



Keep the Door Open Act

February 25, 2016

Committee: Finance, Budget & Taxation

Position: SUPPORT

The Maryland Public Health Association (MdPHA) is the state affiliate of the American Public Health Association (APHA), a 142-year-old professional organization with more than 50,000 members dedicated to improving population health and reducing the health disparities that plague our state and our nation. MdPHA has 150 members including our state and local health departments.

We strongly support the Keep the Door Open Act (SB 497), and urge you to pass this important legislation. Passing this bill will build a stronger system of outpatient mental health and substance use treatment for the Maryland residents who need it. Three policy initiatives in this Administration – reducing Maryland’s hospitalization rates, incarceration, and lethal heroin overdoses – all call for dramatic investment in expanding behavioral health services.

Governor Hogan’s friend Chris Christie has recognized a similar need in his home state. Recently Governor Christie announced a \$100 million investment in improving Medicaid reimbursement rates for mental health and substance use services.¹ The effort reflected in the Keep the Door Open Act is more modest, but no less important.

Improved access to community-based behavioral health treatment is critical for Maryland residents. Maryland’s rate of psychiatric inpatient utilization significantly exceeds the national average,² yet nearly two-thirds of youth and 58% of adults in need of mental health treatment in Maryland do not receive it.³

This data all points to the need to significantly expand access to community-based behavioral health treatment. In the past 20 years, mental health reimbursement rates increased 13%, while inflation substantially increased providers’ costs. The wide and growing gap between the cost of doing business and Medicaid’s reimbursement has eroded behavioral health providers’ ability to retain qualified staff and expand access to treatment. The erosion shows itself in growing staff vacancy and turnover rates, and the elimination of clinically successful programs.

¹ See Stephen Stirling, NJ.com, “Christie Announces \$100 Million To Battle Heroin Crisis in N.J.,” (Jan. 12, 2016); *available at*:

http://www.nj.com/politics/index.ssf/2016/01/christie_announces_100_million_to_battle_heroin_cr.html.

² Substance Abuse and Mental Health Services Administration, “Maryland 2014 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System,” at p. 1 (July 2015); *available at*:

<http://www.samhsa.gov/data/sites/default/files/URSTables2014/Maryland.pdf>.

³ Substance Abuse and Mental Health Services Administration, “Behavioral Health Barometer: Maryland, 2014,” HHS Publication No. SMA–15–4895MD, at p. 7 (2015); *available at*:

http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_1/BHBarometer-MD.pdf.



Simply put, community behavioral health services are necessary to individuals, communities, and our healthcare system. However, we cannot hope to absorb the rising costs associated with providing these services without receiving commensurate rate increases. If rates had kept pace with inflation, mental health providers getting \$100 in 1997 would receive \$152 today. Instead they must stretch \$113 to cover the same services.

Please support SB 497 to help keep the doors open for Maryland residents needing mental health and addiction treatment.