



Testimony on SB 684
Health Insurance – Mental Health and Substance Use Disorder Benefits –
Sunset Repeal and Modification of Reporting Requirements
Senate Finance Committee
February 28, 2024
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based organizations serving the mental health and addiction needs of vulnerable Marylanders. Our 89 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

Our member organizations serve the great majority of the almost 300,000 children and adults who access services through the Public Behavioral Health System. Yet, despite their behavioral health expertise and desire to serve those with commercial insurance, our members report great difficulty in getting their clinicians credentialed on carrier panels. They also cite low reimbursement – below that of Medicaid – as a barrier to serving the commercial market. While neither of these barriers taken on their face prove a parity violation, the lack of carrier compliance with parity reporting precludes the Maryland Insurance Administration from making parity violation determinations when complaints have been filed by providers.

Given the serious impact of untreated or under-treated behavioral health disorders, carriers must provide complete compliance reports on all nonquantitative treatment limitations (NQTLs). SB 684 requires carriers to conduct an analysis of all NQTLs and then allows the MIA to choose a subset for review.

Penalties for failure to comply with parity reporting must be severe enough to discourage carriers from viewing them as simply the cost of doing business. SB 684 would impose a penalty of not less than \$1,000 for each day the carrier fails to submit the required information and places the burden of persuasion on the carrier in any matter filed with the MIA that involves the Parity Act. This is an important addition since carriers have been able to fend off violation determinations simply by failing to comply with reporting requirements.

It has been over 15 years since the federal Mental Health Parity and Addiction Act passed and yet we still have no mechanism for ensuring carrier compliance with the law. Lack of access to needed behavioral health services has serious consequences, including suicide, overdose, and loss of functionality. Maryland's law must reflect the serious impact of this problem by taking strong measures to prompt carrier compliance.

For these reasons we urge a favorable report on SB 684.

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