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**TESTIMONY IN SUPPORT OF SENATE BILL 328**  
**Maryland Medical Assistance Program and Health Insurance - Annual Behavioral**  
**Health Wellness Visits - Coverage and Reimbursement**  
*Senate Finance Committee*  
**February 4, 2025**

**Social Work Advocates for Social Change strongly supports SB 328**, which seeks to improve access to behavioral health care by requiring the Maryland Medical Assistance Program, health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage and reimbursement for annual behavioral health wellness visits. SB 328 would allow licensed healthcare practitioners to conduct annual behavioral health wellness visits to determine whether an individual may meet the criteria for a mental health or substance use disorder. The bill ensures that behavioral health wellness visits would be reimbursed at the same rate, regardless of whether they result in a diagnosis.

**This bill is an important step in increasing access to behavioral healthcare for all Marylanders.** According to the National Alliance on Mental Illness, based on 2021 data, an estimated 252,000 adults in Maryland did not receive needed mental health care, with 33.7% citing cost as the primary barrier.<sup>i</sup> Behavioral health issues often remain undiagnosed and untreated, particularly among vulnerable populations. Access to mental health services has historically been a challenge for communities of color, with minority communities having a higher proportion of individuals with unmet mental health needs.<sup>ii</sup> As the most diverse state on the East Coast,<sup>iii</sup> **this bill would be a step towards making mental health care more accessible to historically underserved communities.**

**Mental health screenings are an important tool in preventing suicide.** Suicide is the third leading cause of death for ages 10-24 in Maryland, according to the American Foundation for Suicide Prevention. It is also the 16th leading cause of death in Maryland for all ages.<sup>iv</sup> Behavioral health conditions including mental illness and substance use disorders are well-documented risk factors for suicide. Maryland Violent Death Reporting System (MVDRS) data from 2017 reports that 42.1% of individuals that died by suicide had a mental health problem, 14.2% had an alcohol dependence or problem, and 13.5% had a (other) substance abuse problem.<sup>v</sup> Factors such as isolation, financial insecurity, and relationship struggles compound the risk, making early detection and intervention through behavioral health wellness visits not just important but essential.

**SB 328 will allow for early detection and intervention, which are essential to**

**addressing behavioral health issues before they escalate.** According to the National Alliance on Mental Illness, the average delay between the onset of symptoms of mental health conditions and treatment is 11 years.<sup>vi</sup> **Behavioral health wellness visits allow practitioners to identify warning signs of mental health or substance use disorders early and connect individuals to the services they need before their symptoms progress into more serious illness.** This proactive approach reduces the need for more intensive — and costly — interventions later, and improves the overall quality of life for individuals.

**SB 328 will reduce stigma for seeking behavioral health care.** By normalizing behavioral health wellness visits as routine and covered by insurance, this bill helps dismantle the stigma surrounding mental health care.<sup>vii</sup> Making these visits accessible and commonplace encourages people to prioritize their mental wellness without fear of judgment. This shift fosters a culture where mental health is treated with the same importance as physical health, ultimately leading to healthier and more resilient communities. Normalizing and increasing access to these visits encourages individuals to seek care, creating a healthier Maryland.

**SB 328 represents a necessary and meaningful step toward equitable and comprehensive mental healthcare in Maryland.** By ensuring that routine annual behavioral health wellness visits are covered and reimbursed, this bill normalizes regular mental health checkups, removes financial barriers, facilitates early detection and intervention, and promotes a proactive and preventative approach to mental health care.

### **Social Work Advocates for Social Change urges a favorable report on SB 328.**

*Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.*

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<sup>i</sup> National Alliance on Mental Health. (2023). Mental Health in Maryland. <https://www.nami.org/wp-content/uploads/2023/07/MarylandStateFactSheet.pdf>

<sup>ii</sup> National Institute of Mental Health (US). (2001, August). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Nih.gov; Substance Abuse and Mental Health Services Administration (US). <https://www.ncbi.nlm.nih.gov/books/NBK44246/>

<sup>iii</sup> United States Census Bureau. (2021, August 12). Racial and Ethnic Diversity in the United States: 2010 Census and 2020 Census. Census.gov. <https://www.census.gov/library/visualizations/interactive/racial-and-ethnic-diversity-in-the-united-states-2010-and-2020-census.html>

<sup>iv</sup> American Foundation for Suicide Prevention. (2024, January). Suicide data: Maryland. AFSP.org. [https://www.datocms-assets.com/12810/1707241490-maryland\\_2023\\_state\\_fact\\_sheet.jpg](https://www.datocms-assets.com/12810/1707241490-maryland_2023_state_fact_sheet.jpg)

<sup>v</sup> Governor's Commission on Suicide Prevention. (2020). Maryland's State Suicide Prevention Plan 2020 . In Maryland.gov. <https://health.maryland.gov/bha/suicideprevention/Documents/2020%20Maryland%20State%20Suicide%20Prevention%20Plan.pdf>

<sup>vi</sup> Wang, P. S., Berglund, P. A., Olsson, M., & Kessler, R. C. (2004). Delays in Initial Treatment Contact after First Onset of a Mental Disorder. Health Services Research, 39(2), 393–416. <https://doi.org/10.1111/j.1475-6773.2004.00234.x>

<sup>vii</sup> CDC. (2024, August 5). Tips For Stigma-Free Communication About Mental Health. Healthcare Workers. <https://www.cdc.gov/niosh/healthcare/communication-resources/stigma-free.html>