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**HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE  
HOUSE BILL 400: MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH  
INSURANCE - ANNUAL BEHAVIORAL HEALTH WELLNESS VISITS - COVERAGE  
AND REIMBURSEMENT**

**February 8, 2024**

**POSITION: SUPPORT**

Thank you, Madam Chair Peña-Melnyk and Committee Members, for the opportunity to provide testimony on House Bill 400: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement. Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities, live independently and access high-quality, affordable health care.

House Bill 400 requires the Maryland Medical Assistance Program and certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for an annual “behavioral health wellness visit.” An annual behavioral health wellness visit is defined as a clinical encounter during which a health care practitioner assesses a patient for diagnostic criteria indicating a behavioral health disorder. The Bill further stipulates that reimbursement for the visit must be provided on the same basis and at the same rate whether or not the visit results in a diagnosis of a psychiatric or substance use condition.

The Bill describes the “health care practitioners” who are entitled to conduct these visits as those: (1) licensed, certified or otherwise authorized under the Health Occupations Article; and (2) whose scope of practice include the provision of mental health and substance use disorder care services. We assume this definition indicates that the Bill drafters intend for these visits to be conducted by licensed mental health professionals. We would like to note that it may be helpful to clarify that health care providers whose primary area of practice is not mental health, but who may provide limited mental health services as part of their practice, are not intended to conduct these assessments.

One in five adults has a mental illness<sup>1</sup> and over 17% of the population has a substance use disorder.<sup>2</sup> Despite the prevalence of these behavioral health disorders, only about half of adults with mental illness and only a quarter of people with substance use disorders report obtaining

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<sup>1</sup> National Alliance on Mental Illness, Mental Health by the Numbers, <https://www.nami.org/mhstats> (last updated April 2023)

<sup>2</sup> Substance Abuse and Mental Health Services Administration, Highlights for the 2022 National Survey on Drug Use and Health Data, <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf>

treatment services in the past 12 months.<sup>3</sup> We know from working with our clients that individuals with behavioral health disorders face significant barriers to accessing the services and supports needed to live safely and independently in the community. These barriers include lack of awareness regarding treatment options, stigma around diagnoses and seeking treatment, and cost barriers. HB 400 would serve to reduce each of these barriers. A reimbursable, annual visit with a licensed mental health professional without the requirement of a diagnosis would provide a forum for patient education, normalize treatment seeking, and, of course, reduce the financial burden placed on the individual.

**For the foregoing reasons, DRM supports House Bill 400 and urges a favorable report.**

Respectfully,

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<sup>3</sup> NAMI, SAMHSA