



**National
Multiple Sclerosis
Society**

House Health & Government Operations Committee
February 8, 2024
HB 400: Annual Behavioral Health Wellness Visits (Favorable)

Testimony of Shannon Wood
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Chair Peña-Melnyk, and members of the House Health and Government Operations Committee, thank you for the opportunity to submit testimony on HB 400, to require coverage and reimbursement for annual behavioral health wellness visits. We support this bill as a measure to strengthen access to care for individuals living with MS and their family care partners, and to normalize routine mental health wellness visits as part of comprehensive health care.

MS is an unpredictable disease of the central nervous system. Currently there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes and vision issues. An estimated 1 million people live with MS in the United States. Early diagnosis and treatment are critical to minimize disability. Significant progress is being made to achieve a world free of MS.

In addition to its physical symptoms, MS may have profound impact on an individual's mental health and behavior, as well as the mental health of family members and caregivers. People with MS may have difficulty adjusting to the diagnosis of a disorder that is unpredictable, has a fluctuating course, and carries a risk of progressing over time to some level of physical disability. Lack of knowledge about the disease adds to the anxieties commonly experienced by people who are newly diagnosed with MS. In addition to these emotional reactions to the disease, demyelination and damage to nerve fibers in the brain can also result in emotional changes¹.

Significant statistics related to mental health and MS include:

- Depression is the most common mental health diagnosis in MS, with a lifetime risk for major depressive disorder of 50–60%ⁱ.
- Anxiety frequently occurs with depression. Compared to the general population, anxiety is three times more common in MS.
- Suicidal ideation is about three times as common in MS compared to the general population.
- Adjustment disorders (unhealthy or excessive reactions to stressful events or life changes) and bipolar disorder are also more common in MSⁱⁱ.
- Pseudobulbar affect (PBA), involuntary laughing and/or crying often without consistent feelings, affects more than 10% of people with MS.
- People with MS are diagnosed with substance abuse disorder at three times the rate of the overall population.ⁱⁱⁱ These disorders can be particularly harmful for people with



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MS, because of the potential to cause more neurological damage to the already compromised central nervous system and to interact with MS medications.

- Depression can affect cognitive functioning in MS, including aspects like working memory, processing speed, learning and memory functions, abstract reasoning, and executive functioning.^{iv}
- Higher socio-economic status is associated with a lower burden of psychiatric symptoms and with a higher likelihood of self-reported symptom recovery after receiving mental health treatment; attitudes regarding mental health care delivery in MS vary according to racial and ethnic background^v.

Aside from the normal stresses of everyday life, MS creates stresses of its own. Many people with MS say they experience more symptoms during stressful times; when the stress lessens, their symptoms seem less severe. Due to the unpredictable nature of MS, just anticipating the next exacerbation can be a significant source of stress. MS can cause significant anxiety, distress, anger and frustration from the moment of its very first symptoms, with anxiety at least as common in MS as depression. Loss of functions and altered life circumstances caused by the disease can be significant causes of distress on the mental health of people living with MS. Due to these impacts, mental health care is considered an essential element of comprehensive MS care.

Despite the increased rate of behavioral health conditions in people living with MS, many are unable to obtain the mental or behavioral health treatment they need. Reasons often cited for not being able to access treatment are network adequacy issues, the financial costs of care, stigma associated with mental health, social determinant of health factors, and the lack of comprehensive insurance coverage for mental health services. We know that even in areas where there is a more robust behavioral health workforce, people living with MS continue to face barriers in accessing mental health services due to lack of adequate insurance coverage for those services.

Gaps or delays in the treatment of MS can be detrimental to a person's long-term health and wellness as progression can occur quickly. The treatment of mental health in those living with MS and other chronic illnesses is no different. Finding a provider who can meet your needs in the treatment of any mental health challenges or disorders can be a long and arduous process.

HB 400 would ensure that patients have routine access to behavioral health wellness visits on an annual basis, without requiring diagnosis for mental health challenges that can be healthy reactions to living with MS, an unpredictable condition. This legislation would not only strengthen access to the care that Marylanders need but would also importantly chip away at the stigma of receiving mental health services, by incorporating visits as a routine part of health care maintenance.



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There is a clear and urgent need for increased access to mental and behavioral health services. The Society supports solutions that help safeguard and expand this and therefore urges you report HB 400 favorably out of committee. Should you have any questions or concerns, please feel free to reach out to Shannon Wood, Director of Advocacy and Policy at shannon.wood@nmss.org.

ⁱ Skokou, M., Soubasi, E., & Gourzis, P. (2012). Depression in multiple sclerosis: a review of assessment and treatment approaches in adult and pediatric populations. *ISRN neurology*, 2012, 427102.

ⁱⁱ ^[1] Silveira, C., Guedes, R., Maia, D., Curral, R., & Coelho, R. (2019). Neuropsychiatric Symptoms of Multiple Sclerosis: State of the Art. *Psychiatry investigation*, 16(12), 877–888. <https://doi.org/10.30773/pi.2019.0106>

ⁱⁱⁱ BlueCross BlueShield Association. The Health Impact of Multiple Sclerosis. 2019

^{iv} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6933139/>
^v [https://www.msard-journal.com/article/S2211-0348\(21\)00717-3/fulltext](https://www.msard-journal.com/article/S2211-0348(21)00717-3/fulltext)