

Written Testimony

Finance Committee

SB 124 / HB 400

Position: SUPPORT

This testimony outlines the support of Natalie Sorlin, student at the University of Baltimore School of Law and Legal Policy Intern at Sheppard Pratt, of SB 124 / HB 400. It is my hope that the Maryland General Assembly vote a favorable report on this legislation.

SB 124 / HB 400 will improve the access of behavioral health care and increase the likelihood that behavioral health diagnoses are made relatively close to the onset of symptoms. This will shorten the duration of time in which treatment is needed and lessen the need for more intensive treatment.

Maryland is no exception to the mental health crisis that the United States is currently facing. Mental Health America's 2023 findings indicate that Maryland is ranked number 8 in the U.S. for the prevalence of adults and youth with mental health and substance use issues compared to number 11 in 2022. In 2023, 17.8 percent of Maryland adults were reported to have a mental, behavioral, or emotional disorder, not including substance use disorders. Additionally, 55 percent of adults in Maryland did not receive care for their mental illness in 2023. These findings demonstrate that although on a national scale Maryland has a lower prevalence of behavioral health issues in comparison to other states, a substantial number of Marylanders remain affected and without treatment.

Coverage of annual behavioral health wellness visits with a qualified provider is an effective means of mitigating the current mental health crisis in Maryland. These visits will provide assessments that result in early detection for those in need of treatment and an opportunity for providers to begin treatment. For patients with more serious diagnoses that are in need of specialized care, the provider has the opportunity to offer resources or referrals for the behavioral health care that is needed.

The National Alliance on Mental Illness has reported an average of 11 years between the onset of symptoms of mental illness and intervention. Coverage of annual behavioral health visits will undoubtedly decrease the length of time between when symptoms first appear and when patients are diagnosed and treated by an appropriate provider. This will result in more effective treatment and better outcomes for patients.

Additionally, SB 124 / HB 400 will incentivize Marylanders to be assessed for behavioral health problems without the fear that the visit will not be covered in the event that no behavioral health diagnosis is made. This will eliminate the deterrence to seek an assessment for many.

SB 124 / HB 400 has good intentions and I am in support of this legislation, but the legislature must additionally take into consideration the barriers to the implementation of this bill. Specifically, access to qualified providers and treatment services may hinder the effectiveness of this legislation.

Further, early intervention of mental health and substance abuse disorders will likely reduce the duration and expenses of treatment. Behavioral health issues that are left untreated are more likely to cause hospitalization and have a longer recovery period than those issues that are diagnosed and treated closer to the onset of symptoms. Early intervention will additionally lessen the need for more intensive treatment that may disrupt the life of the patient. Thus, eliminating the financial barrier to receiving an annual behavioral health assessment will lead to a better quality of life for those who have access to appropriate providers and treatment.