



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.

HB 1085 Maryland Insurance Administration - Mental Health Parity and Addiction Equity Reporting Requirements - Revisions and Sunset Repeal.

Health and Government Operations Committee, February 22, 2024

OPPOSE

We appreciate that the provisions of HB 1085 would lead to some improvements in parity compliance reporting. However, they would fall short of what is needed to achieve meaningful parity between somatic and behavioral health treatment.

One of the provisions is to have the Maryland Insurance Administration (MIA) inform carriers in advance of which NQTL's will be reviewed. Based on the carriers' history of ignoring reporting requirements, we know they would not collect information on any of the other NQTLs, and parity would not be achieved. Imagine what the enforcement of tax collection would be like if the Internal Revenue Service used this arrangement.

According to the MIA, carriers' reports on parity compliance were **uniformly and significantly inadequate**, and **no carriers submitted data sufficient to determine whether or not carriers were compliant.**

Nevertheless, HB 1085 would not interpret the failure to report as itself constituting non-compliance with the parity act, falling short of placing the burden of persuasion on the carrier in order to enforce the law.

To the extent that carriers comply with federal requirements, the provisions in 1085 would not be burdensome to carriers. Federal law already requires them to collect information on all NQTLs.

The bill weakens existing law by substituting the evaluation of insurance **products** for the broader category of insurance **plans**.

Instead, we support the more robust provisions of HB 1074 / SB 684 (Health Insurance – Mental Health and Substance Use Disorder Benefits – Sunset Repeal and Modification of Reporting Requirements). We feel those provisions are needed to achieve long-awaited and urgently needed parity in the treatment of behavioral health and somatic disorders.

Respectfully,

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