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Health and Government Operations Committee Hearing
Behavioral Health System Modernization Act - HB 935
March 9, 2022
Support

Thank you for the opportunity to submit testimony in support of the Behavioral Health System Modernization Act (HB 935). This testimony is submitted on behalf of the Legal Action Center, a law and policy organization that fights discrimination, builds health equity and restores opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDS. In Maryland, the Legal Action Center convenes the Maryland Parity Coalition and works with its partners to ensure non-discriminatory access to mental health and substance use disorder services through enforcement of the Mental Health Parity and Addiction Equity Act.

HB 935 would require state-based commercial carriers to cover peer recovery specialists, measurement-based care, and behavioral health crisis response services. We support these provisions in addition to other important provisions in the bill.

We know that commercial carrier networks for mental health and substance use disorder services are not inadequate to meet Marylanders' needs. One way to improve care delivery is to reimburse peer recovery specialists. This essential workforce work within licensed behavioral health programs to assist individuals in achieving their recovery goals by helping them better engage in services, manage physical and mental health conditions, build support systems, and ultimately live self-directed lives in their communities. According to the Substance Abuse and Mental Health Administration's analyses, peer support reduces hospital admission rates, increases social support and social functioning, and decreases substance use and depression. Expanding private insurance coverage to peers is an opportunity to expand access to recovery and support services and develop a peer workforce that reflects the communities being served and understands their unique mental health and substance use needs.

Measurement-based care is an evidence-based practice that is already being used in behavioral health settings. It uses data collection to monitor treatment progress, assess outcomes, and guide treatment decisions by focusing on the most relevant factors to a person's condition. The use of data is essential to ensure that each patient's needs drive care decisions and aligns with the standard of care in all other medical contexts.

Finally, we are very excited by the promise of 988, the new Suicide Prevention Lifeline number, but it will not meet its full potential if we do not cover the full crisis continuum through insurance. First, we need a sustainable funding source for these crisis call centers and hotline services. The vast majority of calls to these lines can either be resolved during the call or by a referral to an appropriate behavioral health crisis provider. People in a mental health and substance use disorder crisis who call 988 want help, not law enforcement or a 48-hour stay in an emergency department that cannot meet their needs. But without having private insurance cover mobile crisis services and crisis receiving and stabilization services, people will call 988 in vain and not get the help they need and deserve.

It is imperative that our state-based commercial insurance plan cover each of these evidence-based practices and life-saving mental health and substance use disorder treatment options. If they do not, the costs just get deferred to individuals who rarely can afford to pay for them out-of-pocket or to the state. Or worse, they result in death, as we have seen far too often in recent years.

Ultimately, Marylanders need consistent and comprehensive coverage of mental health and substance use disorder services across our health care financing systems. Our coverage policies should reflect the full continuum of care that people need and provide affordable services. HB 935 will close the gaps in Maryland's behavioral health care system and better support the increasing number of Marylanders who need mental health and substance use disorder treatment.

Thank you for considering our view. We urge a favorable report on HB 935

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