

May 30, 2025

Dr. Meena Seshamani  
Secretary of Health  
201 West Preston Street  
Baltimore, MD 21201

**Re: Notice of Proposed Action No. 25-063-P (Published May 16, 2025)**

Dear Dr. Seshamani,

The undersigned organizations respectfully request that the Department withdraw the above-referenced proposed regulations to amend licensing criteria for community behavioral health providers. Our organizations strongly believe that these revisions will drastically restrict access to critical care for Maryland residents and have limited effect on improving provider accountability and quality of care.

Maryland residents have significant need for mental health and addiction treatment:

- Adults' unmet need for depression treatment in Maryland is higher than the national average;<sup>i</sup>
- While the rate of youth reporting depression has declined since its 2021 spike, it remains at a historic high;<sup>ii</sup> and
- Despite reductions in overdose deaths, Maryland's age-adjusted drug overdose death rate is still significantly higher than the national average.<sup>iii</sup>

As Maryland works to tackle these challenges and improve behavioral health outcomes for its residents, its efforts are constrained due to workforce shortages.<sup>iv</sup> The Maryland Health Care Commission's October 2024 Behavioral Health Workforce Needs Assessment underscores the urgency:

- **Workforce shortages:** Maryland must grow its behavioral health workforce by 50%—over 32,000 additional professionals by 2028—to meet demand.
- **Access gaps:** In 2023, more than 500,000 Marylanders in need of behavioral health care received no services.
- **Compensation challenges:** Nearly 75% of paraprofessionals and 90% of counselors and social workers earn below a sustainable living wage.
- **Regional disparities:** In some parts of the state, there are fewer than 400 behavioral health workers per 100,000 residents, deepening barriers to care.

These workforce challenges don't just limit access — they undermine the ability to deliver high-quality, effective care. The report calls for targeted strategies to improve pay, reduce barriers to licensure, and grow a diverse, well-trained workforce as a foundation for better outcomes.

Against this backdrop, we believe the proposed regulations fall short. Rather than offering clear rules to strengthen the state’s oversight and improve quality of care, the proposed regulations take a sweeping approach that would radically reduce access to care.

By reducing the types of allowable professionals, increasing staff requirements, and restricting the delivery of care through telehealth and other programmatic limitations, the proposed regulations would result in the shut down almost overnight of wide swaths of addiction and mental health programs, with a particularly devastating impact in rural areas. Examples of sweeping restrictions in care delivery include:

- **Expansion of staffing requirements in face of well-documented workforce shortages will result in widespread reduction of access to mental health and addiction treatment services across the state.** The proposed regulations substantially expand staffing requirements. Clinical directors, program directors and medical directors are no longer allowed to be contractors, with new prohibitions on working across sites, as well as some in-person site-based requirements. As the Maryland Health Care Commission’s workforce report demonstrates, the staff to meet these requirements simply do not exist. As providers compete for a scarce workforce, costs will rise dramatically. The staffing provisions will result in extensive closures of mental health and addiction treatment programs across the state.
- **Elimination of the Psychiatric Rehabilitation Association as a certification authority for rehabilitation specialists.** Existing regulations authorize two national organizations – the Psychiatric Rehabilitation Association (PRA) and the Commission on Rehabilitation Counselor Certification (CRCC) – to credential rehabilitation specialists, but the proposed regulations only authorize CRCC. Currently, 100% of rehabilitation specialists employed by members of the Community Behavioral Health Association of Maryland are certified through PRA. If enacted, this regulation would immediately place an entire workforce—qualified professionals with years of experience—out of compliance on day one.
- **Exclusion of Qualified CAC-ADs from serving as SUD clinical supervisors.** The regulations require that Substance Use Disorder Clinical Supervisors hold one of three specific licenses: LCPC, LCSW-C, or LCADC. This language fails to include Certified Associate Counselors – Alcohol and Drug (CAC-ADs) who have been approved by the Board of Professional Counselors and Therapists to provide clinical supervision. CAC-ADs with Board-issued supervision approval are already authorized to supervise all other levels of alcohol and drug counselors — yet are not recognized here. This omission unnecessarily restricts the supervisory workforce and disregards existing licensure authority.
- **Elimination of audio-only telehealth for publicly-funded services.** The proposed regulations remove audio-only telehealth as a covered modality for behavioral health retroactively back to June 30, 2023. This directly contradicts Senate Bill 372, the Preserve Telehealth Access Act of 2025, which was signed into law on May 13, 2025. That bill permanently authorized audio-only telehealth for Medicaid behavioral health services. Removing it here not only ignores clear legislative intent—it puts up new access barriers for Marylanders who lack broadband or smart devices, especially in rural and low-income communities.
- **Prohibition on Telehealth When the Client Isn’t Present.** The proposed regulations prohibit telehealth services when the client isn’t present for publicly-funded services. Effective family therapy often requires engaging parents and caregivers without the child present. These are **not side conversations**; they’re essential parts of evidence-based care

and care coordination. There is no reason that children covered by Medicaid should receive a lesser form of therapy than children with other payers.

While many of the undersigned organizations provided comments last summer on draft changes to 10.63 licensing regulations, we were discouraged that material elements of that feedback are not substantively reflected in the proposed regulations, and there are many components of the proposal that have never been circulated or discussed with the community, including the examples listed above.

Finally, we note that the piecemeal publication of changes to licensing regulations prevents the stakeholder community from adequately evaluating the impact of the proposed changes on program models and staffing requirements.

We share the Department's goal to strengthen licensing regulations and improve oversight and quality of care in behavioral health programs. However, we do not believe that the approach taken by this proposal will accomplish this goal, but, in fact, will reverse past efforts to create a robust behavioral health network. Therefore, for all of these reasons, we urge the Department to withdraw the proposed regulations in order to develop a more collaborative approach that meets the Department's and stakeholders' shared goals without damaging access to care.

Sincerely,

Shannon Hall  
Executive Director  
Community Behavioral Health Association of Maryland

Gene Ransom  
CEO  
MedChi, The State Medical Society

Nancy Rosen-Cohen, Ph.D.  
Executive Director  
National Council on Alcoholism and Drug Dependence of Maryland

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Baltimore City Behavioral Health Directorate

Deborah Steinberg  
Senior Health Policy Attorney  
Legal Action Center

cc: Alyssa Lord, Deputy Secretary for Behavioral Health  
Ryan Moran, Deputy Secretary for Health Care Financing

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<sup>i</sup> KFF, “[Mental Health in Maryland.](#)”

<sup>ii</sup> Maryland Dept. of Health, “[2022 Youth Risk Behavior Survey Results: Trend Analysis Report,](#)” p. 42 at Q26.

<sup>iii</sup> CDC, “[Changes in Drug Overdose Mortality and Selected Drug Type by State](#)” (2023).

<sup>iv</sup> Maryland Health Care Commission, “[Investing in Maryland's Behavioral Health Talent,](#)” p. 3 (Oct. 2024).