SB328 - Annual Behavioral Health Wellness Visits -

Uploaded by: Abigail Snyder

Position: FAV

BALTIMORE JEWISH COUNCIL

WRITTEN TESTIMONY
Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement
Finance Committee – February 4, 2025
SUPPORT

Background: SB328 would require the Maryland Medical Assistance Program and health insurers to provide coverage for annual behavioral health wellness visits, regardless of whether a diagnosis is made at the end of the visit.

Written Comments: The Baltimore Jewish Council represents The Associated: Jewish Federation of Baltimore and all of its agencies. This includes Jewish Community Services (JCS), which offers programs and services for people of all ages and backgrounds, helping them achieve their goals, enhance their wellbeing, and maximize their independence. JCS currently provides therapy and medication management to a large population of clients with both commercial and public insurance. These behavioral health intervention services are incredibly helpful in enhancing patient wellbeing. During 2023, JCS performed 225 Annual Behavioral Health Wellness Visits.

One in five Marylanders suffer from a mental health condition, and only a fraction receive the help they need. As mental and behavioral health continue to be at the forefront of our state's focus, it is important that individuals can receive care. Currently, if an individual has a behavioral health assessment from a behavioral health provider and there is no mental illness diagnosis as a result of the appointment, the appointment will not be covered by insurance. Just as we are afforded an annual physical, we should also have access to an annual behavioral health assessment.

The Jewish community historically takes communal responsibility for the vulnerable and underserved – this includes those in poverty; individuals with disabilities; victims of domestic violence, etc. Many of these individuals need readily accessible, high-quality mental and behavioral health services. By targeting early intervention in mental illness, we are removing the stigma around mental health diagnoses; saving money for patients; and providing access to needed care.

For these reasons, the Baltimore Jewish Council urges a favorable report of SB328.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated Jewish Community Federation of Baltimore, its agencies, and the Greater Baltimore Jewish community.

BALTIMORE JEWISH COUNCIL
5750 Park Heights Avenue, Suite 329 • Baltimore, Maryland 21215
410-542-4850 • fax 410-542-4834 • baltjc.org
Member of the Jewish Council for Public Affairs

SB0328 Testimony PDF.pdf
Uploaded by: Alexis Garcia
Position: FAV

Statement of Maryland Rural Health Association (MRHA)
To the Senate Finance Committee
Chair: Senator Pamela Beidle
January 28, 2025
Senate Bill 328- Maryland Medical Assistance Program and Health Insurance -Annual Behavioral Health Wellness Visits -Coverage and Reimbursement

POSITION: SUPPORT

Chair Beidle, Vice Chair Hayes and members of the Committee, the Maryland Rural Health Association (MRHA) is in support of Senate Bill 328, Maryland Medical Assistance Program and Health Insurance -Annual Behavioral Health Wellness Visits -Coverage and Reimbursement.

SB0328 seeks to expand coverage and reimbursement for annual behavioral wellness visits conducted by a health care practitioners whose scope includes mental health services and substance use disorder care. While this would benefit all Marylanders, it is especially critical for those in the state's eighteen rural counties.

Not uncommon in rural America, and further exacerbated by the COVID-19 pandemic, rates of substance use, suicidal risk, and other mental health challenges have deepened rural health disparities[1]. Of concern, Mental Health America's 2024 assessment of rural Maryland counties reported a combined average of 19.39 persons per 100,000 experiencing frequent suicidal ideation[2]. Additionally, research conducted on emergency department discharges in rural Maryland revealed that individuals with opioid use disorder were 5.39 times more likely to experience suicidal ideation[1].

To further identify and support those experiencing mental health struggles and substance use concerns, coverage must be provided to ensure that those unable to afford care can access essential screenings and resources. For these reasons, MRHA strongly advocates for your support of SB0328.

On Behalf of the Maryland Rural Health Association,

Alexis Garcia, Legislative and Policy Intern

1. Ahuja M, Jain M, Mamudu H, et al. Substance Use Disorder and Suicidal Ideation in Rural Maryland. Chronic Stress. 2024;8. doi:10.1177/24705470241268483

2. County and State Data Map: Defining Mental Health across Communities. Mental Health America. https://www.mhanational.org/mhamapping/mha-state-county-data

Inseparable - SB 328 FAV - Annual Behavioral Healt
Uploaded by: Angela Kimball
Position: FAV

inseparable

409 7th St Northwest, Suite 305
Washington, D.C. 20004
January 31, 2025

Senate Finance Committee
Maryland General Assembly
3 East, Miller Senate Office Building
Annapolis, MD 21401

Via electronic submission

RE: SUPPORT FOR SB0328, Maryland Medical Assistance Program and Health Insurance—Annual Behavioral Health Wellness Visits—Coverage and Reimbursement Support

Dear Chair Beidle and Members of the Committee:

On behalf of Inseparable, I am writing to urge your support of SB0328, which will require providers to be reimbursed by Medicaid and commercial insurance for a behavioral health wellness visit.

Inseparable is a nonprofit mental health advocacy organization focused on closing the treatment gap for people with mental health conditions, improving crisis response, expanding the workforce, and supporting youth mental health.

Youth and adults continue to face rising mental health challenges. In fact, The Business Group on Health's 2024 Large Employer Health Care Strategy Survey notes mental health challenges as a top area of impact. 77% of employers reported an increase in mental health concerns this year and, according to the report, are highly focused on increasing access to mental health services, including lowering cost barriers to care.

SB0328 would provide exactly the kind of policy change that employers, individuals, and families need, but may not know to ask for. Many people, including employers, assume that an initial behavioral health visit will be covered, regardless of whether there's a diagnosis, as is common in physical health. Unfortunately, that is not the case—and it creates a real barrier to the very early identification and intervention that could provide both youth and adults the help they need *before* their symptoms become more severe and harder and more costly to treat. This bill would change that and require plans to cover an initial behavioral health assessment, and to reimburse a provider at the same rate, regardless of whether the visit results in a diagnosed condition.

To date, six states, CO, CT, DE, IL, MA, and NM, have enacted similar commonsense legislation to cover annual behavioral health wellness visits.

Inseparable is grateful to Senator Augustine for introducing SB0328 and we respectfully request a favorable report on this bill by the Committee.

Respectfully,

Angela Kimball
Chief Advocacy Officer

MHCC Behavioral Health Wellness Visits Report 2023

Uploaded by: Ann Ciekot

Position: FAV

axene health partners
HEALTH ACTUARIES & CONSULTANTS

Required Coverage and Reimbursement of Annual Behavioral Health Wellness Visits

Maryland Health Care Commission

December 5, 2023

Presented by:
Gregory G. Fann, FSA, FCA, MAAA
Consulting Actuary

Erik D. Axene, MD, FACEP, M. Ed
Clinical Consultant

Joan C. Barrett, FSA, MAAA
Consulting Actuary

Ryan Bilton, FSA, CERA, MAAA
Consulting Actuary

Tony Pistilli, FSA, CERA, MAAA, CPC
Consulting Actuary

Table of Contents

Required Coverage and Reimbursement of Annual Behavioral Health Wellness Visits 1
Table of Contents 2
Section 1: Executive Summary 3
Section 2. Social Analysis 4
About the Mandate 4
The Demand for Services 4
The Behavioral Health Crisis 4
Legislative and Regulatory Activity 5
Barriers to Better Care 5
Emotional Barriers 5
Financial Barriers 5
Provider Shortages 5
Current Extent of Coverage 6
Section 3. Medical Analysis 7
The Importance of Behavioral Health Wellness Visits 7
Clinical Guidelines 7
Integrated Behavioral Health 7
Section 4. Financial Analysis 8
Premium Impact 8
Cost to the State 8
Administrative Costs 8
Section 5. Actuarial Considerations 9
Appendix A. Financial Analysis 10
Appendix B. Survey Language 12
Appendix C. Survey Results Summary 13
Appendix D. Payer A Questions 14
Appendix E. Payer B Questions 16
Appendix F. Payer C Questions 19
Appendix G. Payer D Questions 21
Appendix H. Payer E Questions 23

Section 1: Executive Summary

Senate Bill 108 was introduced in the Maryland legislature during the 2023 session. The bill did not pass. The Maryland Health Care Commission (MHCC) has retained Axene Health Partners, LLC (AHP) to deliver health care related actuarial services to assist the Commission in completing its legislative requirement under the Insurance Article §15–1501 regarding S.B. 108, including the appropriate fiscal, medical, and social analyses as specified in the request for proposal (RFP) numbered MHCC 24-006. Since S.B. 108 did not pass, AHP has completed its work assuming that similar legislation is introduced and passed in the current legislative session. The key findings from our analysis are shown below.

Key Findings

The Mandate

- behavioral health wellness visits will no longer be subject to cost sharing

Social

- There is currently a mental health crisis in the United States
- Barriers to better mental health include affordability and provider access
- This bill will address the affordability issue to some extent

Medical

- The USPSTF recommends screenings for anxiety, depression, and substance abuse
- Identification and treatment of behavioral disorders can lead to better patient outcomes

Financial

- The mandate is expected to increase premiums by 0.05%, or $0.37 PMPM in 2025
- There will be a 2% annual increase in the percentage of patients receiving treatment as a result of the mandate
- There will be a medical savings of 2.5% of total costs or $0.04 PMPM for each new patient

Section 2. Social Analysis

As requested in the RFP, this section addresses questions regarding the demand for this benefit, the extent to which it is currently available, and the extent to which individuals are avoiding necessary health care treatment.

About the Mandate

Under this mandate, behavioral health wellness visits are no longer subject to cost sharing. Although this mandate does not require coverage of additional benefits, it is likely that more members will receive behavioral health services as a result of this mandate. A behavioral health wellness visit typically includes[i]:

- An Assessment. A behavioral health assessment is similar to a medical assessment and generally includes gathering information on risk factors, comorbid conditions, and family history. The assessment is generally done in advance on paper or online. Ideally, the assessment relies on a valid, reliable survey instrument.
- Diagnosis and Treatment. Based on the assessment, a provider may diagnose the patient, provide some type of treatment, and/or refer the patient to another provider.
- Prevention and Health Promotion. The provider may share preventive information with the patient specific to their needs.
- Resources. The provider may also share information about resources available to the patient locally or through their insurance carrier.

The wellness visit may be conducted in person or online. In 2022 approximately 30% of all behavioral health services were conducted online.[ii] In part, this is because there is little or no physical examination during a behavioral health visit and simply because it is more convenient. A behavioral health wellness visit may be conducted by a primary care physician or a behavioral health specialist.

The Demand for Services

Currently, there is a demand and need for behavioral health services in general since there is a national behavioral health crisis in the United States. One of the benefits of a wellness visit is that the doctor or other clinician can diagnose the problem early and direct the patient to the appropriate care. An added benefit of a behavioral health wellness visit is that it removes some of the stigma associated with mental health treatment.[iii] So far, two states, Delaware, and Connecticut, have enacted similar mandates.[iv]

The Behavioral Health Crisis

Mental health disorders are one of the leading health-related problems on the planet. It is becoming a larger public health concern in the US as rates of anxiety, depression and suicide continue to rise. In 2001 suicide rates had leveled off at 10.7 deaths per 100,000 and this rate has been steadily increasing with the largest ever recorded increase between 2020 and 2021 when the suicide rate jumped up from 13.5 to 14.2 deaths per 100,000.[v]

There is a myriad of factors that seem to be impacting the mental health of Americans, including the pandemic. The COVID-19 pandemic not only had a disturbing effect on the health of millions of Americans but it also had a dramatic impact on our behavioral health. A study in the Lancet quantified the impact of the pandemic on behavioral health. Estimates indicate that globally the prevalence of anxiety increased 26% increase[v]. Factors such as social isolation, lockdowns, school closures, loss of livelihood, and decreases in economic activity all have substantially affected the mental health of the US population.

Legislative and Regulatory Activity

There has been considerable legislative and regulatory activity regarding the behavioral health crisis in general, including some activity regarding behavioral health wellness visits.

At the federal level, at President Biden's direction, the Department of Health, and Human Services (HHS) has articulated a strategy known as the HHS Road Map to Behavioral Health Integration to address the mental health crisis. The key components of this strategy include developing a diverse workforce to practice in integrated settings, leveraging health financing arrangements to promote parity, and investing in health promotion efforts.[vi] In addition, the National Suicide Hotline Designation Act designated "988" as the new national three-digit number for the National Suicide Prevention Lifeline, making it easier for people in crisis to access help.[vii]

Locally, Maryland's 2021 – 2022 Behavioral Health Crisis System Workgroup made several recommendations relating to best practices, a mobile response system for children, and the implementation of the 988 suicide prevention hotline. Maryland also has a system of hotlines and walk-in urgent care centers to assist Marylanders.[viii]

Barriers to Better Care

The first step in addressing the behavioral health crisis is to identify the emotional, structural, and financial barriers to better health.

Emotional Barriers

A person with a behavioral health problem faces many barriers in their journey to better health, starting with emotional barriers. In some cases, the person may not recognize that they have a problem, which is the first step in the process. Others may recognize that they have a problem but are reluctant to receive care because of the stigma associated with receiving care. This is especially true of children and teenagers fearful of parental disapproval.

Financial Barriers

In 2020, 30% of adults aged 18 or older who had a behavioral health condition reported not receiving care because their insurance did not cover the services or did not pay enough for the service.[ix] Although the Mental Health and Addiction Equity Act of 2008 mandated equal coverage for mental health and other medical conditions, gaps still exist and are growing.

Such gaps may be partially due to insurance practices like arbitrary medical necessity rules, network inadequacy, and required step therapy. For example, individuals seeking care through an in-network primary care physician may have coverage denied because the plan has a mental health carve-out. Similarly, many behavioral health specialists, especially psychiatrists, refuse to join a network because the reimbursement is more favorable on an out-of-network basis. From a consumer perspective, which means the service may not be covered at all under in-network only plans or it may be covered at a higher cost-share on a plan that does cover the service on an out-of-network basis.

Provider Shortages

Nationally, 165 million Americans, roughly half the country, live in designated health professional shortage areas (HPSA). The Health Resources and Services Agency estimates that 8,326 more providers are needed, including approximately 4,500 facilities.[x]

Current Extent of Coverage

A survey of five health insurance payers was conducted to assess industry concerns with a behavioral health wellness visit mandate without cost-sharing.

In the current marketplace, behavioral health wellness visits are generally covered and subject to cost-sharing. Sometimes a non-behavioral health primary care office visit includes a behavioral health screening which may lead to a referral to a behavioral health specialist. If a behavioral health wellness visit is recorded as preventive care, it may be covered without cost-sharing. The use of telehealth services for behavioral health is often covered the same as in-person visits. Additionally, some payers provide an online behavioral health self-assessment that is free for members.

For purposes of determining cost-sharing provisions, some payers regard behavioral health specialists as primary care providers other payers regard behavioral health providers as specialists. In general, some payers have a 'Preventive Coverage Policy' which encompasses behavioral health wellness visits. Some payers specifically delineate medical policy related to behavioral health wellness visits.

If behavioral health wellness visits without cost-sharing are mandated, a successful implementation would include clarification on provider billing code requirements/expectations and sufficient implementation time. Payer contracting and system updates to accommodate waiving cost-sharing require significant time and resources.

It is also important to consider that policy changes could create workforce capacity issues. Those in greatest need should be able to access care. As an alternative to a behavioral health wellness visit, some payers advocate the use of integrated care and trained primary care professionals who can perform a behavioral health wellness check during an annual physical wellness exam and refer patients as appropriate to a behavioral health specialist. An idea behind this advocacy is that it will ensure there are adequate resources for those needing more complex care instead of diverting the time of specialized behavioral health providers. Furthermore, there is concern that mandating a specific behavioral health wellness visit may exacerbate existing silos between primary care and behavioral health and behavioral health should be addressed as part of the standard wellness exam to promote overall health.

With a behavioral health wellness visit mandate, clarity is needed on the definition of a behavioral health wellness visit, as well as specifications on the scope of which providers can provide the annual behavioral health wellness exam as clear definition of codes/modifiers used to identify and distinguish these services from other office visits. Additionally, the ability to track the use of annual behavioral health wellness is viewed as important.

From a financial perspective, one payer believes incorporating behavioral health wellness checks into the standard annual physical wellness visit is more cost-effective. Some payers believe a single annual behavioral health visit limit and the use of telehealth align with medical preventive care to control and manage costs. Other payers generally believe this mandate will increase system costs and potentially divert attention of behavioral health professionals to patients with less acuity.

To minimize the potential for fraud, waste, and abuse with such a mandate, there should be checks in place to assure that only the appropriate number of wellness visits are conducted and/or cost-sharing is only waived for the appropriate number of visits. The potential for fraud, waste and abuse monitoring will also be dependent upon billing codes in use. One payer believes patients prone to misusing this type of service may exaggerate their symptoms and receive priority for appointments in an already constrained appointment opportunity.

Section 3. Medical Analysis

As requested in the RFP, the medical analysis addresses the extent to which this mandate is accepted by the medical community and the extent to which this service is used by treating physicians. In this case, a distinction has to be made between the underlying service, the behavioral health wellness visit, and the mandate, eliminating cost-sharing. This section addresses just the medical benefits associated with the wellness visit. The next section discusses the implications of the mandate.

The Importance of Behavioral Health Wellness Visits

It is common in our society to prioritize our physical health over our mental health. The chasm between these two equally important components of our overall health is beginning to narrow. We are still overcoming some of the negative undertones associated with seeing a psychiatrist for mental health disorders which is one of many reasons we prioritize physical health diseases. Mount Sinai Medical Center, in its article Mental Health Check-up and its Importance[xi], says that "Early identification and treatment is especially helpful because later stages often trigger some kind of personal crisis, which then makes treatment much more involved [and expensive].[id]" Dr Enamorado (psychiatrist with Mount Sinai Medical Center) goes on to say that "having a mental health checkup is just as important, and should be conducted with the same regularity, as a physical checkup.[id]"

Clinical Guidelines

There is a myriad of clinical guidelines for behavioral health disorders, including those for autism, substance abuse, and eating disorders.[xii] The United States Preventive Services Task Force, however, only gives A or B recommendations to screenings for anxiety, depression, and substance abuse. An A or B rating means that the Task Force highly recommends the screening and there is a moderate to high net benefit to the patient. In Maryland, the definition of a preventive service includes most USPSTF A and B recommended services. To be clear, coverage of a screening does not necessarily mean that the related wellness visit is. That is a legal question.

Integrated Behavioral Health

In recent years, there have been several calls to move toward integrating behavioral health services with primary services and navigator resources to achieve a "whole person" approach to care. The emphasis on integrated behavioral health is driven in part by the fact that 70% of patients with a behavioral health disorder have a medical comorbidity and 30% of adults with a medical condition also have a behavioral health comorbidity. The American Hospital Association has listed[xiii] several potential benefits for integrated care, including improved patient outcomes, reduced total cost of care. increased access to behavioral health services, and enhanced patient satisfaction.

Although this mandate does not directly tie to the concept of integrated behavioral health, removing the cost-sharing would facilitate the process.

Section 4. Financial Analysis

As requested in the RFP, this section provides an estimate of both the marginal cost and total cost of the mandate. The model and key assumptions underlying this analysis are shown in Appendix A. The model assumes that the bill is enacted in 2024 with an effective date of 1/1/2025.

Premium Impact

As shown in rows u. and v. of Table 2, if the legislation is passed, then the expected premium increase in 2025 will be $0.37 per member per month for a net premium increase of 0.05%. The primary driver of this result is the reduction in cost share, which is estimated to be $0.37 in 2025. Assuming a savings of 2.5% per new patient, the medical savings offset the increased cost share for new patients. A few other comments:

- The numbers above assume that the mandate will increase the utilization of mental health services by 2% per year. The increase in utilization will most likely be a combination of providers being more likely to recommend the visit and patients being more likely to comply.
- Because this is a cost-share mandate, it is unlikely that there will be any substitution of services.
- It is unlikely that employers and individuals will forego coverage because of a possible increase of this magnitude.

Cost to the State

According to federal law, states are required to defray the cost of state mandates not included in the state's essential benefits list. AHP cannot opine on whether or not this mandate requires a defrayal since that is a legal issue and not an actuarial issue. That said, one interpretation of this mandate is that behavioral health wellness visits are preventive visits since the USPSTF recommends screenings for certain conditions and those conditions would most likely be covered as part of any wellness visit. If the fact that the screening is preventive means that the behavioral health visits are preventive and should be covered without any cost-sharing.

If that is not the case, then AHP estimates that the cost to the state in 2025 would be $4.1 million assuming that the mandate applies to the current level of applicable members (922,361).

Administrative Costs

In order to implement this mandate, each payer will have to determine the appropriate algorithms for determining when the mandate applies and update their systems accordingly. This cost will vary by carrier.

Section 5. Actuarial Considerations

This report has been prepared by Gregory G. Fann, FSA, FCA, MAAA, who is also the primary contact. The report has been peer-reviewed by:

- Erik D. Axene, MD, FACEP, M.Ed.
- Joan C. Barrett, FSA, MAAA
- Ryan Bilton, FSA, CERA, MAAA
- Tony Pistilli, FSA, CERA, MAAA, CPC

Except for our clinical expert, Dr. Axene, all members of the team members of the American Academy of Actuaries (MAAA) in good standing and are qualified to perform this work. This report was prepared in accordance with the following Standards of Practice as promulgated by the Actuarial Standards Board of the American Academy of Actuaries:

- Actuarial Standards of Practice No. 1, "Introductory Standard of Practice"
- Actuarial Standards of Practice No. 5, "Incurred Health and Disability Claims"
- Actuarial Standards of Practice No. 23, "Data Quality"
- Actuarial Standards of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages"
- Actuarial Standards of Practice No. 41, "Actuarial Communication"
- Actuarial Standards of Practice No. 56, "Modeling"

Although AHP has performed due diligence in researching the legal implications of this analysis, this report does not constitute a legal opinion and the reader should consult their own legal counsel about specific legal issues.

Appendix A. Financial Analysis

The financial analysis was completed in two parts. The first part, shown in Table A.1, projects average future costs assuming the mandate does not pass. The second part, shown in Table A.2, projects costs assuming the mandate passes.

Table A.1 Mandate Does Not Pass

			Baseline	Projected Costs				
			2024	2025	2026	2027	2028	2029
a.	Distribution of Members	Other Mental Illness	173	175	176	178	180	182
b.		Serious Mental Illness	55	56	56	57	57	58
c.		No Mental Illness	772	770	767	765	763	760
d.		Total	1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
e.	Cost Per BH Wellness Visit	Allowed Costs	$ 200	$ 210	$ 221	$ 232	$ 243	$ 255
f.		Cost Share	$ 30	$ 32	$ 33	$ 35	$ 36	$ 38
g.		Net Paid	$ 170	$ 179	$ 187	$ 197	$ 207	$ 217
h.	Patients Receiving Care	% Other Mental Illness	47.2%	47.2%	47.2%	47.2%	47.2%	47.2%
i.		% Serious Mental Illness	65.4%	65.4%	65.4%	65.4%	65.4%	65.4%
j.		Patients Receiving Wellness Visits	118	119	120	121	122	124
k.	Total Costs BH Wellness Visits	Allowed Costs	$ 23,525	$ 24,948	$ 26,458	$ 28,059	$ 29,756	$ 31,556
l.		Cost Share	$ 3,529	$ 3,742	$ 3,969	$ 4,209	$ 4,463	$ 4,733
m.		Net Paid	$ 19,996	$ 21,206	$ 22,489	$ 23,850	$ 25,293	$ 26,823
n.	Total Annual Costs Per 1,000 Members	Other Mental Illness	$ 7,000	$ 7,490	$ 8,014	$ 8,575	$ 9,176	$ 9,818
o.	(Excluding BH Wellness Visits)	Serious Mental Illness	$ 10,000	$ 10,700	$ 11,449	$ 12,250	$ 13,108	$ 14,026
p		No Mental Illness	$ 6,000	$ 6,420	$ 6,869	$ 7,350	$ 7,865	$ 8,415
q.		Total	$ 6,393,000	$ 6,844,715	$ 7,328,390	$ 7,846,288	$ 8,400,836	$ 8,994,630
r.	Total Annual Costs Per 1,000 Members (Including BH Wellness Visits)	Total	$ 6,412,996	$ 6,865,921	$ 7,350,879	$ 7,870,138	$ 8,426,128	$ 9,021,453
s.	Premium Calculation	Loss Ratio	85%	85%	85%	85%	85%	85%
t.		Total Premium Per Member Per Month	$ 629	$ 673	$ 721	$ 772	$ 826	$ 884
u.	BH Wellness Visits Cost Share	% of Premium	0.06%	0.05%	0.05%	0.05%	0.05%	0.05%
v.		Per Member Per Month	$ 0.35	$ 0.37	$ 0.39	$ 0.41	$ 0.44	$ 0.46

The key assumptions used in this table include:

- Information about the distribution of members (rows a. – d. and rows h.-i.) is based on information from the National Institute of Mental Health[xiv]
- Information about the cost distribution (rows j. – k. and rows l. – o.) is based on AHP proprietary data
- Cost trends are assumed to be 5% across the board and total cost trends are assumed to be 7%

Table A.2 The Mandate is Enacted

Key assumptions in the table include:

- There will be a 2% annual increase in the percentage of patients receiving treatment as a result of this mandate
- There will be medical savings of 2.5% of total costs for each new patient.

			Baseline	Projected Costs				
			2024	2025	2026	2027	2028	2029
a.	Distribution of Members	Other Mental Illness	173	175	176	178	180	182
b.		Serious Mental Illness	55	56	56	57	57	58
c.		No Mental Illness	772	770	767	765	763	760
d.		Total	1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
e.	Cost Per BH Wellness Visit	Allowed Charges	$ 200	$ 210	$ 221	$ 232	$ 243	$ 255
f.		Cost Share	$ 30	$ -	$ -	$ -	$ -	$ -
g.		Net Paid	$ 170	$ 210	$ 221	$ 232	$ 243	$ 255
h.	Patients Receiving Care	% Other Mental Illness	47.2%	48.1%	49.1%	50.1%	51.1%	52.1%
i.		% Serious Mental Illness	65.4%	66.7%	68.0%	69.4%	70.8%	72.2%
j.		Patients Receiving Wellness Visits	118	121	125	129	132	136
k.	Total Costs BH Wellness Visits	Allowed Charges	$ 23,525	$ 25,447	$ 27,527	$ 29,776	$ 32,209	$ 34,841
l.		Cost Share	$ 3,529	$ -	$ -	$ -	$ -	$ -
m.		Net Paid	$ 19,996	$ 25,447	$ 27,527	$ 29,776	$ 32,209	$ 34,841
n.	Medical Savings Per 1,000 Members	New Patients	-	2	5	7	10	13
o.		Savings Per Patient	$ -	$ (187)	$ (197)	$ (206)	$ (217)	$ (228)
p.		Total Savings	-	(445)	(953)	(1,531)	(2,187)	(2,929)
q.	Total Annual Costs Per 1,000 Members	Other Mental Illness	$ 7,000	$ 7,490	$ 8,014	$ 8,575	$ 9,176	$ 9,818
r.	(Excluding BH Wellness Visits)	Serious Mental Illness	$ 10,000	$ 10,700	$ 11,449	$ 12,250	$ 13,108	$ 14,026
s.		No Mental Illness	$ 6,000	$ 6,420	$ 6,869	$ 7,350	$ 7,865	$ 8,415
t.		Total	$ 6,393,000	$ 6,844,715	$ 7,328,390	$ 7,846,288	$ 8,400,836	$ 8,994,630
u.	Total Annual Costs Per 1,000 Members (Including BH Wellness Visits)	Total	$ 6,412,996	$ 6,869,718	$ 7,354,963	$ 7,874,533	$ 8,430,858	$ 9,026,542
v.	Premium Calculation	Loss Ratio	85%	85%	85%	85%	85%	85%
w.		Total Premium Per Member Per Mont	$ 629	$ 674	$ 721	$ 772	$ 827	$ 885
x.	Change Due to Legislation	% of Premium	0.0%	0.06%	0.06%	0.06%	0.06%	0.06%
y.		Premium Per Member Per Months	$ -	$ 0.37	$ 0.40	$ 0.43	$ 0.46	$ 0.50
z.	Defrayal Costs, If Applicable	Average Members	922,361	922,361	922,361	922,361	922,361	922,361
aa.		Total Defrayal Costs, If Applicable	$ -	$ 4,120,000	$ 4,432,000	$ 4,769,000	$ 5,132,000	$ 5,523,000

Appendix B. Survey Language

MARYLAND HEALTH CARE COMMISSION
Procurement ID Number: MHCC 24-006
Carrier Name:
Contact Person Name:
Contact Person Email:

The purpose of this survey is to determine whether carriers provide coverage and reimburse an annual behavioral health wellness visit on the same basis and at the same rate as an annual wellness visit for somatic health.

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Appendix C. Survey Results Summary

MARYLAND HEALTH CARE COMMISSION
Procurement ID Number: MHCC 24-006
Carrier Name:
Contact Person Name:
Contact Person Email:

Appendix D. Payer A Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

We standardly covers in-person behavioral health assessment and therapy services (i.e. 90791-90792, 90832-90837) and services are subject to cost-sharing, per terms of the plan.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

We standardly covers virtual (telehealth) behavioral health assessment and therapy services (i.e. 90791-90792, 90832-90837) and services are subject to cost-sharing, per terms of the plan.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

No.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Specialist.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

N/A

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Clarification on provider billing code requirements/expectations. Sufficient implementation time, as contracting and system updates to accommodate cost-share waiving require significant time and resources.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Ensure checks are in place that only the appropriate number of wellness visits are conducted and/or cost-share is only waived for the appropriate number of visits.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Ensure checks are in place that only the appropriate number of wellness visits are conducted and/or cost-share is only waived for the appropriate number of visits. The potential for FWA monitoring will also be dependent upon billing codes in use – if recommended codes can be used for other services, FWA monitoring will be more complicated.

Appendix E. Payer B Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

We encourage primary care providers and pediatricians to do initial screenings for behavioral health and then refer, as needed, to a behavioral health specialist. Behavioral Health visits are covered, including Diagnostics, with cost-share.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes, see above.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

Yes; it is free for members.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

For Maryland insured products in 2024, our cost sharing aligns with the primary care providers.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

See #1. BH services, including diagnostics are covered for member initiating contact with providers based on their perceived need for care. If diagnostic criteria has not been met for a mental disorder, we still reimburse the provider for services rendered.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

There should be consideration for the existing behavioral health (MH/SUD) workforce capacity issues to ensure those in greatest need are able to access care. We encourage the use of integrated care and believe primary care professionals (M.D., D.O., PA, NP etc.) who are trained in behavioral health to perform a behavioral health wellness check during an annual wellness exam (i.e., physical) and then refer, if needed, to a behavioral health specialist. This will ensure there are adequate resources for those needing more complex care instead of diverting the time of specialized behavioral health providers. Furthermore, mandating a behavioral health wellness visit exacerbates existing silos between primary care and behavioral health. Behavioral health should be addressed as part of the standard wellness exam to promote overall health.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

See #6. If behavioral health wellness visits are mandated, costs and utilization will increase across the board. Incorporating behavioral health wellness checks into the standard annual wellness will help to alleviate this issue and ensure timely access to care. Additionally, mandating visits will exacerbate existing provider shortages which could have the unintended consequences of increased wait times and individuals going out of network to receive care which will increase patient costs.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Mandating behavioral health wellness visits could potentially incentivize providers to increase their visit volume to perform this service. This will have negative downstream implications for health outcomes as providers will have reduced time to provide care and counsel to individuals with more complex behavioral health needs. This could lead to individuals receiving delayed care or forgoing care entirely which will likely result in increased costs to the health care system, particularly for individuals with comorbidities.

Appendix F. Payer C Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes. Covered as a typical office visit with cost-sharing.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes. Telehealth visits are currently covered with no cost share.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

No. All self-assessments are used by providers to assess clinical acuity and develop treatment plans, and monitor clinical progress.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Primary care providers.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

No

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Staffing, coding, billing. This type of service would be best accomplished by Employee Assistance Programs and/or by Behavioral Medicine Specialists.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Wellness visits are not performed by most network providers/practices so this mandate would create a significant increase in competition for appointments. These visits would be a strain on access for patients who have proactively reached out of mental health therapy. Access for urgent care, routine follow-up, and new evaluations have lengthened the time it takes to be able to adequately meet current demands. Adding this mandate will require developing a new appointment type, appropriate billing and coding system integrations, and increased staffing.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Adherence to measurement outcomes (PHQ-9/GAD-7/CSSRS) will be a challenge. Patients prone to misusing this type of service will falsely elevate or exaggerate their symptoms and receive priority for appointments in an already constrained appointment opportunity.

Appendix G. Payer D Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes. Typically, these visits are billed by the provider using a standard office visit code and the applicable office visit cost share would apply.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes, and Yes.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

Yes. No cost sharing is applied.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

It depends, cost sharing is determined consistent with federal MHPAEA requirements and can result in behavioral health services and providers being aligned to primary care or specialist depending on the terms of the plan.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

We are unaware of any specific medical/clinical policy related to behavioral health wellness visits but here is a link to our general medical policy relating to behavioral health.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Key issues we have encountered in states which have implemented annual behavioral health wellness exam/visits mandates include: (1) specifications on the scope of which providers can provide the annual behavioral health wellness exam; (2) clear definition of codes/modifiers used to identify and distinguish these services from other office visits and can be used by all types of providers who are in scope to provide these services; and (3) ability to track the use of annual behavioral health wellness.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Key issues we have encountered in states which have implemented annual behavioral health wellness exam/visits mandates include: (1) specifications on the scope of which providers can provide the annual behavioral health wellness exam; (2) clear definition of codes/modifiers used to identify and distinguish these services from other office visits and can be sued by all types of providers who are ins cope to provide these services; and (3) ability to track the use of annual behavioral health wellness.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

No new major issues have been identified.

Appendix H. Payer E Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes, we cover in-person behavioral wellness visits. If visit is billed as preventive, it will pay at no cost share. If billed as diagnostic, it would pay according to the member benefit.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes, we cover virtual (telehealth) behavioral health wellness visits same as in-person.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

We currently offer depression and anxiety screenings on aetna.com regardless of membership. We have a number of buy-up programs where incentives for completing health and wellness assessments is dependent upon the incentive structure of the plan's program. Incentives can yield points or dollars, and completion can result in redemption of gift cards, HSA contributions, or premium deductions.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Behavioral health providers are treated as specialists for cost sharing purposes.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

We have a Preventive Coverage Policy that encompasses behavioral health wellness visits. For plans that are covered under ACA we provide wellness visits as required by the following agencies according to preventive care guidelines:
• Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC)
• United States Preventive Services Task Force (USPSTF)
• Health Resources and Services Administration
• American Academy of Pediatrics/Bright Futures/Health Resources and Services -Administration guidelines for children and adolescents.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Any issues would be dependent on how a state defines wellness visits and outlines requirements. Detailed diagnostic and procedure codes are recommended for clarity.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

We recommend a single annual visit limit to align with medical preventive care to control and manage costs. We encourage telehealth to support member access to care.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Should new major issues arise if BH wellness visits are mandated, we have a dedicated department to monitor and address as needed.

Endnotes

[i] O'Donohue, William, Zimmerman, Martha, Handbook of Evidence-Based Prevention of Behavioral Disorders in Integrated Care, Springer, 2021 The Behavioral Health Wellness Visit | SpringerLink

[ii] Choosing Or Losing In Behavioral Health: A Study Of Patients' Experiences Selecting Telehealth Versus In-Person Care | Health Affairs

[iii] O'Donohue, William, Zimmerman, Martha, Handbook of Evidence-Based Prevention of Behavioral Disorders in Integrated Care, Springer, 2021 The Behavioral Health Wellness Visit | SpringerLink

[iv] Health Costs, Coverage and Delivery State Legislation (ncsl.org)

[v] Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic - The Lancet

[vi] HHS Roadmap for Behavioral Health Integration | HHS.gov

[vii] untitled (congress.gov)

[viii] Behavioral Health Walk-In & Urgent Care Centers. Resource Guide 2023.9.6. (maryland.gov)

[ix] Exploring Barriers to Mental Health Care in the U.S. | Research and Action Institute (aamcresearchinstitute.org)

[x] Shortage Areas (hrsa.gov)

[xi] Mental Health Check-up and its importance - Mount Sinai Medical Center (msmc.com)

[xii] Behavioral Health Clinical Practice Guidelines 2020-2021 | Blue Cross and Blue Shield of New Mexico (bcbsnm.com)

[xiii] Integrating Physical and Behavioral Health: The Time is Now | AHA

[xiv] Products - Data Briefs - Number 419 - October 2021 (cdc.gov)

SB328.pdf
Uploaded by: Ashley Clark
Position: FAV

MARYLAND PSYCHIATRIC SOCIETY

January 28, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support – Senate Bill 328: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Dear Chairwoman Beidle and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

MPS/WPS supports Senate Bill 328: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

An annual behavioral health wellness visit (ABHWV) is an appointment with a mental health professional to assess and promote overall well-being. The visit may include a discussion of symptoms, stressors, mood, sleep patterns, substance use, and current life circumstances. The mental health professional may also provide education, coping strategies, and resources to improve mental health and prevent future issues.

An ABHWV aims to check in on a person's mental health and provide support and resources to help maintain or improve their well-being. During the visit, the mental health professional will likely ask questions about the person's current emotional state, stress levels, and behavior patterns. They may also provide recommendations and interventions to manage stress and anxiety, improve sleep, and promote healthy habits. This visit can help individuals identify potential mental health issues early on, allowing for prompt treatment and recovery.

As such, MPS and WPS ask the committee for a favorable report on SB83. If you have any questions regarding this testimony, please contact Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

MCF_FAV_SB328.pdf
Uploaded by: Ashley Tauler
Position: FAV

Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance-Annual Behavioral Health Wellness Visits-Coverage and Reimbursements

Committee: Finance
Date: 1/31/25
Position: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) is a statewide nonprofit organization that provides family peer support services at no cost to families who have a loved one with a mental health, substance use, or problem gambling disorder. Using their personal experience as parents, caregivers and other loved ones, our staff provide emotional support, resource connection and systems navigation as well as support groups and educational trainings and workshops.

Many of the families that our staff support has a loved one with a behavioral health need. MCF supports this bill for several reasons.

• An annual behavioral health wellness checkup is a preventative measure and needs to be normalized. Early detection and intervention of any behavioral health condition is key to improving an individual's overall quality of life. Resources, support, and coordination of care can be discussed and provided during these visits, as can educating the individual on the importance of mental health, self-care, and wellness overall.

• A licensed and trained professional with an appropriate educational background in behavioral health should conduct the annual behavioral health wellness visit. They can provide the proper assessment and therapeutic support that may be needed.

• These annual behavioral health wellness exams can be cost-effective by reducing the risk of inpatient hospitalization and providing further intensive treatment for some individuals with early detection and intervention.

• Physical health and mental health are interconnected. Making an annual behavioral health wellness exam available through the entities listed is a start to de-stigmatizing and normalizing behavioral health wellness as an annual exam.

Ashley Tauler
Policy and Advocacy Manager
Family Peer Support Specialist
Maryland Coalition of Families
atauler@mdcoalition.org
Phone: 202.993.4685

SB0328_MHAMD_FAV.pdf
Uploaded by: Dan Martin
Position: FAV

Heaver Plaza
1301 York Road, #505
Lutherville, MD 21093
phone 443.901.1550
fax 443.901.0038
www.mhamd.org

Senate Bill 328 Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Finance Committee

February 4, 2025

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 328.

SB 328 requires that commercial health insurers in Maryland and the Maryland Medicaid program provide coverage and reimbursement for annual behavioral health wellness visits, regardless of whether the assessment results in a behavioral health diagnosis.

Federal law requires that health insurers cover and reimburse for preventive care for physical health issues. Annual physicals, including recommended tests, are completely covered, with no out-of-pocket costs. This is true regardless of whether the screenings, assessments and tests uncover a potential health concern and/or result in a diagnosis.

This is not the case, however, for assessments from behavioral health providers. Most insurers do not reimburse for behavioral health assessments that do not result in a diagnosis. This limits opportunities to identify and address mental health and substance use concerns early because individuals who may be noticing mild behavioral health concerns may be reluctant to seek help from a behavioral health professional if they are unsure whether their insurance will cover it.

And the failure to identify and address these concerns results in poor health outcomes and high costs. Untreated anxiety and depression can lead to an escalation of symptoms, unnecessary hospitalization and higher intensity levels of care. This leads to higher overall health care costs. According to a recent study analyzing health care claims data for 21 million individuals, while only 27% of the study population had a behavioral health diagnosis and/or received behavioral health-specific treatment, those individuals accounted for 56.5% of total health care costs.

Ensuring access to preventive behavioral health care via annual behavioral health wellness visits will increase early identification and intervention for these illnesses, reduce stigma related to mental health and substance use disorders, and save money. For these reasons, MHAMD supports SB 328 and urges a favorable report.

For more information, contact Dan Martin at (410) 978-8865

SB0328_FAV_MedChi, MDAAP, GWSCSW_Health Fac. - Del
Uploaded by: Danna Kauffman
Position: FAV

The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

Senate Finance Committee
February 4, 2025
Senate Bill 328 – *Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement*
POSTION: SUPPORT

On behalf of MedChi, The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Greater Washington Society for Clinical Social Work, we submit this letter of support for Senate Bill 328.

Senate Bill 328 requires health insurance carriers to provide coverage for an annual behavioral health wellness visit, regardless of whether the assessment results in a behavioral health diagnosis. A carrier must also provide payment for the visit on the same basis and at the same rate as an assessment that results in a behavioral health diagnosis.

Senate Bill 328 advances the goals of the federal Mental Health Parity and Addiction Equity Act of 2008, which prohibits discriminatory insurance coverage for those with mental health or substance abuse disorders. This bill continues to advance the goals of the federal Act and ensures that coverage and payment is equal in scope to physical health coverage. In addition, Senate Bill 328 also provides consumers with an additional, covered avenue to seek care early, which has been shown to lead to better health outcomes. According to the National Institute of Mental Health, in 2021, there were an estimated 57.8 million adults aged 18 or older in the United States with a mental illness, with young adults aged 18-25 years with the highest prevalence compared to adults aged 26-49 years (28.1%) and aged 50 and older (15.0%). Senate Bill 328 is a needed coverage change to ensure that Maryland consumers have access to the health care, both physical and behavioral, that is needed. We urge a favorable vote.

For more information call:
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

NASW Maryland - 2025 SB 328 FAV - Behavioral Healt
Uploaded by: Dionne Bushrod
Position: FAV

5750 Executive Drive, Suite 100, Baltimore, MD 21228
410.788.1066 » nasw-md.org

NASW MARYLAND CHAPTER
National Association of Social Workers

Senate Finance Committee
Senate Bill 328 - Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

February 4, 2025

SUPPORT

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD) and its Private Practice Committee, we are asking for your support for Senate Bill 328 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement.

We submit this testimony in strong support of Senate Bill 328, which seeks to ensure coverage and reimbursement for annual behavioral health wellness visits under the Maryland Medical Assistance Program and other health insurance providers. This bill represents a critical step in addressing mental health and substance use disorder treatment accessibility, and wellness services provided by independent clinical social workers in private practice.

Through academic research, media coverage, and society-wide personal experiences, Maryland citizens are fully aware of the mental health crisis looming in our state. Addressing this crisis requires multifaceted habilitative and rehabilitative approaches. SB 328 takes an essential first step by identifying mental health needs earlier, potentially circumventing or reducing psychosocial consequences brought on by unrecognized mental health conditions.

Clinical social workers in private practice often serve as a vital bridge in delivering responsive behavioral health care. Ensuring that these providers receive equitable reimbursement for their services will help sustain and expand access to high-quality mental health care in the State. Many of these providers are small business owners who rise to the challenge of addressing Maryland's mental health crisis. By guaranteeing coverage and fair reimbursement for behavioral health wellness visits, SB 328 will create opportunities for these providers to thrive and continue serving their communities effectively.

(over)

We appreciate the bill emphasizes a careful introduction to mental wellness in a safe and professional space with a qualified behavioral health provider who has the necessary time and skills to deliver services with thoughtfulness and expertise. Framing these visits as behavioral health wellness visits, rather than starting with a diagnostic code, provides an opportunity for individuals who may feel hesitant about entering care. This approach allows providers to build trust, establish a therapeutic relationship, and introduce quality behavioral health services gradually, without the immediate stigma or pressure of a clinical diagnosis.

For these reasons, we urge a favorable report on SB 328 to promote equitable access to behavioral health care, support providers of color in private practice, and uphold high standards of professional competency in mental health assessments and treatment.

Respectfully,

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

SB 328 Maryland Medical Assistance Program and Hea

Uploaded by: Jake Whitaker

Position: FAV

Maryland
Hospital Association

Senate Bill 328- Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Position: *Support*
February 4, 2025
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 328. More than 200,000 patients visit Maryland emergency departments (ED) seeking behavioral health services each year. Maryland hospitals care for everyone who comes through their doors, but too often patients in crisis visit hospital EDs due to a lack of behavioral health services in the community.

SB 328 would require the Maryland Medicaid Program and commercial insurers to provide coverage for annual behavioral health wellness visits. An annual behavioral health visit includes an assessment to determine whether a patient meets the criteria for a substance use or psychiatric disorder. The Medicaid Program and commercial insurers would also be required to reimburse providers for the behavioral health wellness visit at the same rate as an assessment that results in a behavioral health diagnosis.

The ongoing behavioral healthcare crisis in Maryland contributes to ED length of stay and hospital discharge challenges. When patients have access to these services in primary care settings, they can get the help they need at the onset of behavioral health conditions and stay out of crisis. This bill will improve the availability of behavioral health services and outcomes, keep people out of crisis, and decrease the number of unnecessary ED visits.

For these reasons, we request a favorable report on SB 328.

For more information, please contact:
Jake Whitaker, Assistant Vice President, Government Affairs & Policy
Jwhitaker@mhaonline.org

SB328_LBCMD_FAV
Uploaded by: Legislative Black Caucus of Maryland
Position: FAV

LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

The Maryland House of Delegates, 6 Bladen Street, Room 300, Annapolis, Maryland 21401
410-841-3185 • 301-858-3185 • 800-492-7122 Ext. 3185 • Fax 410-841-3175 • 301-858-3175 • Black.Caucus@house.state.md.us

February 3, 2025

Chair Pamela Beidle
Finance Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair Beidle and Members of the Finance Committee,

The Legislative Black Caucus of Maryland offers its strong and favorable support for Senate Bill 328 (SB328) – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement. This bill mandates that the Maryland Medical Assistance Program and private health insurers provide coverage and reimbursement for annual behavioral health wellness visits, ensuring greater access to preventive mental health care for Maryland residents. **This bill is a 2025 legislative priority for the Black Caucus.**

The Legislative Black Caucus of Maryland strongly believes that equitable access to behavioral health care is essential for promoting overall well-being and addressing disparities in mental health treatment. African Americans and other marginalized communities have historically faced systemic barriers to mental health services, including lack of coverage, stigma, and provider shortages. According to the U.S. Department of Health and Human Services Office of Minority Health, Black adults are more likely to report persistent symptoms of emotional distress, yet only 39% of Black adults with mental illness receive treatment compared to 52% of white adults as of 2021. SB328 is an important step toward eliminating these disparities by ensuring that annual behavioral health wellness visits are covered, regardless of whether a diagnosis is made.

SB328 seeks to normalize mental health screenings as part of routine health care by requiring coverage for these visits. This proactive approach encourages early detection of psychiatric and substance use disorders, helping individuals access necessary treatment before conditions become severe. Studies have shown that early intervention reduces hospitalization rates and improves long-term mental health outcomes. By making these services available to all insured individuals and Medicaid recipients, this bill prioritizes preventive care and reduces long-term healthcare costs associated with untreated mental health issues.

In addition to addressing access barriers, SB328 promotes parity between behavioral and physical health care. The bill requires insurers and Medicaid to reimburse behavioral health wellness visits at the same rate as visits resulting in a behavioral health diagnosis. This ensures that providers are incentivized to offer preventive care and that patients are not discouraged from seeking mental health

assessments due to financial concerns.

For Black Marylanders, this bill is particularly critical. The impact of mental health disparities in Black communities is compounded by racial discrimination, economic hardship, and limited access to culturally competent mental health care providers. Many Black Marylanders experience chronic stress and trauma related to systemic inequities, and access to regular behavioral health screenings can serve as an essential tool for early intervention. A data tool from the American Psychological Association found that only 5% of U.S. psychologists are Black, highlighting a shortage of culturally competent mental health providers. By requiring insurers to cover these visits, SB328 removes a significant financial barrier that has historically prevented Black individuals from seeking the mental health support they need.

Additionally, the integration of behavioral health screenings into routine care can help combat stigma within Black communities regarding mental health treatment. Making these visits a standard part of healthcare encourages more individuals to take advantage of mental health services without fear of judgment. According to studies from the National Library of Medicine, 63% of Black individuals view mental health conditions as a sign of personal weakness, deterring them from seeking care. This bill also ensures that Black Marylanders, who are more likely to be uninsured or underinsured, have access to mental health resources through Medicaid, reducing the burden of untreated mental health conditions on families and communities. For these reasons, the Legislative Black Caucus of Maryland strongly supports Senate Bill 328.

Legislative Black Caucus of Maryland

SB 328.2025.pdf
Uploaded by: Lisa D Fisher
Position: FAV

TO: The Honorable Pamela Beidle, Chair; and The Finance Committee
The Honorable Malcolm Augustine

FROM: Lisa D. Fisher, LCSW-C

DATE: January 31, 2025

RE: **SUPPORT** – SB 328 - Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

Senator Beidle, Distinguished Members of the Finance Committee and Senator Augustine:

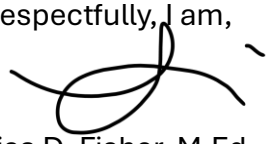
Thank you for considering my written statement supporting Senate Bill 328 on the Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement for inclusion in the public record. I am Lisa D. Fisher, a Licensed Certified Social Worker – Clinical (LCSW-C) in Maryland, a Licensed Clinical Social Worker (LCSW) in Virginia, and likewise in Delaware. I live in Harford County, Maryland.

I stand with my colleagues that support this legislation so that Marylanders under the medical assistance program and health insurance will have access to annual behavioral health wellness visits. Furthermore, the clinician will be reimbursed for a diagnosable disorder that would require treatment or for a preventative treatment plan as both are discussed and created with the patient/client.

For me, this is a way to move Maryland to a healthier state of mind, body, and soul. I can only imagine how some patients/clients would be delighted to know care is provided and they are seen.

Thank you for your time, attention, and favorable report on Senate Bill 328 - Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement.

Respectfully, I am,



Lisa D. Fisher, M.Ed., M.Div., BCC, LCSW-C
Maryland #21862
Virginia #0904016088
Delaware #Q1-0012465

SB328.pdf
Uploaded by: Loraine Arikat
Position: FAV

Testimony for SB 328

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

Position: Favorable

Dear Chair Beidle and members of Senate Finance Committee:

My name is Ricarra Jones, and I am the Political Director of 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the nation representing 10,000 healthcare workers in long-term care facilities and hospitals across Maryland and Washington, DC. 1199SEIU supports SB 328 because it promotes preventative healthcare which is proven to reduce avoidable hospitalizations and reduce the burden on understaffed hospitals and clinics.

SB 328 can be part of a comprehensive effort to reduce emergency department (ED) wait times and high avoidable hospitalization costs. Between 2007 and 2022, the Maryland General Assembly produced four reports addressing challenges facing Maryland's EDs. This data shows that insufficient access to behavioral healthcare is a common hospital throughput challenge. Patients with untreated anxiety and depression may face an escalation of symptoms, unnecessary hospitalization, and higher acuity levels, which contribute to higher overall costs for the hospital. A recent study analyzing healthcare claims data for 21 million individuals showed that, while only 27% of the study population had a behavioral health diagnosis and/or received behavioral health-specific treatment, those individuals accounted for 56.5% of total healthcare costs.

SB 328 would, if enacted into law, reduce barriers preventing Marylanders from accessing mental healthcare. Ensuring patient access to annual behavioral health wellness visits will allow for early identification and intervention, prevent avoidable hospitalizations, reduce the burden on understaffed hospitals and clinics, and save hospitals money. For those reasons, 1199SEIU supports SB 328 and urges a favorable report.

Sincerely,

Ricarra Jones
Political Director
1199 SEIU United Healthcare Workers East
Ricarra.jones@1199.org

SB 328 Senator Augustine Testimony.pdf
Uploaded by: Malcolm Augustine
Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the Environment Committee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

James Senate Office Building
11 Bladen Street, Room 214
Annapolis, Maryland 21401
410-841-3745 · 301-858-3745
800-492-7122 *Ext.* 3745
Fax 410-841-3387 · 301-858-3387
Malcolm.Augustine@senate.state.md.us

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.

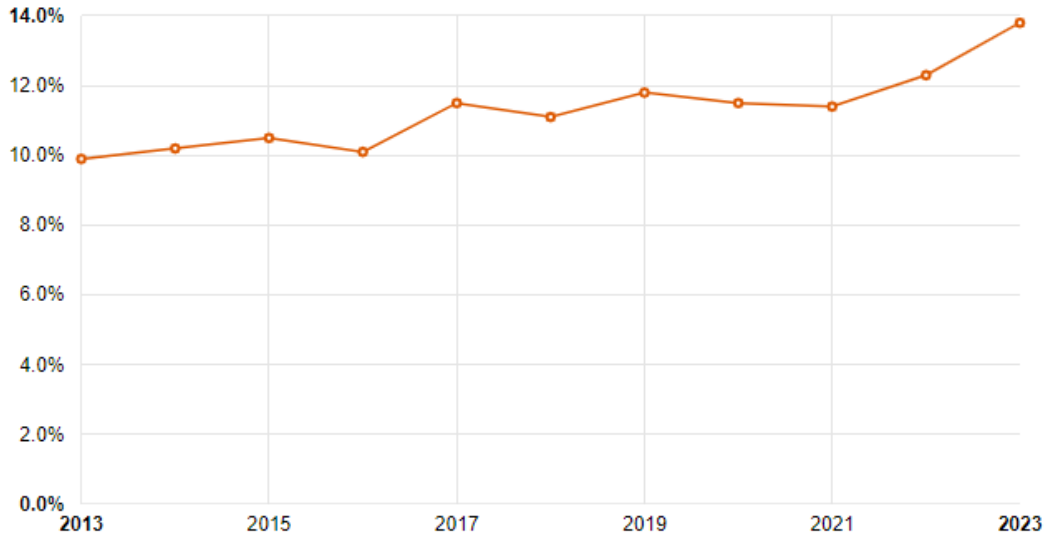
The Problem – A Crisis-Driven Behavioral Health System

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 barrier[1].
- 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 2021[2]. 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 2023[3]. 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.

---

[1]KFF. "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—Colorado[7], Connecticut[8], Delaware[9], and Massachusetts[10]—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/fpsyt.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 care[11].

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 retention[12].

---

[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/fpsyt.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.

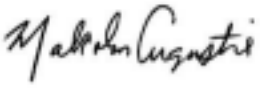
Financially Sound and Cost-Effective

- 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 patients[13].
- 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.

2025 MOTA SB 328 Senate Side.pdf
Uploaded by: Michael Paddy
Position: FAV

Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ mota-members.com

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 328**

Title: **Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement**

Hearing Date: **February 4, 2025**

Position: **Support**

The Maryland Occupational Therapy Association (MOTA) supports Senate Bill 328 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement. This bill requires coverage and reimbursement for annual behavioral health wellness visits in state-regulated private insurance plans.

Occupational therapy practitioners address barriers that individuals with mental health conditions in the community experience by providing interventions that focus on enhancing existing skills; remediating or restoring skills; modifying or adapting the environment or activity; and preventing relapse. As such, both the National Board for Certification in Occupational Therapy (NBCOT) and the American Occupational Therapy Association (AOTA) include mental health services within the scope of practice for occupational therapy practitioners. Many Marylanders do not have access to necessary care due to gaps in our system. This bill will help close these gaps by investing in prevention and early intervention for serious behavioral health conditions.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

Maryland Catholic Conference_FAVSB328_.pdf
Uploaded by: Michelle Zelaya
Position: FAV

MARYLAND CATHOLIC CONFERENCE

February 4, 2025

SB 328
Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) offers this testimony in support of Senate Bill 328. The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 328 would require the Maryland Medical Assistance Program, along with other providers and health plans, to provide coverage and reimbursement for annual behavioral health wellness visits. It is vitally important to recognize the importance of caring for both the physical and mental well-being of our community.

The Catholic Church emphasizes the dignity of every human person and the call to promote the common good. Mental health is an integral part of an individual's well-being, and providing accessible and comprehensive coverage for behavioral health services is aligned with the principles of justice and compassion. Mental health challenges affect individuals and families across all walks of life, and it is our moral obligation to ensure that everyone can receive necessary care. Annual behavioral health wellness visits are crucial for early detection, prevention, and intervention, contributing to the overall health and stability of individuals and the broader community.

Allowing for coverage of these visits affirms a commitment to recognize the full spectrum of human health, both physical and mental and reflects a compassionate response to the struggles many individuals face in silence, addressing the stigma associated with mental health issues and promoting a culture of understanding and support.

The MCC appreciates your consideration and respectfully urges a favorable report for Senate Bill 328.

sb328 FAV.pdf
Uploaded by: Morgan Mills
Position: FAV

NAMI Maryland
National Alliance on Mental Illness

February 4, 2025

Chair Beidle, Vice Chair Hayes, and distinguished members of the Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

SB328 aims to require health insurers, non-profit health services plans, and health maintenance organizations to provide coverage for annual behavioral health wellness visits. Many health insurance plans cover annual health check-ups once a year. This is a common example of preventative care. However, many of these plans do not cover annual mental and behavioral health wellness visits.

NAMI MD supports mandatory coverage and full parity for mental health that is equal in scope to physical health coverage. Insurance plans must cover mental illnesses at party with all other medical disorders. Consumers should be empowered to achieve wellness through behavioral health screenings as people with serious mental illnesses have the same rights and expectations as anyone else to live healthy and fulfilling lives.

Screening for the health and well-being of a person is already a well-established practice. We screen for vision, hearing, overall physical health, and wellbeing, so as a state, we should be taking steps to implement mental health screenings as well. Research shows that early identification and intervention leads to better outcomes. 1 in 5 U.S. adults experience a mental illness each year. For Marylanders to seek treatment for mental illness, they must first be aware of its existence. Requiring insurance plans to cover an annual mental health screening not only achieves parity, but it also alleviates stigma surrounding mental health conditions.

For these reasons, NAMI MD urges a favorable report.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
Compass Government Relations
Mmills@compassadvocacy.com

NCADD-MD - 2025 SB 328 FAV - Annual Behavioral Hea
Uploaded by: Nancy Rosen-Cohen
Position: FAV

Senate Finance Committee
February 4, 2025
Senate Bill 328
Maryland Medical Assistance Program and Health Insurance
Annual Behavioral Health Wellness Visits - Coverage and Reimbursement
Support

NCADD-Maryland supports Senate Bill 328 which will require commercial insurance carriers to reimburse for a "Behavioral Health Wellness Visit." The requirement will create greater equity between somatic care and behavioral health care, for just as we are afforded an annual physical, we should, if we choose, to also have a behavioral health assessment.

These comprehensive assessments are used by trained clinicians authorized by Maryland law to determine if we have a diagnosable mental health or substance use disorder. But unlike a physical when we're lucky enough to not have any health problem identified, if the clinician does not find a diagnosable behavioral health disorder, they do not get reimbursed by insurance.

What does this do? It deters people from asking for help at the early stages of a problem. Just like with a physical, if a problem is detected early, interventions can take place. We know this benefits health outcomes, and saves money in the health care system. If a problem is not detected, we can learn strategies on how to avoid them down the road.

There unfortunately is great stigma around mental health and substance use disorders. It is one of the many barriers to care. If people have a choice to get a behavioral health wellness visit, problems may be detected earlier and hopefully treatment can start sooner. The fiscal note on the bill lists all the mandated screenings that are covered under the Affordable Care Act. A screening is not the same thing as a comprehensive assessment. We've all had those screenings – where our primary care provider asks use how much alcohol we drink, do we feel depressed, if we use drugs. Those are important tools for identifying the next step in the process – a full assessment. It is only at that level that a diagnosis can be made.

We ask you to remember that not everyone will choose to engage in a behavioral health wellness visit. We also ask you to realize that for those who do, there will be a percentage of people who truly need help who might actually get it a little sooner and have better outcomes. We urge a favorable report on Senate Bill 328.

SB 328_Horizon Foundation_FAV.pdf
Uploaded by: Nikki Highsmith Vernick
Position: FAV

HORIZON FOUNDATION

February 4, 2025

COMMITTEE: Senate Finance Committee
BILL: SB 328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement
POSITION: Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

The Foundation is pleased to support SB 328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement. This bill would require the state's Medicaid program and certain insurers to cover annual behavioral health wellness visits, regardless of whether the visit results in a specific behavioral health diagnosis.

Like many communities across the country, mental and behavioral health needs in Howard County have been on the rise and barriers remain to ensuring robust and equitable access to care. In our county's most recent health assessment, the number of residents who reported experiencing symptoms of depression and anxiety jumped significantly compared to the last survey in 2018, and only 16% reported receiving some type of treatment.[i] We also continue to see stark racial disparities in mental health. In the same survey, Black and Hispanic residents were much more likely than their White counterparts to report feeling a lack of interest or pleasure in doing things – as were residents with low income – in addition to feelings of being down, depressed or hopeless. There is also growing research that shows chronic stress and trauma due to racism exacerbates mental and behavioral health challenges for people of color.

Physical health and mental and behavioral health are inextricably linked and equally important to living a healthy and abundant life. As mental and behavioral health challenges rise, we must ensure our residents can access the care that they need and deserve. By expanding coverage for behavioral health visits to Medicaid recipients, this bill would help fill the gaps and expand access to care for those most in need.

We strongly believe everyone should have access to compassionate and affordable health and mental health care. For this reason, the Foundation **SUPPORTS SB 328 and urges a FAVORABLE report.** Thank you for your consideration.

The Horizon Foundation of Howard County, Inc.
10221 Wincopin Circle, Suite 200, Columbia, MD 21044 P 410.715.0311 F 410.715.2973 · info@thehorizonfoundation.org

[i] Howard County Health Assessment Survey, 2021. Retrieved from https://www.hclhic.org/community/data

SB328RZ.pdf
Uploaded by: Rachel Zubek
Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Rachel Zubek, LCSW-C

DATE: January 31, 2025

RE: **SUPPORT** – Senate Bill 328 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Dear Chairperson and Members of the Committee:

I sincerely thank you for considering my written statement supporting Senate Bill 328 on the "Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement" for inclusion in the public hearing record. I am Rachel Zubek, a Licensed Certified Social Worker-Clinical (LCSW-C) residing and practicing in Baltimore, Maryland.

Through academic research, media coverage, and society-wide lived experiences, Maryland citizens are fully aware of the mental health crisis in our state. Addressing this crisis requires multifaceted habilitative and rehabilitative approaches. This bill begins the conversation on properly supporting mental health by identifying and supporting mental health needs earlier, thereby potentially circumventing or reducing the consequences brought on by unrecognized psychosocial situations.

Senate Bill 328 emphasizes a thoughtful and measured approach to introducing mental wellness in a safe and professional space with qualified providers with the skills and time necessary to deliver services with care and expertise. By framing these visits as behavioral health wellness visits, the bill helps reduce barriers for individuals who may feel hesitant or apprehensive about starting care. This approach avoids the immediate use of diagnostic codes, giving providers time to build trust and relationships while gradually introducing clients to quality behavioral health services.

To promote a seamless, habilitative clinical encounter for clients, I support a comprehensive assessment by a licensed clinician. A thorough assessment allows for determining whether a client has a diagnosable disorder that requires treatment or, for those without such a diagnosis, developing a prevention plan tailored to their specific behavioral and emotional needs.

By supporting providers in delivering early and preventive care, Senate Bill 328 addresses the broader mental health crisis and ensures equitable access to behavioral health services. I urge a favorable report on Senate Bill 328 to create opportunities for earlier intervention, expand access to mental health care, and uphold professional standards for behavioral health services in Maryland.

New Growth Counseling & Consulting /Rachel Zubek, LCSW-C
Baltimore, MD
443-219-6432/rachelzubektherapy@gmail.com

I passionately urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care.

I appreciate your consideration.

Sincerely,

Rachel Zubek

Rachel Zubek
Licensed Certified Social Worker-Clinical (LCSW-C), Founder/Owner
New Growth Counseling
Baltimore City, Maryland

2025 MASBHC SB 328 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

masbhc
MARYLAND ASSEMBLY ON
SCHOOL-BASED HEALTH CARE
education+health=success

Committee:	**Senate Finance Committee**
Bill Number:	**Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement**
Hearing Date:	**February 4, 2025**
Position:	**Support**

The Maryland Assembly on School-Based Health Care (MASBHC) supports *Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement.* The bill would require coverage of behavioral health and wellness visits for individuals without a behavioral health diagnosis.

MASBHC supports this legislation because of its positive impact on access to care for children. In the *Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023*, the Centers for Disease Control and Prevention reported that 4 in 10 students had persistent feelings of hopelessness or sadness.[i] We need to remove unnecessary barriers to care for these children. Coverage of behavioral health wellness visits should not be contingent on a diagnosis.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

---

[i] https://www.cdc.gov/healthy-youth/mental-health/index.html

2025 MASHN SB 328 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

Maryland Association of School Health Nurses

MASHN

Committee:	**Senate Finance Committee**
Bill Number:	**Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement**
Hearing Date:	**February 4, 2025**
Position:	**Support**

The Maryland Association of School Health Nurses supports *Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement.* This legislation requires coverage of behavioral health visits for individuals, both children and adults, without a behavioral health diagnosis.

For clinicians treating children, it can be particularly challenging to render a behavioral health diagnosis.[i] Therefore, coverage of annual behavioral health wellness visits should not be contingent on a diagnosis. With 4 in 10 students report persistent feelings of sadness and hopelessness[ii], we need to remove every barrier to behavioral health care for youth.

We ask for a favorable vote. If we can provide any information, please contact Robyn Elliott at relliott@policypartners.net.

---

[i] https://pmc.ncbi.nlm.nih.gov/articles/PMC6345125/#:~:text=In%20very%20young%20children%2C%20physiological,accommodate%20requests%20to%20address%20them.

[ii] https://www.cdc.gov/healthy-youth/mental-health/index.html

2025 MCHS SB 328 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

Maryland Community Health System

Bill Number:	**Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement**
Committee:	**Senate Finance Committee**
Hearing Date:	**February 4, 2024**
Position:	**Support**

The Maryland Community Health System (MCHS) supports *Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement*. The bill prohibits state-regulated commercial plans and Maryland Medicaid from requiring a diagnosis for reimbursement of annual behavioral health wellness visits.

Maryland Community Health System (MCHS) is a network of federally qualified health centers that serve underserved communities in urban, suburban, and rural areas across Maryland. We support this legislation because it removes barriers to annual behavioral health visits, an important entry point to behavioral health services for people needing care. This legislation is critical because it reduces stigma of using mental health services and creates a destigmatized opportunity for early identification and management of less intensive issues. Six states - CO, CT, DE, IL, MA, and NM – have adopted legislation similar to this bill.

We ask for a favorable report. If we can answer any questions, please contact Robyn Elliott at relliott@policypartners.net.

2025 Maryland Senate Bill 328 - S. Blount Written

Uploaded by: Shatiea Blount

Position: FAV

Testimony in Support of Senate Bill 328
Maryland Senate Finance Committee
Submitted by: Dr. Shatiea Blount, LCSW-C
Date: January 30, 2025

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.

Shatiea Blount
CEO
Eye In Me, LLC
5557 Baltimore Avenue
Suite 500-118
Hyattsville, Maryland 20781
shatiea@eyeinme.com

SB 328.pdf
Uploaded by: Taylor Dickerson
Position: FAV

MARYLAND
PSYCHOLOGICAL ASSOCIATION

PO Box 368 Laurel, MD 20725 410-992-4258 www.marylandpsychology.org

January 31, 2025

Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Finance Committee
Miller Senate Office Building, 3 East
Annapolis, MD 21401

January 31, 2025

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

RE: SB 328 Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits
Position: SUPPORT

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the Senate Finance Committee to **FAVORABLY report on SB 328.**

Mental health and substance abuse are just as critical to overall well-being as physical health, yet they remain underdiagnosed and undertreated. Requiring insurance companies to cover annual mental health and substance abuse screenings—just as they do for physical exams—would lead to early detection, timely intervention, and reduced long-term healthcare costs. Untreated mental health and substance use disorders contribute to increased emergency room visits, lost productivity, and higher rates of disability, placing a significant burden on individuals, families, and the healthcare system. By ensuring preventive coverage, we can promote early care, reduce stigma, and improve public health outcomes, ultimately creating a healthier, more productive society.

We urge the Committee to issue a **favorable report on SB 328**. If we can be of any further assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Wolf, JD, Ph.D. at mpalegislativecommittee@gmail.com.

Respectfully submitted,

David Goode-Cross, Ph.D.
David Goode-Cross, Ph.D.
President

Stephanie Wolf, JD, Ph.D.
Stephanie Wolf, JD, Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB 328 - FAV - SWASC Testimony.pdf
Uploaded by: UM SWASC
Position: FAV

SWASC Social Work Advocates for Social Change

For more information, please contact
Noelle Diaz
umswasc@gmail.com

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.[i] 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.[ii] As the most diverse state on the East Coast,[iii] **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.[iv] 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.[v] 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

SWASC Social Work Advocates for Social Change

For more information, please contact
Noelle Diaz
umswasc@gmail.com

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.[vi] **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.[vii] 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.

---

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

[ii] 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/

[iii] 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

[iv] 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

[v] 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

[vi] Wang, P. S., Berglund, P. A., Olfson, 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

[vii] 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

Children's National Testimony - SB 328 - Elyssa Gl
Uploaded by: Austin Morris
Position: FWA

111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

Testimony of Elyssa Glickstein, MPH
Policy Associate
Children's National Hospital
Community Mental Health CORE

SB 328: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement
Position: FAVORABLE with AMENDMENT
February 4, 2025
Senate Finance Committee

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 328 with an amendment. My name is Elyssa Glickstein, and I am a Policy Associate within the Community Mental Health CORE at Children's National Hospital. The Community Mental Health CORE aims to improve access to and utilization of high-quality behavioral health services for children and families, advance racial and health equity, and promote sustainability and system-level change through research, policy, advocacy, and community engagement.[1] Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland. We also provide a comprehensive range of behavioral health services for Maryland children and youth.

Children's National Hospital is in strong support of SB 328, which would require the Maryland Medical Assistance Program and certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage and reimbursement for annual behavioral health wellness visits. Physical health annual wellness visits with a health care provider are a routine, financed component of our health care systems. Proactive guidance and information can be conveyed in a structured visit while screening for potential conditions and concerns that warrant follow-up. These preventive checkups are a covered benefit and generally well-attended. Our systems should do the same for behavioral health care, and SB 328 is a strong component in advancing behavioral health parity. Providing annual preventive behavioral health checkups for children, adolescents, and adults offers the same benefits for

[1] For more information on the Community Mental health CORE, see https://childrensnational.org/advocacy-and-outreach/child-health-advocacy-institute/community-mental-health.

both patients and providers. Routine visits are more likely to be socially accepted and provide access to important screening and follow-up for patients at risk for conditions. Routine behavioral health visits also build structure and predictability into provider schedules, allowing for appropriate screening protocols, staffing and specialization.

On a grand scale, mental illness can pose a huge economic burden on state and local municipalities to ensure people are receiving the treatment, services, and medication they need to lessen their symptoms. Preventive and early intervention measures, especially beginning in childhood and adolescence, have been proven to reduce incidence of severe mental illness later in life.[2] Further, the National Academies of Science, Engineering, and Medicine jointly reported in 2009 that every dollar spent on mental health prevention and early identification of youth behavioral health disorders can save $2 to $10 on local and state education, juvenile justice, and healthcare costs.[3] Therefore, financing preventive approaches for children and adolescents can lead to millions of dollars in savings for the State of Maryland. We strongly believe that, when enacted, SB 328 will provide a strong preventive element to Maryland's continuum of behavioral health care and will reduce the occurrence of serious mental illness across the state.

While we urge passage of SB 328, Children's National offers the following recommendation to strengthen the bill, especially for children and adolescents:

- **Explicitly State that Coverage is Included for Children and Adolescents Ages 0-21**
    - All children have behavioral health needs, including infants and toddlers. The American Academy of Pediatrics recommends behavioral/social/emotional screening from newborn to 21 years of age.[4] Therefore, it is critical to explicitly state the full age range, and that all children and adolescents, from birth to young adulthood, are entitled to a covered behavioral health wellness visit.

I applaud Senator Augustine for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report with the proposed amendment on Senate Bill 328. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

---

[2] Mental Health Promotion and Prevention | Youth.gov

[3] National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities [Online]. *In National Academies Press eBooks*. National Academies of Science, Engineering, and Medicine Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. https://doi.org/10.17226/12480

[4] For more information, please see: https://www.aap.org/periodicityschedule

BY: Children's National Hospital

AMENDMENT TO SENATE BILL 328

(First Reading File Bill)

AMENDMENT NO. 1

On page 3, after line 13, add "(3) CHILDREN AGES 0-21".

For more information, please contact:

Austin Morris, Government Affairs Manager

almorris@childrensnational.org

SB0328 MDAFP Final.pdf
Uploaded by: Oyinlola Tijani
Position: FWA

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 yearly[i].

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 treatment[iii]. 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

SB 328 - MDH - FIN - LOI.docx.pdf
Uploaded by: Meghan Lynch
Position: INFO

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 4, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Office Building
Annapolis, MD 21401-1991

Re: Senate Bill 328 – Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement – Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for Senate Bill (SB) 328 – Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement.

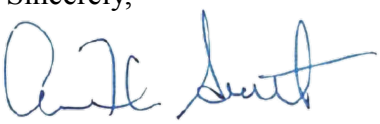
SB 328 requires the Maryland Medical Assistance Program (Medicaid), including managed care organizations (MCOs), to provide coverage for annual behavioral health wellness visits regardless of the assessment resulting in a behavioral health diagnosis, and to provide reimbursement on the same basis and at the same rate as an assessment that results in a behavioral health diagnosis. Medicaid covers primary behavioral health services through its MCOs in accordance with the Code of Maryland Regulations (COMAR) 10.67.06.26.[1] As drafted, the Department assumes these services would meet the requirements of SB 328.

The Medicaid notes that both Screening, Brief Intervention, Referral to Treatment (SBIRT) and the Collaborative Care Model (CoCM) are covered today as primary behavioral health services. SBIRT services consist of a screening that quickly assesses the severity of substance use and identifies the appropriate level of treatment, a brief intervention focused on increasing insight and awareness regarding substance use and motivation toward behavioral change, and when appropriate, a referral to treatment for those identified as needing more extensive treatment through specialty care. CoCM is an established evidence-based, patient-centered care model used to improve behavioral health in primary care settings. CoCM uses a team-based approach to integrate and increase the effectiveness of mental health and substance use disorder (SUD) treatment while reducing stigma around these conditions.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

[1] COMAR 10.67.06.26: https://dsd.maryland.gov/regulations/Pages/10.67.06.26.aspx

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary