

**Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health  
Wellness Visits – Coverage and Reimbursement (HB 400)**

**Health and Government Operations Committee**

**February 8, 2024**

**FAVORABLE**

Thank you for the opportunity to submit testimony in favor of HB 400. The bill would require the Maryland Medicaid program and certain health insurers to provide coverage and reimbursement for annual behavioral health wellness visits, regardless of whether the practitioner’s assessment results in a psychiatric or substance use disorder diagnosis. This testimony is submitted by the Legal Action Center, a law and policy organization that has worked for 50 years to fight discrimination, build health equity and restore opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDs. In Maryland, we convene the Maryland Parity Coalition and work with our partners to ensure non-discriminatory access to mental health (MH) and substance use disorder (SUD) services through enforcement of the federal Mental Health Parity and Addiction Equity Act in both public and private insurance. **We urge the Committee to issue a favorable report on HB 400.**

Most insurers are required by law to cover annual wellness visits, often referred to as a physical exam, as part of their preventative health care services. These annual visits often fall short of providing a comprehensive assessment to determine if an individual has a MH or SUD because the treatment of these conditions falls outside the expertise of those who typically perform such visits. Additionally, when practitioners with MH or SUD expertise perform assessments in a treatment setting, they are generally only reimbursed by insurance if the assessment results in MH or SUD diagnosis, thus deterring these comprehensive screenings for youth and adults who may require multiple visits for an appropriate diagnosis to be made. Some individuals resist conversations with their primary care practitioner about their symptoms of a MH or SUD, fearing that they will be labeled with such a diagnosis. These factors prevent Marylanders from getting the appropriate assessments and treatment they need.

To achieve better integration of physical and mental health care and ensure that MH and SUD assessments are covered at parity and meaningfully affordable and accessible, we must ensure that annual behavioral health wellness visits are available to Marylanders in the same way that annual physical exams are. Just as physical exams may be reimbursed when they do not result in a diagnosis of a medical condition, behavioral health exams should be reimbursed even when they do not result in a MH or SUD diagnosis. These proactive behavioral health checkups will help people feel more comfortable getting screened for these conditions as well as identify MH conditions and risky substance use at an earlier and more treatable stage. Doing so can help reduce the costs associated with untreated MH and SUDs and prevent suicide and overdose deaths. At least two states – Colorado (Colo. HB 21-1068 (2021)) and Massachusetts (Mass. Gen. Law c. 175 § 47TT (2022)) – have enacted similar laws, and we encourage Maryland to do the same.

Thank you for considering our views. We urge the Committee to issue a favorable report on HB 400.

Deborah Steinberg, J.D.  
Senior Health Policy Attorney  
Legal Action Center  
[dsteinberg@lac.org](mailto:dsteinberg@lac.org)