

**Testimony in Support of SB 205, Health Insurance - Mental Health and Substance Use Disorders - Codification of Federal Requirements
Before the Senate Finance Committee**

Chair Beidle, Vice Chair Hayes, and Members of the Committee,

Thank you for the opportunity to provide testimony in support of **SB 205, the Health Insurance - Mental Health and Substance Use Disorders – Codification of Federal Requirements Bill**. My name is Alyssa Sanders, and I serve as Director of Advocacy at EveryMind, a nonprofit organization that has been providing critical mental health services to Marylanders for nearly 70 years

Why This Bill Matters:

Parity is the law, but not the reality. Far too many Marylanders with mental health needs face hurdles that people with medical or surgical conditions simply don't encounter. Let me put that in Maryland-specific terms:

Prevalence of Mental Health Needs in Maryland

In SAMHSA's most recent data for the state of Maryland, about 15.8% of people aged 12+ had any mental illness in the past year, and about 17.9% needed substance use treatment – but among those groups, a large share did not receive that treatment. These numbers highlight the scope of unmet behavioral health needs in Maryland and is just one indicator of why parity enforcement matters so much here in our state.

National Treatment Gap Context

Nationally, among adults with *any mental illness*, **about 50 % received mental health treatment** in the past year, meaning **roughly half did not receive care despite identified need**. In fact, nearly 3 out of 4 Maryland residents who needed substance use treatment did not receive it, even though they met the criteria for treatment. This treatment gap reflects barriers to access that stronger state parity enforcement can help dismantle.

Despite parity protections that have existed for years, **Marylanders continue to face:**

- Denials of necessary services;
- Arbitrary treatment limits;
- Narrow provider networks; and
- Confusing plan designs that conceal true coverage.

This legislation would move parity from a paper promise to a practical safeguard by ensuring consistent, enforceable standards across health plans. Consistent with federal regulations, SB 205 would:

- Clearly define *mental health benefits* and *substance use disorder benefits* to reduce ambiguity that insurers exploit;
- Require health plans to collect, evaluate, and publicly explain data about how plan design and utilization management affect access to mental health care;
- Prohibit the use of discriminatory information, evidence sources, or standards in designing and applying treatment limits;

- Require coverage of *meaningful core treatments* for mental health conditions in every classification where medical and surgical benefits are covered; and
- Clarify that the **Maryland Insurance Administration (MIA)** has clear authority to enforce parity protections under state law, in addition to federal requirements.

When people with mental health needs cannot access appropriate care, the human and economic costs escalate. We see this in Maryland through higher use of crisis services, emergency rooms, and increased strain on social safety nets. This bill improves transparency and accountability, so people get care earlier, reducing acute crisis escalation and long-term costs.

SB 205 is a balanced, practical, and necessary bill that helps ensure mental health parity is meaningful, measurable, and enforceable in Maryland. For these reasons, **EveryMind strongly urges a favorable report.**

Thank you for your time and consideration.

Respectfully submitted,
Alyssa Sanders
EveryMind