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Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the
Environment Committee



THE SENATE OF MARYLAND
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February 4, 2025

The Honorable Pamela G. Beidle
Chairwoman, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street Annapolis, MD 21401

RE: SB328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

Position: **Favorable**

Chair Beidle and Members of the Committee,

Thank you for the opportunity to present Senate Bill 328, which strengthens Maryland's behavioral health system by ensuring all insured Marylanders have access to annual behavioral health wellness visits—a critical step in preventing mental health crises and reducing strain on our overburdened system.

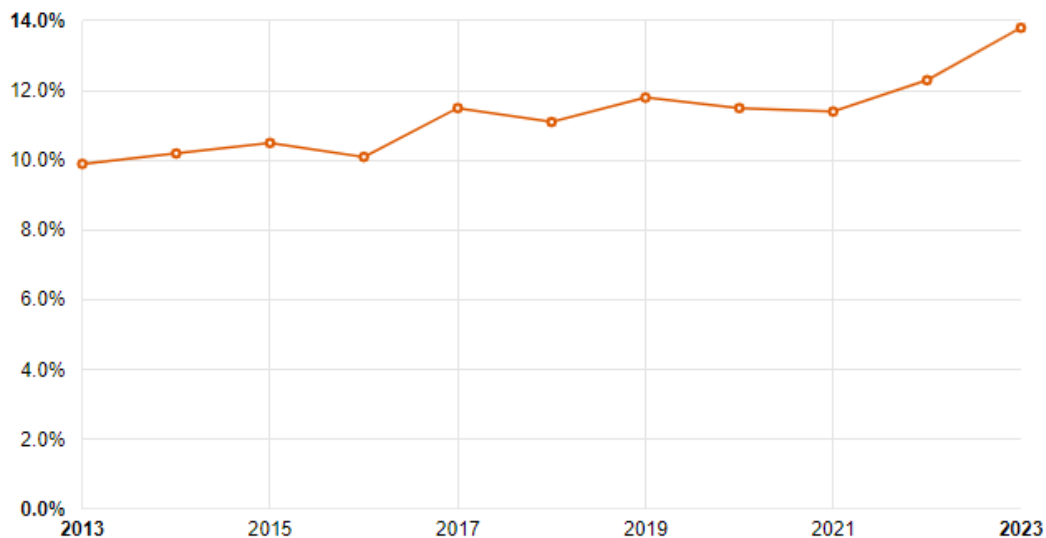
The Problem – A Crisis-Driven Behavioral Health System

Maryland has made progress in expanding behavioral health services, but the system remains reactive rather than preventive. Without early intervention, mental health concerns escalate into crises that require costly emergency care, hospitalizations, and long-term treatment, placing enormous strain on both patients and providers.

Barriers to Early Behavioral Health Care

- Currently, insurance does not reimburse behavioral health providers for early intervention unless a formal diagnosis is made. This discourages proactive care for individuals with emerging symptoms.

- 314,000 Marylanders report not receiving needed mental health care, with one-third citing **cost** as the primary barrier¹.
- According to 2023 data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 13.8% of Maryland adults reported experiencing poor mental health for more than 14 days in the past month—up from 12.3% in 2022 and 11.4% in 2021². Many of these individuals do not meet formal diagnostic criteria but still experience significant disruptions in work, education, relationships, and quality of life.
- The KFF graph below depicts the percentage of Maryland adults who reported experiencing poor mental health for at least 14 days within a given month, tracked over the years 2013 to 2023³. The steady rise indicates that more adults are experiencing prolonged periods of poor mental health, suggesting an increasing burden of mental distress in the population.



- Every year, Marylanders can receive fully covered annual physical exams as part of routine preventive health care, allowing providers to monitor blood pressure, cholesterol, and glucose levels, conduct cancer screenings, and identify risk factors before conditions progress. This preventive approach is widely accepted in physical health care because early detection leads to better outcomes and lower costs.

¹KFF. "Adults Reporting Unmet Need for Mental Health Treatment in the Past Year Because of Cost." KFF, Accessed January 2025, <https://www.kff.org/other/state-indicator/adults-reporting-unmet-need-for-mental-health-treatment-in-the-past-year-because-of-cost/>.

² KFF. n.d. "Poor Mental Health Among Adults (Days per Month)." KFF. Accessed January 2025. <https://www.kff.org/other/state-indicator/poor-mental-health-among-adults-days-per-month/>.

³ KFF. "Poor Mental Health Among Adults (Days per Month)." KFF, [Accessed January 2025], <https://www.kff.org/other/state-indicator/poor-mental-health-among-adults-days-per-month/>.

- However, when it comes to behavioral health, the system takes the opposite approach—only reimbursing providers if a formal diagnosis is made, which effectively forces individuals to wait until their condition worsens before they can access meaningful care. This means that someone experiencing early symptoms of anxiety, depression, or PTSD may not qualify for a diagnosis right away, yet their struggles can still disrupt their work, education, and relationships.
- Instead of covering an annual behavioral health wellness visit, insurers require providers to justify reimbursement through a diagnostic code, which reinforces a system that is reactive rather than preventive.

Impact on Maryland's Behavioral Health Workforce

- Maryland, like much of the U.S., faces a severe shortage of mental health professionals. In 2024, only 22.1% of the state's mental health provider needs are currently met, compared to the national average of 26.8%.⁴
- Investing in prevention reduces the incidence and severity of mental health crises, decreasing the demand for emergency and intensive services.⁵ This shift would allow the existing workforce to allocate more time to early intervention and routine care, improving access to services and mitigating the strain on an already limited provider pool.

Prevention is the Best Medicine

Decades of public health research confirm that prevention is more effective and cost-efficient than treatment, just as clean water prevented cholera epidemics more effectively than medical treatments, nutrition is key to combating obesity, diabetes, and heart disease, and smoking prevention reduces lung cancer and COPD cases more than expensive treatments.⁶

The same principle applies to mental health: Prevention works. Annual behavioral health wellness visits ensure that mental health challenges are identified before they become emergencies.

At least four states—Colorado⁷, Connecticut⁸, Delaware⁹, and Massachusetts¹⁰—have enacted legislation requiring private health plans to cover annual mental health wellness exams, similar to annual primary care visits, without patient cost-sharing. Maryland must follow their lead.

What SB328 does – A Proactive Approach to Mental Health

⁴ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of April 1, 2024 available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas>. Accessed January 2025.

⁵ Singh V, Kumar A, Gupta S. Mental Health Prevention and Promotion-A Narrative Review. *Front Psychiatry*. 2022 Jul 26;13:898009. doi: 10.3389/fpsy.2022.898009. PMID: 35958637; PMCID: PMC9360426.

⁶ Drake RE, Bond GR. Psychiatric Crisis Care and the More is Less Paradox. *Community Ment Health J*. 2021 Oct;57(7):1230-1236. doi: 10.1007/s10597-021-00829-2. Epub 2021 May 15. PMID: 33993362; PMCID: PMC8123092.

⁷ Colo. Rev. Stat. § 10-16-104 (Lexis Advance through all 2024 legislation)

⁸ Conn. Gen. Stat. § 38a-488e (LexisNexis, Lexis Advance through all 2024 Legislation)

⁹ Del. Code Ann. tit. 31, § 531 (Lexis Advance through 84 Del. Laws, c. 531)

¹⁰ Mass. Ann. Laws ch. 175, § 47TT (LexisNexis, Lexis Advance through Chapter 407 of the 2024 Legislative Session of the 193rd General Court)

SB328 closes the gap in preventive mental health care by ensuring insurance coverage for annual behavioral health wellness visits. Specifically, the bill:

- Outlines specific provisions, including the definition of a Behavioral Health Wellness Visit and the qualifications of providers who can offer this service.
- Requires health insurers, nonprofit health service plans, and health maintenance organizations to cover these visits, just as they do for annual physicals.
- Ensures reimbursement parity, meaning providers will be compensated at the same rate regardless of whether a diagnosis is made, which eliminates financial disincentives for early intervention.

Importantly, a Behavioral Health Wellness Visit is not just a screening in a primary care visit. SB328 establishes a comprehensive, preventive mental health assessment, including family history, risk factors, and personalized prevention planning.

Why SB328 Matters:

A Long-Term Investment in a Smarter System

- We won't fix the behavioral health system overnight, but this bill is a critical step forward. Expanding preventive care lays the foundation for a system that prioritizes early intervention rather than last-minute crisis care.

Saves Lives and Improves Mental Health Outcomes

- Early intervention leads to better long-term outcomes, which reduces reliance on emergency services and inpatient care¹¹.

Advances Parity Between Mental and Physical Health Care

- Mental health conditions, like physical health conditions, are most treatable when caught early. SB328 ensures mental health care is covered just as routine physicals are.

Strengthens the Behavioral Health Workforce

- Prevention-based care is more sustainable for providers, leading to higher job satisfaction and better workforce retention¹².

¹¹ See Singh V, Kumar A, Gupta S. Mental Health Prevention and Promotion-A Narrative Review. Front Psychiatry. 2022 Jul 26;13:898009. doi: 10.3389/fpsy.2022.898009. PMID: 35958637; PMCID: PMC9360426.; Zhu JM, Singhal A, Hsia RY. Emergency Department Length-Of-Stay For Psychiatric Visits Was Significantly Longer Than For Nonpsychiatric Visits, 2002-11. Health Aff (Millwood). 2016 Sep 1;35(9):1698-706. doi: 10.1377/hlthaff.2016.0344. PMID: 27605653.

¹² Substance Abuse and Mental Health Services Administration (SAMHSA): Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies. SAMHSA Publication No. PEP22-06-02-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2022.

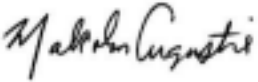
Financially Sound and Cost-Effective

- The Maryland Health Care Commission (MHCC) estimates a minor 0.05% increase in premiums, just \$0.37 per member per month in 2025. This calculation assumes a 2% annual increase in the utilization of behavioral health services. Furthermore, the MHCC anticipates that a total cost savings of 2.5% will offset the increased cost share for new patients¹³.
- Long-term savings will outweigh costs by reducing expensive emergency interventions and hospitalizations.

Conclusion

System change takes time, but it starts with decisions like this. Expanding access to preventive mental health care ensures that Marylanders get help before a crisis, rather than after. SB328 is a common-sense, cost-effective solution that brings mental health care in line with physical health care.

Chair Beidle and members of the committee, I urge you to issue a favorable report on SB328 and take a crucial step toward a healthier, more sustainable behavioral health system in Maryland.

Sincerely,  Senator Malcolm Augustine
President Pro Tempore -- District 47 – Prince George’s County

¹³ Maryland Health Care Commission. Senate Bill 108: Behavioral Health Care Coordination Value-Based Purchasing Pilot Program. 2023. Maryland Health Care Commission, Accessed January 2025. https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2023/lgst_sb0108.pdf.