

Department of Legislative Services
Maryland General Assembly
2023 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 108
Finance

(Senator Augustine)

Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

This bill requires certain health insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) to provide coverage for an annual “behavioral health wellness visit.” Reimbursement for the visit must be provided on the same basis and at the same rate as an annual wellness visit for somatic health. **The bill takes effect January 1, 2024, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.**

Fiscal Summary

State Effect: Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) in FY 2024 from the \$125 rate and form filing fee. Review of form filings can likely be handled with existing budgeted resources. There is no impact on the State Employee and Retiree Health and Welfare Benefits Program, as discussed below.

Local Effect: To the extent the mandate increases the cost of health insurance, expenditures for local governments that purchase fully insured medical plans may increase. Revenues are not affected.

Small Business Effect: Minimal.

Analysis

Bill Summary: “Behavioral health wellness visit” means a comprehensive visit to assess the behavioral health and well-being of an individual that includes screening and, as

appropriate, brief intervention and recommendations for additional behavioral health care services for the prevention of and early intervention for behavioral health conditions.

Current Law: Under Maryland law, there are more than 50 mandated health insurance benefits that certain carriers must provide to their enrollees. The federal Patient Protection and Affordable Care Act (ACA) requires nongrandfathered health plans to cover 10 essential health benefits, which include items and services in the following categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services, including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including dental and vision care.

Under the ACA, most health plans must cover preventive services with no cost-sharing. This includes depression screening for adults and adolescents ages 12 and older; maternal depression screenings for mothers at well-baby visits; behavioral assessments for children younger than age 18; alcohol, tobacco, and drug use assessments for adolescents; and alcohol misuse screening and counseling for adults.

The U.S. Preventive Services Task Force (USPSTF) recommends screening for the following behavioral health issues:

- anxiety in children and adolescents ages 8 to 18;
- major depressive disorder in adolescents ages 12 to 18;
- unhealthy drug use in adults ages 18 and older;
- unhealthy alcohol use in adults ages 18 and older (including pregnant women); and
- depression in the general adult population (including pregnant and postpartum women).

Maryland's mental health parity law (§ 15-802 of the Insurance Article) prohibits discrimination against an individual with a mental illness, emotional disorder, or substance use disorder by failing to provide benefits for the diagnosis and treatment of these illnesses under the same terms and conditions that apply for the diagnosis and treatment of physical illnesses. Carriers are required to submit a demonstration of mental health parity compliance when they submit their form filings in the individual, small group, or large group fully insured markets. Self-insured plans are not required to submit documentation to MIA but rather are subject to federal fines and penalties for failure to comply.

State Expenditures: The Department of Budget and Management (DBM) advises that the ACA requires mental health screenings during physicals for children and adults and

USPSTF recommends multiple behavioral health screenings. Therefore, DBM does not anticipate a fiscal impact under the bill.

Additional Information

Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Maryland Health Benefit Exchange; Maryland Insurance Administration; Department of Legislative Services

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km/ljm

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