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**SB108 Health Insurance – Annual Behavioral Health Wellness Visits –
Coverage and Reimbursement
FAVORABLE
Senate Finance Committee
February 1, 2023**

Good afternoon, Chair Griffith and members of the Senate Finance Committee. I am Michael Friedman, an AARP Maryland lead advocate, Adjunct Associate Professor Columbia University School of Social Work and Lecturer Georgetown University Graduate School of Arts and Sciences, and former Director of The Center for Policy, Advocacy, and Education of The Mental Health Association of New York City and Regional Director (Deputy Commissioner) of the New York State Office of Mental Health.

AARP MD and its almost 870,000 members support SB 108 Health Insurance – Annual Behavioral Wellness Visits – Coverage and Reimbursement. We thank you Senator Augustine for sponsoring this critical piece of legislation.

SB108 requires insurance payment for annual wellness visits for behavioral health. We urge you to support this and to add coverage for cognitive health as well.

Given the prevalence of cognitive and behavioral health conditions among older adults and the co-occurrence of these conditions, annual screening for both cognitive and behavioral health conditions make sense.

- About 1 in 10 people 65 and older have some form of dementia, most likely Alzheimer's disease. At 85 and over, it's approaching 4 in 10.ⁱ
- About 1 in 7 ⁱⁱ (the NIMH estimate) or perhaps 1 in 5 ⁱⁱⁱ (the CDC estimate) of older adults have mental illnesses such as anxiety disorders, mood disorders, or psychosis.
- About 1 in 25 suffer from addiction,^{iv} and as many as 1 in 5 dangerously misuse alcohol and medications.^v
- Many older adults experience emotional distress in response to challenging life circumstances such as the pandemic, social isolation, economic instability, racism, poor health, and the need to adapt to common changes in old age.
- Mental distress unquestionably increased during the pandemic for older as well as younger people. This includes grief, loneliness, hopelessness and more.

- All of this contributes to a host of problems, including personal and familial dysfunction, premature disability and death, as well as avoidable institutionalization, high rates of suicide, and very high costs of care.

The consequences of poor mental health among older adults are significant.

- Dementia was the 7th leading cause of death in the United States in 2020^{vi}. Prior to the pandemic it was 5th.
- Behavioral health conditions, i.e., mental and substance use disorders contribute to premature death. For example, people with serious mental illness die 10-25 years younger than the general population.^{vii}
- Depression contributes to high suicide rates among older adults, and suicide is now the 12th leading cause of death in the United States.^{viii} It was 10th prior to the pandemic.
- Anxiety disorders contribute to social isolation and rejection of help.
- “Neuropsychiatric” disorders are the leading cause of disability in the United States, accounting for nearly 20% of all years of life lost to disability and premature mortality.^{ix}
- Misuse of alcohol often leads to illnesses and accidental injuries, especially falls and automobile accidents, which can result in premature disability or death. Between 2015 and 2019, there were about 140,000 alcohol-related deaths per year in the United States.^x
- Misuse of illegal substances contributes to overdose deaths (over 100,000 in the US in the last year), to homelessness, to the over-population of prisons, to the spread of contagious diseases, to disruption of work and family life, to violence in the home and in the community—especially in poor communities of color—and more.
- In addition, cognitive and behavioral health conditions, because they can be disabling and often co-occur with significant physical illnesses, are **major drivers of the very high health care costs in America**. This includes the costs of long hospital stays due to medical complexities, the high use of emergency rooms, and the costs of long-term residential care. Investing in improving older adults' cognitive and behavioral health can improve health outcomes and help to contain healthcare costs at the local, state, and national levels.

As noted earlier, the co-occurrence of cognitive and behavioral disorders is commonplace. For example, **virtually all people with dementia develop behavioral health conditions** (aka “neuro-psychiatric symptoms”) such as depression, anxiety, psychosis, etc. at some point while living with dementia.^{xi}

For all these reasons, AARP requests a favorable report for SB108 and the addition of cognitive health. For questions or additional information, please contact Tammy Bresnahan, AARP Maryland State Director of Advocacy at tbresnahan@aarp.org or by calling 410-302-8451.

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- ⁱ Alzheimer's Association. (2021). [2021 ALZHEIMER'S DISEASE FACTS AND FIGURES](#).
- ⁱⁱ National Institute of Mental Health (2019) [Mental Health Information, Prevalence of Any Mental Illness](#). (2019).
- ⁱⁱⁱ CDC
- ^{iv} Reynolds, K., et al (2015). [Prevalence of psychiatric disorders in U.S. older adults: findings from a nationally representative survey](#). National Center for Biotechnology Information
- ^v Lehmann S. and Fingerhood M. (2018). [Substance-Use Disorders in Later Life | NEJM](#)
- ^{vi} Murphy SL, et al. (2021) [Mortality in the United States, 2020](#). NCHS Data Brief, no 427. National Center for Health Statistics.
- ^{vii} [Mortality Associated With Mental Disorders and Comorbid General Medical Conditions | Psychiatry and Behavioral Health | JAMA Psychiatry | JAMA Network](#)
- ^{viii} [The Leading Causes of Death in the US for 2020 | Cardiology | JAMA | JAMA Network](#)
- ^{ix} US Burden of Disease Collaborators (2013). [The state of US health, 1990-2010: burden of diseases, injuries, and risk factors](#). JAMA.
- ^x [Deaths from Excessive Alcohol Use in the United States | CDC](#)
- ^{xi} 98% neuropsychiatric