

Health Insurance – Conformity with Federal Law (HB 30)
Health and Government Operations Committee
January 25, 2024
FAVORABLE

Thank you for the opportunity to submit testimony in support of HB 30, which would conform Maryland law to the federal No Surprises Act by (1) specifying that “emergency medical conditions” include a mental health condition or substance use disorder and (2) clarifying that emergency medical screening, stabilization and other services performed by behavioral health crisis centers are subject to the No Surprises Act. This testimony is submitted on behalf of the Legal Action Center, a law and policy organization that has worked for 50 years to fight discrimination, build health equity and restore opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDs. In Maryland, we convene the Maryland Parity Coalition and work with our partners to ensure non-discriminatory access to mental health and substance use disorder services through enforcement of the Mental Health Parity and Addiction Equity Act (Parity Act).

We strongly support the coverage of emergency services delivered by behavioral health specialty facilities consistent with the No Surprises Act’s cost sharing limitations, balance billing prohibitions, and service coverage requirements. An unprecedented number of Marylanders experience a substance use or mental health emergency. Nearly [2600 Marylanders died of a drug overdose in the year ending August 2023](#). [Black Marylanders are dying of overdose at significantly higher rates than non-Hispanic white Marylanders](#) and generally have more limited access to buprenorphine for the treatment of opioid use disorder. In 2020, [650 lives were lost to suicide and 188,000 adults](#) had thoughts of suicide in the past year. Hospital emergency departments often [lack the resources and expertise](#) to effectively address these life-threatening emergencies.

Maryland has wisely invested in a range of non-hospital crisis services to deliver effective intervention and emergency treatment and to link individuals to on-going mental health and substance use disorder care. Crisis services, which are delivered by practitioners who have expertise in mental health and substance use care, hold the promise of not only identifying and treating the patient’s emergent condition but also facilitating continued treatment, which will reduce future medical emergencies. HB 30 will help ensure that emergency behavioral health services delivered by facilities, which are geographically separate and distinct from a hospital, are available to and affordable for Marylanders with state-regulated private insurance regardless of whether they are in a carrier’s provider network of emergency facilities.

In addition to aligning Maryland law with federal guidance on the implementation of the No Surprises Act (Department of Labor, FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 55, Q.10 (Aug. 19, 2022)), HB 30 will ensure that coverage of crisis services – based on their designation as “emergency services” – will be subject to the Mental Health Parity and Addiction Equity Act. Health plans will be required to cover these services in a comparable and no more restrictive manner than coverage for emergency medical/surgical benefits. These consumer protection and non-discrimination requirements, if fully enforced, will significantly expand access to life-saving care.

Thank you for considering our views. We urge the Committee to issue a favorable report on HB 30.

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