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February 22, 2022

The Honorable Delores G. Kelley, Chair  
Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

**Favorable – SB 460 – Consumer Health Access Program for Mental Health and Addiction Care**

Dear Chair Kelley and Members of the Committee:

I urge you to support Senate Bill 460, establishing a Consumer Health Access Program (“CHAP”) to assist Marylanders struggling to access lifesaving mental health and substance use disorder services. As a Maryland resident living with a mental health condition and a student at the University of Maryland Francis King Carey School of Law, I am alive and here advocating for this bill because I was finally able to gain access to appropriate mental health care after nearly two decades of fighting for access. My ability to obtain appropriate and affordable mental health care changed my life, allowing me to return to school, reducing my overall healthcare costs, and granting me access to opportunities I never imagined possible. I support SB 460 enacting the Consumer Health Access Program because every Marylander deserves the opportunities that appropriate mental health and substance use disorder care affords.

Mental health and substance use disorders are treatable conditions.<sup>1</sup> Thus, no one should go without care or lose their life because they can’t afford appropriate mental health or substance use disorder care. Yet more than 50% of Marylanders living with mental health conditions reported not receiving any treatment within the past year.<sup>2</sup> Of those with unmet mental health treatment needs, nearly 30% of adults cited financial barriers as the reason they couldn’t obtain the mental health care sought.<sup>3</sup> While the Mental Health Parity and Addiction Equity Act<sup>4</sup> (“MHPAEA”) and the Affordable Care Act<sup>5</sup> (“ACA”) both require insurers to provide equal coverage for mental health and substance use disorder services, equal access to these services still isn’t a reality. Many service users don’t know their rights to insurance coverage for mental health and substance use treatment. However, even when people are aware of their rights under the MHPAEA and ACA, most still lack the ability to enforce those rights. Consequently, too many Marylanders continue to suffer and lose their lives because they can’t obtain appropriate mental health and substance use disorder care.<sup>6</sup>

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<sup>1</sup> U.S. Dept. of Health and Human Serv., Mental Health Treatment Works, <https://www.samhsa.gov/mental-health-treatment-works>.

<sup>2</sup> The Kaiser Family Foundation State Health Facts. “Adults with Mental Illness in Past Year Who Did Not Receive Treatment.” Data source: Kaiser Family Foundation analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)’s restricted online data analysis system (RDAS), National Survey on Drug Use and Health (NSDUH), 2017 and 2018, Substance Abuse and Mental Health Data Archive. <https://www.kff.org/statedata/collection/mental-health-substance-use-disorder>.

<sup>3</sup> The Kaiser Family Foundation State Health Facts. “Adults Reporting Unmet Need for Mental Health Treatment in the Past Year Because of Cost.” Data source: Kaiser Family Foundation analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)’s restricted online data analysis system (RDAS), National Survey on Drug Use and Health (NSDUH), 2017 and 2018, Substance Abuse and Mental Health Data Archive. <https://www.kff.org/statedata/collection/mental-health-substance-use-disorder>.

<sup>4</sup> Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Public L. No. 110-343, § 511-12, 122 Stat. 3765, 3881-3893 (2008) (codified at 29 U.S.C. § 1185a, 26 § U.S.C. 9812 and 42 U.S.C. § 300 gg-5).

<sup>5</sup> Patient Protection and Affordable Care Act, Pub. L. No. 111-148, §1311(j), 124 Stat. 119, 181 (2010) (codified at 42 U.S.C. § 300gg-26).

<sup>6</sup> NAMI, *Health Insurers Still Don’t Adequately Cover Mental Health Treatment* (Mar. 13, 2020),

<https://www.nami.org/Blogs/NAMI-Blog/March-2020/Health-Insurers-Still-Don-t-Adequately-Cover-Mental-Health-Treatment>.

I've lost too many friends due to these inequities in the availability of mental health and substance use disorder treatment: friends and loved one's who've died from suicide, overdoses, and eating disorders because they couldn't gain access to life saving mental health services. These are all people who desperately wanted help, but couldn't bear to live in such excruciating pain, not knowing if or when they would ever be able to obtain appropriate treatment. No one should suffer, let alone lose their life, because they can't access appropriate mental health or substance use disorder care. The Consumer Health Access Program can change that, by ensuring a team of trained advocates are available to assist Marylanders struggling to access mental health and substance use disorder treatment. Advocates who can assume the burden of fighting for access to mental health and substance use disorder care that many Marylanders urgently need.

While I am fortunate to now have access to appropriate mental health care, it was a long and painful battle to be able to obtain that care. Thus, I am all too familiar with the pain of desperately wanting help and not being able to obtain it. Barriers to mental health care nearly cost me my life. I struggled to access treatment for complex trauma and an eating disorder for nearly two decades. Despite wanting help, my insurance carrier wouldn't cover the care I needed: only covering a few days at a time before kicking me out of treatment. It took my immune system shutting down and me suffering a life-threatening cardiac event before my insurer finally agreed to cover appropriate treatment. If a program like CHAP existed, maybe I wouldn't have had to suffer devastating long term health impacts before I could gain access to lifesaving, acute mental health services. It is nothing short of a miracle that I even survived that ordeal.

Unfortunately, I quickly learned gaining access to acute, intensive services was only the first part of the battle. Gaining access to appropriate outpatient care turned out to be an even greater obstacle. When I moved to Maryland in 2019 after I was recently discharged from an inpatient treatment program, I spent hundreds of hours on the phone with providers and insurers in an attempt to gain access to an outpatient provider who had the availability, willingness, and expertise to assume my care. Because many providers deem me "high-risk" due to my history of repeated trauma and hospitalizations in conjunction with having a rare, complex medical condition, obtaining access to appropriate mental health care is complicated. Nonetheless, appropriate care exists, but it's often not covered by insurance because reimbursement isn't commensurate with the time and expertise required to provide adequate mental health care to "high-risk" patients.<sup>7</sup>

Ultimately, I only obtained the mental health care I needed because I happened to encounter some incredible advocates as I frantically contacted organizations across the state, in a desperate fight for my life. Looking back at that time, I'm not even sure how I managed to put up the fight I did. Though, I think it was because for the first time in my life, I truly believed there was a mental health provider who was both willing and capable of helping me. I just needed to figure out a means to pay for that care. More importantly, I was no longer fighting for access to appropriate care alone. I had people advocating with me who were dedicated to making mental health care more accessible for everyone. They empowered me to continue advocating until I could gain access to the care I needed. Senate Bill 460, enacting CHAP, will ensure no Marylander is left fighting for access to appropriate mental health and substance use disorder care alone.

Now that I have been able to access appropriate mental health care, my life has changed in ways I never imagined possible. Before I began seeing my current providers, I was told I was "hopeless," a message that

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<sup>7</sup> A 2020 Milliman report indicated only 4.4% of healthcare spending goes towards behavioral health care. Stoddard Davenport, Et al., *How do individuals with behavioral health conditions contribute to physical and total healthcare spending?* 6–11 (2020), <https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx>.

was decidedly wrong,<sup>8</sup> but I never would have known that without access to the care I have now. Now I am excelling in my second year of law school. I just founded an organization to support disabled law students, and I am active in numerous other University and community organizations. I have a stable place to live, supportive friends, and I haven't required hospitalization since the last time my insurer refused to provide access to appropriate mental health care. These are all achievements that once seemed out of reach.

Nonetheless, even with an incredible psychologist and amazing friends, maintaining access to the mental health services I fought so hard to obtain remains an ongoing struggle. Because I have Medicare, private insurance, and Medicaid, I still spend an inordinate amount of time on the phone trying to navigate access to mental health care, as I am required to navigate numerous systems when insurance barriers arise.

Additionally, there are still mental health services that I need, such as outpatient group therapy where I still haven't been able to navigate the barriers to obtain insurance coverage for these services.

Moreover, when I compare my experiences seeking mental health care to those seeking care for complex medical conditions, I've never faced such repeated, prolonged ordeals obtaining access to medical care: medical care that is ten times more expensive than the mental health services I've sought coverage for.<sup>9</sup> Obtaining access to mental health benefits shouldn't be a full-time job for consumers or providers in the first place. Being able to contact one entity that specializes in dealing with barriers to mental health and substance use disorder care like the Consumer Health Access Program that SB 460 provides for, would make navigating these barriers to mental health care so much more manageable. CHAP would ensure financial barriers to appropriate mental health care don't disrupt my life again.

I now have access to opportunities I never imagined possible because I have access to appropriate and affordable mental health care. Yet now I am left wondering how many other Marylanders are robbed of opportunities because they can't access lifesaving mental health and substance use disorder services. No Marylander should suffer or lose their life because of barriers to accessing appropriate mental health and substance use treatment. Thus, I urge you to issue a favorable report on Senate Bill 460 so all Marylanders have access to trained advocates who can help them navigate access to appropriate and affordable mental health and substance use disorder services.

Sincerely,



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<sup>8</sup> Psychotherapy is an underutilized treatment with minimal side effects that leads to improved long term health outcomes. Press release, American Psychological Association, *Research shows psychotherapy is effective but underutilized*. (August 9, 2012), <http://www.apa.org/news/press/releases/2012/08/psychotherapy-effective>.

<sup>9</sup> A 2020 Milliman report found that people with behavioral health conditions accounted for 56.5% of healthcare costs, yet behavioral health care accounts only 4.4% of total healthcare costs. Stoddard Davenport, Et. al., *How do individuals with behavioral health conditions contribute to physical and total healthcare spending?* 6–11 (2020), <https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx>.