

2025 Access to Care Agenda

Budgetary, Legislative and Systems Priorities to Ensure Equitable Access to Quality Mental Health and Substance Use Care

1) Maryland's Behavioral Health Workforce

Thanks to the Maryland General Assembly's 2023 establishment of the [Behavioral Health Workforce Investment Fund](#), we now have actionable and alarming data demonstrating the urgent need for immediate action to combat the escalating crisis in access to care. **More than 40% of the current behavioral health workforce of 34,600 individuals is expected to leave the field by 2028.** External consultants have presented an action plan calling for a five-year workforce investment comprised of state, federal and philanthropic funding sources, earned revenue, and realignment of existing funding streams, enabling Maryland to move forward with reasonable, proven and urgently needed steps which are moving forward in other states.

MARYLAND MUST:

- > Allocate an initial downpayment of **\$14 million to the Behavioral Health Workforce Investment Fund** to support paid education, training, and job quality initiatives
- > Establish **new compacts and reciprocal licensure agreements** to expand Maryland's network of behavioral health professionals.

2) Public Behavioral Health System

325,000 children and adults rely on the public behavioral health system (PBHS) for mental health and substance use care. Maryland's system is rated one of the best in the nation but it fails to fully meet the public need. The following immediate and actionable steps will improve system functioning and outcomes.

MARYLAND MUST:

- > **Oppose cuts to the PBHS** and support the modest funding requests detailed in this document for the most urgent needs impacting the public
- > **Strengthen system accountability** through support for a comprehensive plan to implement systemwide outcome measurement of behavioral health services
- > **Improve system access, outcomes and accountability** through:
 - o Startup funding to address barriers faced by primary care practices (PCPs) seeking to implement the Collaborative Care Model. MDH was awarded \$10 million in 2023 by SAMHSA to address startup challenges but was unable to accept the award because onerous federal reporting requirements prevented PCPs from participating.
 - o Value-based purchasing reforms that incent care outcomes through Maryland's newly launched AHEAD model and ACT rate reform.
- > **Improve care and outcomes for individuals living with serious mental illness** by ensuring Maryland's new Assisted Outpatient Treatment program (as required by [2024 legislation](#)) is recovery-oriented, outcomes-focused, and protective of legal and civil rights afforded to all Maryland citizens.

3) Behavioral Health Parity, Equity and Services Reform

Eight national studies from 2019-2023 have demonstrated blatant systemic inequity in access to behavioral health care, with Maryland's data often among the worst in the nation. RTI International's [April 2024 Behavioral Health Disparities Report](#) documented that:

- Marylanders are nearly 9 times more likely to go out of network for behavioral health versus primary care, **a rate that is more than twice the national average**
- Marylanders are nearly 21 times more likely to go out of network for inpatient behavioral health care versus inpatient medical/surgical care, **a rate that is more than three times the national average**
- Maryland in-network behavioral health clinicians are **reimbursed 23% less** than other doctors performing similar services

MARYLAND MUST:

- > **Reauthorize telehealth legislation** that ensures availability of audio-only telehealth and reimburses providers for telehealth services at the same rate as those delivered in person
- > **Reauthorize balance billing legislation** that prevents commercially insured individuals from being billed extra when they are forced to go out of network for behavioral health care
- > **Prohibit step therapy, fail first protocols, and prior authorization** for behavioral health care
- > Authorize and **expand harm reduction strategies**
- > **Increase financial penalties** for lack of compliance with federal and state parity laws

4) Behavioral Health Crisis Response

As demand for mental health and substance use care has increased and public awareness about Maryland's 988 helpline has continued to grow, the state's crisis response network has seen a steady rise in calls for service. The following steps will continue Maryland's progress in building a comprehensive and equitably available system of supports to divert individuals in crisis away from hospitals to more appropriate levels of care, targeting areas with the greatest unmet need.

MARYLAND MUST:

- > **Reauthorize Maryland's Crisis Response Grant Program** to prevent service disruptions during the continued transition to Medicaid reimbursable crisis response services
- > **Expand public access to crisis service outcomes data** to ensure new crisis response investments are targeted and strategically addressing gaps in care

The Maryland Behavioral Health Coalition is a diverse mix of 80+ nonprofit organizations working together to ensure all Marylanders have equitable access when and where needed to high quality, culturally and linguistically competent, outcomes-oriented, patient-centered mental health and substance use care that promotes recovery and resiliency. Our member organizations represent Maryland consumers, family members, peers, service providers, behavioral health professionals, hospitals, health systems and more.