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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 22, 2022

SB460 – Consumer Health Access Program for Mental Health and Addiction Care – Establishment

Chair Kelley, Vice Chair Feldman, and members of the Committee.

- **1 in 5 Marylanders live in an area with a severe shortage of mental healthcare providers.**ⁱ Of those with a diagnosed mental illness, 1 in 4 have unmet treatment needs.ⁱⁱ
- Maryland currently has one of the **highest rates of death by overdose** in the country.ⁱⁱⁱ
- For over a decade, federal parity laws have prohibited most private and public insurance plans from placing stricter limitations on mental health and substance use disorder coverage than they do on specialty medical or surgical coverage.^{iv}
- Despite these protections, Marylanders are over **9x more likely to go out-of-network for inpatient behavioral health care and 10x more likely to go out-of-network for behavioral health office visits** when compared to specialty medical care.^v
- These disparities are nearly **twice the national average** and among the worst in the nation.^{vi}
- Even if treatment limitations are explained when claims are denied, there may be no way of knowing how those limitations compare to those placed on specialty medical/surgical services.^{vii} This lack of transparency makes parity violations **nearly impossible for healthcare providers and consumers to catch on their own.**
- Compounding this problem is the lack of a **centralized point of contact** for all Marylanders needing behavioral health care, regardless of their insurance coverage or income.

What SB460 does:

- Establishes a 3-year pilot Consumer Health Access Program (Ombud Program) that will help providers, consumers, and their families navigate insurance-related barriers to behavioral health care, across all types of insurance coverage. They will do this through:
 - **Direct assistance and representation** in insurance appeals, in coordination with the Health Education and Advocacy Unit of the Maryland Attorney General's Office
 - **Community outreach and education**, including help with obtaining insurance
 - **Data collection and analysis**
 - **Identifying problems** and working collaboratively with state agencies and the Maryland General Assembly to solve them
- The University of Maryland Baltimore Center for Addiction Research, Education, and Service will serve as the incubator in year 1, responsible for selecting a centralized "hub" organization for the Ombud Program and identifying a community-based organization partner ("spoke") in each of Maryland's 8 connector entity regions.

Why an Ombud Program is needed:

- Many Marylanders are not aware of state and federal parity laws, let alone the type of insurance or plan they have in order to identify the right resource for them.
- A 2018 survey indicated that consumers may be **more hesitant to challenge a denial of behavioral health care** than they would be to challenge a denial of medical care.^{viii}
- **Current resources are fragmented and often limited in scope.** The Ombud Program will help coordinate and link these resources so fewer Marylanders fall through the cracks.
- The Ombud Program will have the **capacity to offer help in multiple languages** and will be **staffed by those with lived experience** with mental illness and substance use disorder.
- The Ombud Program will have the capacity to **identify systemic issues** with access and coverage and recommend ways to address them.
- Similar programs in New York,^{ix} Connecticut,^x and Vermont^{xi} have proven track records in reducing costs for consumers and connecting them to the care they need.

ⁱ Kaiser Family Foundation (KFF). State Health Facts: Custom State Report. Accessed 28 Dec 2021. Retrieved from <https://www.kff.org/statedata/custom-state-report/?view=3&i=495105&g=md~us>

ⁱⁱ Mental Health America. Access to Care Data 2021. Accessed 28 Dec 2021. Retrieved from <https://mhanational.org/issues/2021/mental-health-america-access-care-data#ten>

ⁱⁱⁱ Maryland Department of Health. Unintentional Drug and Alcohol-Related Intoxication Deaths. Accessed 28 Dec 2021. Retrieved from: <https://health.maryland.gov/vsa/Pages/overdose.aspx>

^{iv} Centers for Medicare & Medicaid Services. The Mental Health Parity and Addiction Equity Act (MHPAEA) Fact Sheet. Accessed 28 Dec 2021. Retrieved from https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet

^v Milliman. Addiction and Mental Health vs. Physical Health: Widening Disparities in Network Use and Provider Reimbursement. Nov 2019. Retrieved from https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf

^{vi} See note 2

^{vii} The University of Maryland Carey School of Law Drug Policy and Public Health Strategies Clinic. Mental Health Parity and Addiction Equity Act Resource Guide. May 2014. Retrieved from <https://insurance.maryland.gov/Consumer/Documents/publicnew/parity-act-resource-guide-unannotated-.pdf>

^{viii} Parity at 10. Consumer Health Insurance Knowledge and Experience Survey: Report of Findings. 3 Feb 2019. Retrieved from:

http://parityat10.org/wp-content/uploads/2019/03/Consumer-Health-Insurance-Knowledge_ExperienceSurvey-Report-030719.pdf

^{ix} Community Service Society New York. The Community Health Access to Addiction and Mental Healthcare Project (CHAMP). Retrieved from <https://www.cssny.org/programs/entry/champ>

^x State of Connecticut. Office of the Healthcare Advocate. 2020 Annual Report. Retrieved from: <https://portal.ct.gov/-/media/OHA/OHA-Annual-Report-2020.pdf>

^{xi} Vermont Legal Aid. Office of the Health Care Advocate: SFY 2020 Annual Report. Retrieved from: <https://www.vtlegalaid.org/sites/default/files/SFY-2020-HCA-Annual-Report.pdf>