

Testimony in Support of Senate Bill 328  
Maryland Senate Finance Committee  
Submitted by: Dr. Shathea Blount, LCSW-C  
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Honorable Chairperson and Members of the Committee,

I am honored to provide testimony in strong support of Senate Bill 328, which would mandate coverage and reimbursement for annual behavioral health wellness visits under the Maryland Medical Assistance Program and private insurance plans. This legislation is not only necessary but transformative—it establishes a true mental illness prevention pathway, ensuring that mental health is treated with the same proactive approach as physical health.

### **Mental Health Stigma Embedded in Current Practice**

Under the current system, behavioral health providers are often forced to assign a mental health diagnosis even when one may not be present, simply to secure reimbursement. This practice not only misrepresents the nature of mental health care but reinforces the stigma that mental health concerns only matter when they rise to the level of disorder.

Mental health providers should not be placed in the unethical position of labeling someone prematurely just so their time is considered billable. This policy corrects that injustice. It allows individuals to engage with licensed behavioral health professionals in a preventive capacity, just as they would with primary care physicians, dentists, and optometrists, without being penalized by restrictive insurance policies.

### **Mental Illness Prevention is Possible**

We measure our behavioral health indicators largely by suicide rates, and we claim to prioritize suicide prevention, yet we fail to recognize that mental illness prevention is suicide prevention. Just as high blood pressure management reduces the risk of stroke, early mental health interventions can stop symptoms from progressing into full-blown disorders.

Opponents have argued that a symptom is a diagnosis, but that is simply incorrect. Many symptoms are subclinical, and with early interventions, they may never develop into a disorder. However, the current system only allows for intervention after a diagnosis has been assigned, which is a backward and harmful approach. Why must we wait until someone is in crisis before we provide support?

### **A Broken System for Behavioral Health Providers**

Another critical flaw in our system is the misalignment between how behavioral health providers actually practice and how insurance companies classify them. While insurers consider behavioral

health professionals to be “specialists,” the 2023 Behavioral Health Workforce Brief found that 60% of mental health providers function as generalists in practice. These professionals handle a broad range of mental health concerns, yet they are forced to operate within a rigid system that does not acknowledge their role in preventive care.

This system is particularly harmful to new providers and recent graduates, who are still refining their diagnostic skills. With pressure to diagnose on the first visit, many end up misdiagnosing, leading to long-term negative consequences for patients. This bill would remove that pressure and allow practitioners to assess individuals more holistically, leading to more accurate and effective care.

### **Parity and Equity in Healthcare**

Medical doctors, dentists, optometrists, and other general practitioners are reimbursed for preventive care—why are behavioral health practitioners excluded? Mental health is health, and it should be treated with the same level of importance and financial support. Senate Bill 328 is a major step forward in pushing the healthcare parity and equity agenda by allowing mental health providers to offer preventive services without unnecessary barriers.

### **The Role of Screenings in Collaborative Care**

Some may argue that screenings in collaborative care models are already serving this function. While screenings are important and useful, they do not replace the value of direct human interaction with a trained behavioral health professional. Computerized assessments cannot capture nonverbal cues, contextual nuances, or emotional subtleties that an experienced practitioner can identify. Screenings should remain a tool, but they should not be the sole determinant of access to preventive care.

### **A Bold Step Toward Well-Being**

At its core, this bill shifts our mental health policies from a framework of “ill-being” to one of well-being. It acknowledges that sometimes, we need to sit with another human being to gain insight into our mental state—an insight that no algorithm or checklist can fully replace.

For too long, we have required medical necessity just to justify an assessment—this is an outdated approach that contradicts everything we know about prevention. We do not wait for a heart attack to check blood pressure. We should not wait for a crisis to assess mental health.

Maryland has the opportunity to be a leader in mental illness prevention by passing Senate Bill 328. I strongly urge this committee to support this legislation and take a stand for a proactive, just, and effective mental health care system.

Thank you for your time and consideration.

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