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SB 93 Health Insurance - Utilization Review - Private Review Agents

Senate Finance Committee February 21, 2024 **POSITION: SUPPORT**

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or cooccurring challenges. Our Certified Family Peer Specialists are parents who have raised or are currently raising children with mental health, substance use, and/or co-occurring challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

MC Federation of Families is pleased to support SB 93 Health Insurance - Utilization Review - Private Review Agents.

SB 93 requires that certain criteria and standards used by private review agents for health insurance utilization review relating to mental health and substance use disorder benefits meet certain requirements; requiring a private review agent to take certain actions before issuing an adverse decision; and specifying the procedure for private review agents to follow when making decisions related to mental health and substance use disorder benefits.

MC Federation of Families supports SB 93 because would it:

- Specify the utilization review criteria that private review agents (PRAs) must use for all mental health and substance use disorder care decisions:
 - Mental health care criteria must be developed by a non-profit professional mental health provider association, such as the American Association of Community Psychiatrists, the American Academy of Child and Adolescent Psychiatry, and the American Psychiatric Association.
 - Substance use disorder care must be based on the American Society of Addiction Medicine (ASAM) Criteria, as required by Maryland law since 2019.
- Require PRAs to explain to the patient's treating provider why the relevant criteria for the prescribed care are not met in the individual patient's case before denying care.

• Require PRAs to make all decisions consist with the required criteria for chronic care treatment and not limit treatment to services for acute care only.

Too many Marylanders cannot access the treatment that they need for mental health conditions and substance use disorders, and people are dying as a result. Many Maryland have encountered problems with their health insurance plan denying coverage for mental health or substance use disorder care based on either the care not being medically necessary or the care being not covered or excluded. Marylanders need stronger utilization review requirements to ensure they have access to the type and duration of mental health and substance use disorder treatment they need. They deserve protections to ensure their health plans are not inappropriately denying needed care and equitable access to care that is timely, clinically effective, and adequately reimbursed by insurers.

MC Federation of Families urges this committee to pass SB 93.