



COMMUNITY BEHAVIORAL
HEALTH ASSOCIATION
OF MARYLAND

LEGISLATIVE REPORT 2025

www.mdcbh.org



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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.

Nicole Graner

Director of Government Affairs & Public Policy

Nicole advances community behavioral health by engaging policymakers, shaping legislation, and fostering key relationships with state legislators. Nicole actively supports member organizations in grassroots advocacy efforts, assisting with legislative outreach, preparing and delivering testimony, and organizing coordinated advocacy responses. Through both in-person and virtual initiatives, Nicole ensures that behavioral health remains a priority in policy discussions and decision-making.

Email: Nicole@mdcbh.org



Shannon Hall

Executive Director

Shannon leads CBH's mission by developing strategic plans, managing budgets and resources, and expanding and strengthening member engagement. Shannon advocates for policy priorities, enhances CBH's visibility, and drives initiatives that promote positive change in community behavioral health. Through targeted outreach, training, and direct support, Shannon ensures members are equipped with the tools and knowledge needed to navigate policy, engage in advocacy, and influence decision-making effectively.

Email: Shannon@mdcbh.org



2025 LEGISLATIVE SESSION RESULTS

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:

- **Damian Lang** with Sheppard Pratt, **Cari Guthrie** with Cornerstone, **Dimitri Cavathas** with HealthPort, **Kristy Blalock** with Gaudenzia, and **Sheryl Neverson** with Volunteers of America for their advocacy on CCBHCs.
- **Dimitri Cavathas**, **Cari Guthrie**, **Rob Basler** with Arrow Child & Family Ministries, and **Kevin Keegan** with Catholic Charities for testifying in the SSA, BHA, and BRFA hearings
- **Larry Epp** with Sheppard Pratt for his advocacy on 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. We rang the advocacy bells and so many of you answered sending over 1,200 emails to legislators - **YOU** are a large part of the success we were able to achieve in such a challenging session. A huge thank you to everyone who participated in our advocacy alerts including staff, clients, volunteers and board members of:

Affiliated Sante Group	JSSA	Partnership Development Group
Archway Station	Key Point Health Services	Pathways to Housing
Arrow Child & Family Ministries	Kolmac Integrated Behavioral Health	Pathways, Inc.
Arundel Lodge	Leading By Example, LLC	People Encouraging People, Inc.
Catholic Charities	Life Renewal Services, Inc.	Prologue, Inc.
Center for Children	Man Alive	Sheppard Pratt
Cornerstone	Maryland Community Health Initiatives (Penn North)	The Children's Guild
Crossroads Community & Corsica	Maryland Family Resource, Inc.	Thrive Behavioral Health LLC
River Mental Health Services Inc	MATClinics	Thrive Psychological Services, LLC
Everstand	Mettle Works	TIME Organization, Inc.
EveryMind	MHA - Frederick County	Upperbay Counseling & Support Services
Families First Counseling and Psychiatry	NEXTgeneration Therapeutic Services	Vesta, Inc.
HealthPort	One Source Wellness Works	Villa Maria Behavioral Health
Helping Hands PRP		Volunteers of America
Hope Health Systems, Inc		Chesapeake & Carolinas, Inc.
Humanim		WIN Family

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 and we are grateful for the **385 NEW advocates** who joined in the effort this year! We are grateful for all the work that our members take every year during the legislative session to support CBH's success. **Thank you!**

FY2026 BUDGET

Overview

Each year, CBH advocates for robust state investment in community-based behavioral health services throughout Maryland’s legislative session. This year presented unique challenges, with the State facing a \$3 billion structural deficit and ongoing uncertainty at the federal level. Despite these headwinds, CBH’s policy team remained steadfast in its mission—securing critical funding for publicly funded mental health and substance use disorder (SUD) services, as well as school-based mental health and foster care supports. Below are key highlights from this year’s budget outcomes:

Behavioral Health Administration

The most significant win: the FY2025 Behavioral Health budget is fully funded. In a year when many programs saw painful reductions, behavioral health stood out as a priority. Thanks to strong advocacy and collaborative efforts, rates and program-level funding remained intact—sending a powerful message about the value Maryland places on mental health and recovery services.

Medical Care Programs Administration (Medicaid)

CBH led efforts to protect and sustain school-based behavioral health services in the face of significant proposed reductions. The Budget Reconciliation and Financing Act (BRFA) recommended reducing the Behavioral Health Consortium Fund from \$130 million to \$40 million annually—a nearly 70% cut to funding that supports critical mental health services in schools. Through sustained advocacy, CBH helped secure a major victory: preserving \$100 million in annual funding, ensuring continued support for students’ behavioral health needs statewide.

CBH also successfully opposed a BRFA provision that would have removed the state’s obligation to accept nearly \$1 million in federal Certified Community Behavioral Health Clinic (CCBHC) planning funds and to apply for inclusion in the CCBHC demonstration program in FY2026. This language was rejected, allowing Maryland to continue advancing toward a more comprehensive, community-based behavioral health system.

Social Services Administration

In partnership with members, CBH continued to champion the needs of youth in foster care. This year a proposed 5% cut to Child Welfare rate reform, recommended by the Department of Legislative Services (DLS), was ultimately rejected by the budget subcommittees in both the House and Senate. CBH and partner advocates provided testimony during hearings, underscoring how full funding is essential to sustain high-quality foster care services. These efforts played a key role in ensuring that Child Welfare rate reform was fully funded in the final FY2025 budget.

NONBUDGETARY LEGISLATIVE RESULTS

CBH Priority Bills

CBH entered the 2024 legislative session with three key priorities: protecting members from rate cuts, preserving telehealth access in behavioral health and addressing civil monetary penalties for behavioral health providers.

SB372/HB869 - The Preserve Telehealth Access Act of 2025. This bill makes permanent several telehealth flexibilities that were previously time-limited, including allowing audio-only telephone visits to qualify as telehealth services for reimbursement by Medicaid and private insurers. The bill ensures payment parity, requiring reimbursement for telehealth services at the same rate as in-person visits, including for behavioral health services. It also expands provider flexibility to prescribe controlled substances for pain management via telehealth under certain conditions. By eliminating sunset provisions and embedding telehealth into law, this bill improves access to care across Maryland, especially for people in rural or underserved areas who may face barriers to in-person visits. This is a major win for behavioral health access and sustainability, helping ensure continuity of care while supporting provider viability. **The bill passed.**

SB592/HB743 - Health Care Quality Fund for Community-Based Behavioral Health Programs.

This bill would have established the Health Care Quality Fund for Community-Based Behavioral Health Programs within the Maryland Department of Health. Civil penalties collected from behavioral health programs that operated without a license or failed to immediately correct serious or life-threatening deficiencies in patient care, capped at \$10,000 per violation, would have been directed into a dedicated fund to support training, grants, pilot projects, and other efforts to improve the quality of behavioral health services in the state. The bill would have ensured that this funding could not be diverted to the general fund and would have supplemented, rather than replaced, existing state funding. An amendment added during the legislative process would have clarified when penalties could be imposed, limited duplicative fines for programs operating at the same site, and updated licensing rules to support patient safety while allowing some flexibility, such as telehealth options for medical directors. **Due to concerns with the fiscal note and conflicting information from BHA, the sponsors withdrew the bill. CBH will work with the sponsors during the recess to reintroduce it next year.**

Non-CBH Priority Bills

SB92/HB11 - Access to Nonparticipating Providers - Referrals, Additional Assistance and Coverage.

This bill makes permanent key consumer protections that prevent commercially insured Marylanders from being charged extra when forced to go out-of-network for mental health or substance use care. It requires insurers to help members find and arrange out-of-network care when in-network options aren't available within required wait time and travel standards. Carriers cannot impose prior authorization or extra utilization review for these services and must cover them at in-network rates. The Maryland Health Care Commission will set standard reimbursement rates for out-of-network behavioral health providers. This bill helps ensure individuals can access timely, affordable behavioral health care when their plan's network falls short. **This bill passed with amendments.**

SB111/HB382 - Step Therapy, Fail-First Protocols and Prior Authorization - Prescription to Treat Serious Mental Illness.

This bill would have prohibited Medicaid and commercial insurance plans in Maryland from imposing prior authorization, step therapy, or fail-first protocols for medications used to treat serious mental illnesses such as bipolar disorder, schizophrenia, major depression, PTSD, and certain medication-induced movement disorders. It aimed to ensure quicker access to necessary psychiatric medications by removing administrative barriers. **Due to concerns with the fiscal note and despite provision in the bill that would have repealed the bill if Medicaid costs increased by more than \$2M annually, this bill did not pass.**

HB1515 - Certificate of Need - Intermediate Health Care Facilities - Exemptions. This bill would have allowed certain residential substance use treatment facilities to open or expand without going through the full Certificate of Need (CON) process, as long as they met specific notice and approval conditions. The goal was to reduce delays in expanding access to medically managed treatment services. It streamlined existing exemptions to make it easier for providers to respond to growing behavioral health needs. **This bill was a late introduction and did not make it out of the Senate Rules Committee.**

SB174/HB345 Interstate Social Work Compact. This bill allows the state to join the Interstate Social Work Licensure Compact, making it easier for licensed social workers to practice in other participating states. This could help address workforce shortages and improve access to behavioral health services, especially in underserved areas. The compact sets shared standards for licensure and creates a commission to help manage the agreement. Important to note - it won't take effect until at least seven states join, and social workers still have to follow each state's specific practice rules. **This bill passed.**

SB1045/HB1554 - Sales and Use Tax - Taxable Business Services. This bill aimed to amend Maryland's sales and use tax laws by expanding the definition of "taxable service" to include certain labor and services, such as accounting, IT, and consulting services, with a proposed 2.5% tax rate. It sought to clarify the "taxable price" by incorporating labor and service costs and updating definitions related to the North American Industry Classification System (NAICS). CBH opposed the legislation due to concerns over its potential negative impact on small businesses, including CBH members. **This bill did not pass.**

Monitored Bills

HB722- Report on Oversight of SUD Treatment Programs and Recovery Residences. This bill requires the Maryland Department of Health to report in 2025 and 2026 on its oversight of substance use disorder (SUD) treatment programs and recovery residences. The reports must detail updates to state regulations (COMAR 10.63) and improvements in monitoring and certification processes. The goal is to strengthen accountability and safety in programs following serious concerns, including relapse and death in poorly supervised settings. Community-based SUD providers—both residential and outpatient—could face increased scrutiny and updated compliance requirements. **This bill passed both chambers unanimously.**

SB696/HB962 - Pediatric Hospital Overstay Patients and Workgroup on Children in Unlicensed Settings and Pediatric Overstays. This bill requires the Maryland Department of Health and the Department of Human Services to work together to ensure that children who no longer need hospital care are quickly moved to more appropriate care settings, ideally less restrictive ones. Each department will appoint a Pediatric Hospital Overstay Coordinator to manage these transitions. A workgroup will be established to focus on preventing the placement of children in unlicensed settings, with the Community Behavioral Health Association of Maryland having a seat on the workgroup. The bill also calls for a study to evaluate the funding for residential treatment centers and respite facilities, ensuring that these resources meet the needs of children in care. **This bill passed with amendments.**

SB945/HB1136 - Community-Based Residential Facilities - Licensing Entities - Provision of Licensing Criteria and Single Point of Contact. This bill would have required licensing authorities to provide the criteria used to determine whether to issue or renew a facility's license upon request by any "interested party". Additionally, it called for each licensing authority to designate a single point of contact for addressing complaints, concerns, or issues related to the facility. CBH expressed concerns that the bill could unintentionally fuel a "Not In My Backyard" (NIMBY) mentality, where local communities might oppose the establishment of such facilities due to fears about the types of residents they might serve. This could have negatively impacted behavioral health clients by limiting access to essential services and potentially increasing stigma around community-based care, which could hinder efforts to provide supportive housing for vulnerable populations. **This bill did not pass.**

SB599/HB1049 - Behavioral Health Crisis Response Grant Program - The bill extends funding for the Behavioral Health Crisis Response Grant Program through fiscal years 2027-2029, ensuring a consistent allocation of \$5 million annually for these years. The program aims to support local jurisdictions in developing and enhancing community-based behavioral health crisis response systems, such as mobile crisis teams and other emergency mental health services. **This bill passed.**

LOOKING AHEAD



As we wrap up the 2025 Legislative Session, it's time to shift our focus to FY2026 and the opportunities ahead. Although the Behavioral Health Carve-Out wasn't discussed this year, we're preparing for a major push in FY26. With the Behavioral Health Commission set to make its recommendation and a new Health Secretary in place, we have a key opportunity to advocate for the Carve-Out. Now is the time to build relationships and lay the foundation for the work ahead.

While we didn't see rate increases this year, we are hopeful that with a stronger budget in FY26, we'll have a better position to successfully advocate for increases that will help address workforce issues and sustain the providers who are the backbone of Maryland's behavioral health system. We'll also continue to work toward the full implementation of the CCBHC planning grant. Maryland's CCBHCs will play a central role by hosting legislative visits, sharing success stories, and engaging with lawmakers to emphasize the importance of this integrated care model.

The CBH team is working tirelessly behind the scenes to equip you with the tools and materials you need to make your advocacy efforts as impactful as possible. But we can't do it without you! Your voice, your involvement, and your leadership are key to making this work.

Together, we can make FY26 a turning point for behavioral health in Maryland. We'll be with you every step of the way!

2025 LEGISLATIVE SESSION BY THE NUMBERS

BILLS INTRODUCED

CBH reviewed and analyzed a total of 2,605 bills introduced in the General Assembly this year, including 1,047 Senate bills and 1,558 House bills. Throughout the session, CBH actively monitored nearly 100 key pieces of legislation, staying focused on those most relevant to our priorities and members.

TESTIMONY PROVIDED

CBH provided spoken and written testimony on 21 bills this session, addressing a range of critical issues including step therapy, telehealth, insurance parity, BHA, SSA, and State budgets, as well as a proposed business-to-business tax. Our advocacy ensured that key concerns impacting our members were represented in the legislative process.

LEGISLATIVE PRIORITIES

In a session marked by uncertainty, CBH successfully secured most of our legislative priorities, including preventing provider rate cuts, ensuring full funding for Child Welfare rate reform, and securing the continuation of CCBHC planning. These wins are a testament to our collective efforts and advocacy.

GRASSROOTS EFFORTS

CBH members answered the call with 841 advocates sending 1,214 messages to over 55 legislators. This effort included 385 new advocates joining 456 returning supporters, highlighting the growing strength of our community and the impact of our collective advocacy.

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