



*MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

SB 93 Health Insurance- Utilization Review- Private Review Agents

FAVORABLE

MDDCSAM supports SB 93, with particular attention to the following point:

**Uniform Utilization Review Criteria for Mental Health Treatment Will Improve Level of Care**

**Decisions:** In our experience, requiring the ASAM criteria to be used by all carriers as the utilization review (UR) standards for SUD care has, over time, resulted in improvements in our authorization/continuing care discussions with carriers/private review agents. Based on this experience, requiring uniform UR standards for mental health care should also improve provider-carrier discussions and result in better access to care.

**Requirement to Approve Care for SUDs as a Chronic Condition Not Just Acute Episodes:**

Private review agents often do not apply the ASAM criteria correctly, particularly for the more intensive and expensive levels of care, such as residential treatment. They fail to assess all 5 dimensions required for an appropriate level of care determination and force patients to step down to a lower level of care prematurely. For example, many carriers will deny residential care unless the patient is suicidal or requires 24-hour medical treatment. That limitation misapplies the ASAM criteria and is more restrictive than the standards applied for other medical care, as it focuses only on a patient's acute condition, not their chronic condition. For that reason, we support the provision in SB 93 that requires carriers to treat SUDs as a chronic condition and not limit treatment based on the acute episode.

**Identifying Level of Care Criteria Not Met by Patient Before Denying Care:** We also support the SB 93 provision that would require private review agents to identify the criterion that have not been met in a patient's case before they issue a denial for initial or continued care. This will help avoid incorrect denials of care, particularly when they fail to assess all 5 ASAM dimensions and will allow us to submit additional information to support our requested level of care, as needed, **before the patient is forced to step down or pay out-of-pocket for the denied level of care.** We currently have patients leave treatment sooner than medically advised because the carrier will not authorize on-going care at the recommended level and the patient cannot afford to pay out-of-pocket for on-going care, as we seek to resolve the dispute in peer-to-peer discussions.

Thank you for your consideration.

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