



ATTN: Senate Finance Committee, Maryland General Assembly

FROM: The Maryland Academy of Family Physicians

RE: SB0328 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Topline Summary: The Maryland Academy of Family Physicians writes in support of Maryland SB0328, which would establish a standalone annual behavioral health wellness visit for the Maryland Medical Assistance Program (Medicaid). We believe the spirit of the bill could improve preventive mental health care for our patients but do have two points of clarification that we request prior to passing. Specifically, we request (1) clarification on the types of providers expected to conduct the annual behavioral health wellness visit and (2) including a requirement for coverage of behavioral health wellness visits when conducted concurrently with other visit types.

Behavioral Health Crisis in Maryland:

Maryland faces significant challenges in behavioral health care. An estimated 781,000 Marylanders have a mental health condition—roughly 17% of the state’s adult population or 19 times the population of Annapolis. Strikingly, over 4% of Maryland adults experience serious thoughts of suicide yearly. Commonly co-occurring with mental health conditions, substance use disorder affects over 6% of Maryland adults and 3% of youth yearlyⁱ.

While mental health and substance use disorders are common in our communities, access to care also remains a major issue. Only 19.4% of the need for mental health professionals is met in Maryland, compared to the national average of 27.7%ⁱⁱ. Nearly a third of Marylanders experiencing anxiety and depression cannot access appropriate treatmentⁱⁱⁱ. Due to limited preventive and outpatient care, over 200,000 individuals seek behavioral health services in Maryland EDs annually, exacerbating hospital overcrowding, prolonged ED stays, and delayed discharges, further straining the healthcare system^{iv}.

We, as family physicians, are on the front lines of the behavioral health crisis, providing essential care and referrals. More often than not, we are making the mental health diagnosis, screening for suicide and substance use, and coordinating care in an already busy clinic visit- with financial and system pressures to see more patients for shorter visits. We need a system that incentivizes time and resources for preventive mental health care in the primary care setting. Sadly, roughly 45%^v of individuals who died by suicide had contact with primary care providers and 30%^{vi} with the medical system in general within one month before their death. This is a missed opportunity and demonstrates that the existing structure for behavioral healthcare delivery is not working, for patients or for providers. As family physicians, the trusting relationships we build with patients make them more likely to disclose struggles, adding a crucial checkpoint in overall health. As such, we see this crisis and its effects on Marylanders first-hand.

Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: a review of the evidence. *Am J Psychiatry*. 2002 Jun;159(6):909-16. doi: 10.1176/appi.ajp.159.6.909. PMID: 12042175; PMCID: PMC5072576.

It Takes a Village. Statistics: Mental Health and Community Impact. Published 2025. Accessed January 12, 2025.

<https://www.ittakesavillageforchange.org/statistics>

Kaiser Family Foundation. Mental Health and Substance Use State Fact Sheets: Maryland. Published 2023. Accessed January 12, 2025. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/maryland/>

National Alliance on Mental Illness. Maryland State Fact Sheet. Published July 2023. Accessed January 12, 2025.

<https://www.nami.org/wp-content/uploads/2023/07/MarylandStateFactSheet.pdf>

Maryland Department of Health. Emergency Department Visits Related to Mental Health Conditions in Maryland. Published 2014. Accessed January 29, 2025. Available at:

<https://health.maryland.gov/pha/Documents/PHAB%20documents/Emergency%20Department%20Visits%20Related%20to%20Mental%20Health%20Conditions.pdf>



Impact of SB0328

SB0328 serves as a beacon of hope in this grim mental and behavioral health landscape. Namely, the bill proposes a dedicated annual behavioral health wellness visit, distinct from the physical (or somatic) wellness exam. By providing preventive mental health care, this initiative aims to identify and address behavioral health needs before they escalate, reducing avoidable and inappropriate emergency department (ED) visits, which strain the healthcare system and cost an estimated \$8.3 billion annually^{vii}. Limited access to timely, community-based care often drives individuals to seek crisis care in emergency departments. As family physicians and champions of preventive, outpatient care, we believe preventive policies are key to reducing unnecessary emergency department (ED) visits for mental health concerns.

Evidence supports expanding preventive services to mitigate this issue. Massachusetts, Colorado, and Illinois have passed similar legislation with successful implementation. Furthermore, multiple studies have shown mental health preventive care and diversion programs can directly decrease ED utilization by up to 6%^{viii}. SB0328 offers a preventive solution by normalizing access to mental health care and addressing concerns in a timely manner. Furthermore, SB0328 aligns with the holistic approach of family medicine with its focus on parity in mental and behavioral healthcare, building on the Mental Health Parity and Addiction Equity Act of 2008, which requires health insurance plans to cover mental health and substance use benefits equally to medical benefits. With parity, individuals can receive behavioral health evaluations without needing a diagnosis to access services, removing significant barriers to care.

Concerns for Consideration

1. **Clarify Provider Types:** Specify the types of providers expected to conduct the annual behavioral health wellness visit to ensure patients receive care from appropriately trained professionals and to ensure more seamless implementation
2. **Flexibility for Same-Day Services:** Include a requirement for coverage of behavioral health wellness visits when conducted on the same day as other wellness visits to reduce barriers to access, coverage, and reimbursement

Conclusion

In conclusion, Maryland SB0328 is a vital step toward addressing our state's behavioral health crisis, promoting parity in care, and improving health outcomes. We urge the committee to support this legislation and clarify our concerns.

Ahmedani BK, Westphal J, et al. Variation in patterns of health care before suicide: A population case-control study. *Prev Med.* 2019 Oct;127:105796. doi: 10.1016/j.ypmed.2019.105796. Epub 2019 Aug 7. PMID: 31400374; PMCID: PMC6744956.

American Journal of Managed Care. Reducing Avoidable ED Visits for Mental Health Could Cut Billions in Costs, Improve Patient Outcomes. *Am J Manag Care.* Published online November 25, 2024. Accessed January 12, 2025. <https://www.ajmc.com/view/reducing-avoidable-ed-visits-for-mental-health-could-cut-billions-in-costs-improve-patient-outcomes>

Integrating Local Health Departments to Reduce Suicide-Related Emergency Department Visits Among People With Substance Use Disorders - Evidence From the State of Maryland.

Barath D, Chen J. Integrating local health departments to reduce suicide-related emergency department visits among people with substance use disorders - Evidence from the state of Maryland. *Prev Med.* 2019;129:105825. doi:10.1016/j.ypmed.2019.105825