



Maryland  
Hospital Association

**House Bill 1148- Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)**

**Position: *Support with Amendments***

February 24, 2023

House Health & Government Operations Committee

**MHA Position**

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 1148

In Maryland, over 781,000 adults are diagnosed with a mental health condition.<sup>1</sup> Across the U.S., one in six youth aged six to seventeen, experience a mental health disorder each year and an approximate 57,000 Marylanders aged twelve to seventeen experience depression or depression-like symptoms.<sup>2</sup> From young children to geriatrics, mental health conditions are more prevalent and are impacting the lives of family, friends, and colleagues.

Some of the challenges related to mental health services are attributable to mental health workforce shortages. As of September 2021, Maryland had a 79% deficiency in mental health professionals—designating behavioral health as a Health Professional Shortage Area (HPSA) for Maryland.<sup>3</sup> According to the same study, Maryland also has a shortage of at least 76 mental health practitioners to remove the designation.<sup>4</sup> HB 1148 addresses ongoing behavioral health challenges by establishing a commission and pilot program.

Specifically, HB 1148 institutes a commission to study, review, and report on the status of behavioral health in Maryland. In particular, the commission enacts workgroups to study geriatric and youth behavioral health, as well as behavioral health workforce, infrastructure, and financing. It is worth noting, of the 252,000 adults in Maryland who did not receive needed mental health care, 33.7% did not because of cost.<sup>5</sup> The proposed study and subsequent analyses will assist in identifying barriers to administering care and the cost associated with these services—ultimately improving the behavioral health system.

Additionally, we support the proposed legislation as it expands the definition of telehealth services to include services rendered by June 2025. These services include in-person appointments, remote patient monitoring, and audio-only telephone conversations with a provider. To fully address health equity in telehealth, the value of audio-only telehealth cannot

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<sup>1</sup> <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

<sup>2</sup> Id.

<sup>3</sup> <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/maryland/>

<sup>4</sup> Id.

<sup>5</sup> <https://store.samhsa.gov/system/files/sma17-5029.pdf>

be overstated. The digital divide in Maryland between households with high-speed internet and corresponding devices with audio-visual capabilities is significant and cuts across traditional rural/urban lines. For urban *and* rural areas, audio-only health services may be the only modality a significant portion of their population can access.

For these reasons, we request a *favorable with amendments* report on HB 1148.

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