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SB 217 Health Insurance – Conformity with Federal Law
FAVORABLE
Senate Finance Committee
Wednesday, January 24, 2024

Good afternoon, Chair Beidle and members of the Finance Committee. My name is Karen Kalla, volunteer AARP legislative aide, member of the AARP Executive Council, and resident of Montgomery County. AARP MD and its more than 850,000 members support SB217 Health Insurance – Conformity with Federal Law.

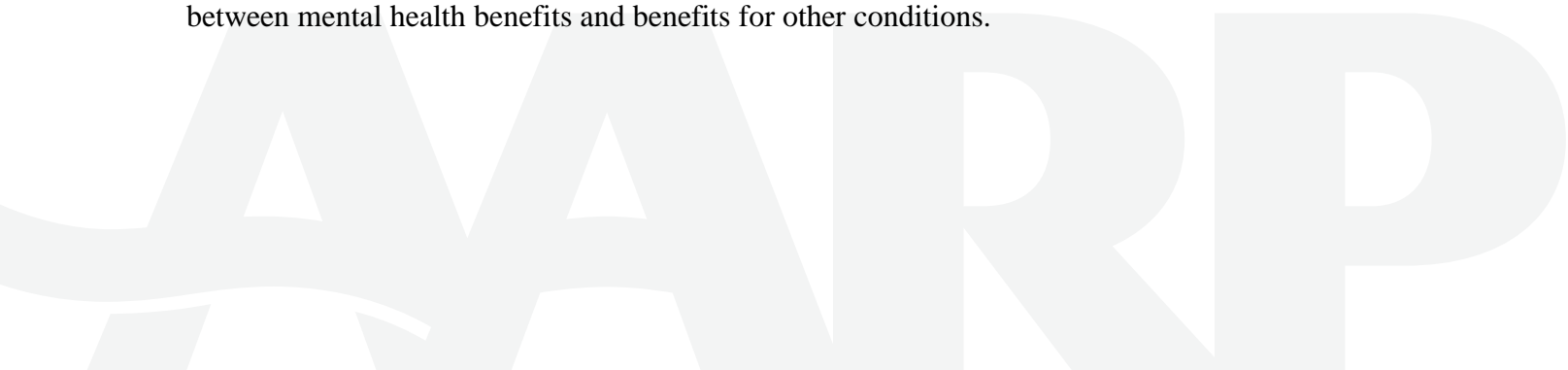
SB217 adds mental health conditions and substance abuse disorder to definitions of emergency medical conditions. It would expand the scope of emergency services to include staff and facilities at a hospital or free-standing medical facility regardless of the department – and to include services provided in specialized facilities staffed by behavioral health providers trained in crisis services. It then moves to prevent surprise medical bills for emergency services in these cases consistent with federal law.

Mental health is a fundamental component of overall health. Mental illness affects people of all ages and incomes and can be a debilitating as any other major medical illness. About one in five adults experiences a mental health condition in any given year.

On average, people with serious mental illnesses die 10-25 years earlier than the general population. This is primarily due to co-occurring medical conditions and poor access to quality medical care.

Currently, health plans provided through the health insurance marketplaces are required to cover services for mental health and substance abuse. They must provide such benefits at par with medical and surgical benefits. The marketplace cannot impose financial requirement or treatment limitations that are more restrictive than those required for other covered health conditions.

The Affordable Care Act (ACA) prohibits insurers from denying or taking away health coverage based on the presence of mental illnesses. Many of the ACA's parity-related provisions augment the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The MHPAEA requires group health plans for businesses with 51 or more employees to cover mental illnesses and substance abuse at the same level as physical ailments. The Federal Employees Health Benefits Program, the world's largest employer-sponsored health insurance program, requires parity between mental health benefits and benefits for other conditions.



Although effective mental health treatments are available, they are not always utilized. The National Academy of Medicine has noted several challenges to providing care for mental health and substance abuse. These include stigma, patients' resistance to treatment, and *the structural and functional separation of mental health care delivery from other components of the health care system*. In addition, resources—including trained geriatric professionals—for community-based mental health services are extremely limited.

Federal and state governments should ensure adequate funding for mental health and substance abuse services for older adults. They should also develop comprehensive and coordinated delivery systems for such services.

Federal and state governments should work across agencies to support building and retaining a robust and diverse mental health workforce.

Policies are needed for those in managed care plans with mental health or substance use disorders to ensure their access to necessary services, *including emergency services and mental health specialist care*.

States also should ensure that both private and public mental health and substance abuse services meet high standards for quality. States should monitor the public's access to and satisfaction with services and protect clients' due process rights. They should involve consumers, their family members, advocates, mental health coalitions, and professionals in planning, implementing, and evaluating services.

SB217 is an important step to ensuring that those in mental health or substance abuse crisis are treated with the urgency and quality of care that their condition warrants and that they are not then confronted with surprise medical expenses above and beyond those of other medical emergency conditions.

AARP Maryland respectfully requests a favorable report for SB217. For questions or additional information, please feel free to contact Tammy Bresnahan, Senior Director of Advocacy at tbresnahan@aarp.org or by calling 410-302-8451. Thank You!