE**  
PUBLIC POLICY DIRECTOR

Lori is at the forefront of shaping positive change and advancing our mission in the field of community behavioral health services. Lori's role involves extensive engagement with policymakers and legislators on the state level, influencing legislation, building relationships with policy makers and championing mental health and addiction support.

**Email: [Lori@mdcbh.org](mailto:Lori@mdcbh.org)**



**NICOLE GRANER**  
ASSISTANT POLICY DIRECTOR

Nicole provides support in advancing our mission in the field of community behavioral health services. Nicole's role involves extensive engagement with member organizations leading grassroots efforts, providing direct support member organizations with legislative outreach, preparing and delivering testimony and organizing in-person and virtual advocacy responses.

**Email: [Nicole@mdcbh.org](mailto:Nicole@mdcbh.org)**



**SHANNON HALL**  
EXECUTIVE DIRECTOR

Shannon leads CBH's mission, developing strategic plans, managing budgets and resources, engaging and expanding our membership while providing crucial support and training. Shannon advocates for our interests in public policy, raises our visibility, and spearheads positive change in the field of community behavioral health services.

**Email: [Shannon@mdcbh.org](mailto:Shannon@mdcbh.org)**



# 2024 Legislative Session Results

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## 2024 Grassroots Efforts

Member outreach to state representatives is the cornerstone to CBH's success in the General Assembly. As CBH expands its membership, new members have strengthened our collective advocacy voice in Annapolis. A big thank you to:

- **Suane Blumberg** with Upper Bay Counseling and Support Services and **Cathy Cassell** with Channel Marker for their work with Senate Finance members on SB212
- **Laurie Ann Spagnola** with the Board of Childcare who leaned into advocacy for the first time this year, partnering with **Val Twanmoh** and **Kevin Keegan** with Catholic Charities to offer testimony in support of expanding RTC accreditation
- **Rob Basler** with Arrow Child & Family Ministries and **Kevin Keegan** for testifying in support of Rate Reform in the Social Services Administration budget hearings
- **Jeff Grossi** and **Larry Epp** with Sheppard Pratt for their advocacy on the budget and school-based behavioral health

As always, much of our advocacy is built off of the strong relationships that our members have with their state legislators, and member willingness to jump on time-sensitive outreach. A big thank-you to those members who prioritized outreach this year, including:

**Arrow Child & Family Ministries**  
**Carroll County Youth Service Bureau**  
**Catholic Charities**  
**Channel Marker**  
**Cornerstone Montgomery**  
**Crossroads Community**  
**Corsica River Mental Health Services**  
**Families First Counseling & Psychiatry**  
**KeyPoint Health Services**  
**Leading by Example**  
**Lower Shore Clinic**  
**Partnership Development Group**  
**Penn North**  
**Prologue**  
**Sheppard Pratt**  
**Thrive Behavioral Health**  
**Upper Bay Counseling & Support Services**  
**Volunteers of America Chesapeake & Carolinas**

Not long ago, CBH had only a small handful of members who regularly engaged in state legislative advocacy. Our continued success in future legislative sessions is dependent on having more members concretely engaged in advocacy.

We are grateful for all the work that our members take every year during the legislative session to support CBH's success. **Thank you!**

# FY 2025 Budget

Every year, CBH works to secure adequate state funding for community-based behavioral health funding during Maryland's legislative session. This year CBH's policy team worked to secure funding for publicly-funded mental health and SUD services, as well as school mental health and foster care services. The following are highlights from each.

## Behavioral Health Administration

The big news is that the FY2025 Behavioral Health budget is fully funded! Highlights include:

- 3% rate increase for behavioral health providers. \$89.2M in new behavioral health investments including \$17.6M for 988 and \$36.3M in grants and contracts to SUD providers.
- \$32M for the ASO contract - this contract was awarded to Carelon and began on March 1, 2024 to allow for a transition period from Optum. The budget conferees adopted CBH's budget language requiring reports from the Health Department on the upcoming ASO transition.

## Medical Care Programs Administration (Medicaid)

CBH worked to protect members from competing with schools in expanding school mental health services, while also working to restore last-minute cuts to school mental health service funding.

- The General Assembly's late conference negotiations reduced a proposed \$100M cut to the Consortium's FY2025 funding to a \$70M cut. CBH's advocacy contributed to the preservation of \$40M in Consortium funds.
- CBH was also successful in securing a cap on the extent to which Medicaid could tap existing Consortium school mental health funds in FY2025, with a \$12M or 30% cap on Medicaid's use of the Consortium's school mental health funding. This leaves 70% of the funding available next year for non-insurance reimbursable activities to expand mental health capacity in Maryland schools.
- CBH's advocacy succeeded in securing budget narrative requiring the Health Department to report on any rate or administrative inequities between community- and school- based behavioral health services reimbursed by Medicaid.

## Social Services Administration

For the first time, CBH joined members in advocating to secure adequate funding for key foster care services. CBH's advocacy supported a \$6.1M increase in the Foster Care Maintenance Payments program to fully fund rate reform in the FY2025 budget.

# Non-Budgetary Legislative Results

## CBH Priority Bills

CBH entered the 2024 legislative session with two key priorities: protecting members from a hasty carve-in, and reducing administrative burdens for residential treatment centers. CBH was successful in securing passage of both priorities:

**SB212/HB1048 - Behavioral Health Advisory Council and Commission on Behavioral Health Care Treatment and Access.** This bill requires a coordinated Advisory Council/Commission to make recommendations about the continuation of the behavioral health carve-out. CBH supported this legislation with amendments that included: 1. Extending the date of the Commission's report to the governor from 1/1/25 to 7/1/25. This will allow the Commission a full year of deliberation prior to making recommendations on the carve-out, providing an opportunity to better evaluate the various integration options utilized/ preferred by various stakeholders and understand the impact of a potential carve-in; 2. Language encouraging the Department of Health to explore and consider applying for the Innovation in Behavioral Health (IBH) Model grant when available. **The bill passed with CBH's amendments.**

**SB403/HB1134 - Hospitals and Related Institutions - Residential Treatment Centers (RTC)- Accreditation.** CBH asked Delegate Bagnall and Senator Klausmeier to sponsor this bill that expands the accreditation options for Residential Treatment Centers (RTC) from Joint Commission only to include CARF and COA. This bill will be especially helpful for CBH child welfare providers who want to expand into RTC but have an accreditation that is not Joint Commission. Special thanks to the Board of Child Care for bringing this need to our attention. **The bill passed.**

### Non-CBH Priority Bills

**SB684/HB1074 - Health Insurance - Mental Health and Substance Use Disorder Benefits - Sunset Repeal and Modification of Reporting Requirements.** These bills addressed health insurance carrier compliance with federal parity reporting requirements, aiming to tighten reporting requirements around parity for all carriers while reducing the administrative time spent reviewing reports by the MIA. The bills as amended address CBH's two priorities:

- Places the presumptive burden on insurance carriers. This means that parity complaints brought to the MIA can no longer be dismissed due to insufficient reporting.
- Increases financial and other penalties for failure to comply with parity reporting.

**This bill passed with amendments.**

**SB492/HB522 - Public Schools - Student Telehealth Appointments - Policy and Access.** As originally drafted, this legislation required that each local board of education create space and establish a policy to accommodate students who need to participate in telehealth appointments scheduled during the school day. After hearing concerns from CBH members that space for in-person services is hard to come by, CBH was concerned that this bill could unintentionally make things worse. CBH worked with Senator Augustine to add amendment language including "or in-person" to all instances where "telehealth" is mentioned in the bill. Because the bill was heavily amended to create a telehealth feasibility study, CBH's amendments were not adopted. **This bill passed with amendments.**

### Monitored Bills

Many bills are introduced every year that impact members. CBH's Public Policy team actively monitors any bill impacting members, even if CBH does not provide formal testimony.

**SB204/HB34 - Interstate Social Work Licensure Compact.** This legislation would enter Maryland into a compact with other states, allowing regulated social workers to operate across state lines. **This bill stalled in the Senate and ultimately did not pass.**

**SB359/HB425 - Advance Practice Registered Nurse Compact.** This legislation enters Maryland into the Advance Practice Registered Nurse (APRN) Compact, allowing APRNs certified in other Compact states to work in Maryland without obtaining separate certification from the Maryland Board of Nurses. **This bill stalled in the Senate and ultimately did not pass.**

**SB1143/HB434 - Persons Providing Lobbyist Compensation - Statement of Political Contributions - Exemption for Nonprofits.** This bill exempts qualified 501(c)(3) nonprofit organizations from having to file a disclosure statement with the State Board of Elections (SBE). A bill passed in 2023 required non-profits employing registered lobbyists to file twice-annual affidavits of compliance with the State Board of Elections. Failure to file an attestation of making zero contributions resulted in multiple non-profits being referred for criminal prosecution last year. This bill now exempts non-profits from the filing requirements. **This bill passed.**

**SB888 - Health - Local Behavioral Health Authorities and Oversight of Behavioral Health Programs.**

This legislation authorizes LBHAs to hire their own inspectors to monitor behavioral health programs and forward those complaints to the applicable regulatory board. This bill also requires community to seek “community input” prior to entering an agreement to cooperate with an LBHA. We were concerned that this language could give communities veto power – not only over expansion or creation of new behavioral health programs – but also over continued operation of existing programs since cooperation agreements must be signed with the local authorities at re-licensure. In addition, requiring community input for certain programs, such as residential services, may have federal Fair Housing law implications. CBH expressed its concerns to members of the Finance committee. **This bill did not pass.**

**SB866 - Health - Local Behavioral Health Authorities and Oversight of Behavioral Health Programs.**

This legislation would have given local jurisdictions authority over zoning decisions that may have usurped federal Fair Housing protections. Thank you to Scott Rose and the team at Sheppard Pratt for reaching out to Senator Ready’s office to share concerns.

**This bill was withdrawn.**

**SB230/HB90 - Insurance - Hearing Representation.** This bill allows small employers (50 employees or less) to designate an employee – such as an officer of the corporation – to represent the employer in a hearing before the insurance commissioner. Prior to this legislation, employers – large or small – had to have representation by counsel (but the insurance carriers were not required to do so). The MIA heard that this was often a barrier to employers bringing action against carriers so this bill was introduced.

**This bill passed.**

**SB453/HB576 - Mental Health Assisted Outpatient Treatment Programs.**

This bill applies to those with “mental illness that is severe in degree and persistent in duration that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to meet the ordinary demands of life, and that may lead to an inability to maintain independent functioning in the community without treatment and support”. It authorizes each county to establish an assisted outpatient treatment program (AOT) on or before July 1, 2026. If a county opts out of creating an AOT, the Maryland Department of Health must do so for them. Treatment plans under the AOT must incorporate all outpatient services needed including psychiatrist, case management, peer recovery specialist and Assertive Community Treatment (ACT) if clinically appropriate.

**This bill passed.**

**HB 932 / SB 791 Health Insurance - Utilization Review – Revisions.**

This bill establishes some protections around utilization review decisions. Specifically, it states that a carrier may not issue an adverse decision on re-authorization for the same prescription drug or request additional documents if the drug is used to treat a mental disorder listed in the most recent DSM. Additionally, it requires approvals for a course of treatment for as long as necessary to avoid disruptions in care for chronic conditions, substance use disorders, and mental health conditions.

**This bill passed.**

**HB 932 / SB 791 Health Insurance - Utilization Review – Revisions.**

This bill establishes a fee of 25 cents per month on phone bills beginning on October 1, 2024. Pre-paid phone will be covered beginning July 1, 2027. It is estimated that this fee will raise \$22M in FY25 and close to \$28M from FY26-FY29 to support 988 and crisis services.

**This bill passed.**

**SB876/HB1040 - Maryland Medical Assistance Program - Limited Behavioral Health Services.**

This bill would allow the Maryland Medical Assistance Program to reimburse the provision of limited behavioral health services to individuals under the age of 18 without a diagnosis.

**This bill did not pass.**

**SB124/HB400 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement.** This bill would require Medicaid and commercial insurance carriers to pay for an annual behavioral health wellness visit - similar to coverage for annual physicals.

**This bill did not pass.**

## Looking Ahead

With the 2024 Legislative Session in the rearview mirror, it is time to look toward FY2025 and our out-of-session efforts. We anticipate there will be much work to be done to shore up support for the Behavioral Health Carve-Out and will be reaching out to members to begin grassroots advocacy efforts which will include hosting your legislative officials for site visits and tours, as well as participating in email and phone call outreach underscoring the importance of the Carve-Out. FY2025 is also when many of the 2023 legislative gains will begin implementation, including:

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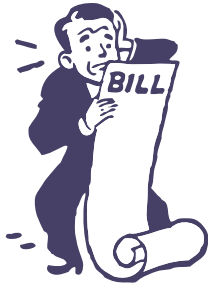
- **SB362 Certified Community Behavioral Health Clinics - Planning Grant Funds and Demonstration** requiring the Department of Health to apply to the Substance Abuse and Mental Health Services Administration (SAMHSA) for federal planning, development and implementation grant funding related to certified community behavioral health clinics (CCBHCs) in preparation to apply to SAMHSA for inclusion in the state CCBHC demonstration program in FY26.
- **SB581 Behavioral Health Care Coordination Value-Based Purchasing Pilot Program** to establish and implement an intensive care coordination model using value-based purchasing in the specialty behavioral health system. Governor Moore is required to appropriate \$600,000 toward this in Fiscal Years 2025 - 2027.

Your CBH team is hard at work creating materials to support your work and will be with you every step of the way!



# Legislative Session by the Numbers

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**2711 Bills  
introduced**



**All CBH Legislative  
Priorities  
Achieved**



**14 Bills with CBH  
Testimony**



**85 Member  
Contacts with  
Legislators**

## Contact Us



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