

January 27, 2021

Senate Bill 172 – Maryland Health Equity Resource Act - SUPPORT

Chair Guzzone, Vice Chair Rosepepe, and members of the Senate Budget & Taxation Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

As part of our legislative priorities this session, NAMI is focused on early intervention. Part of early intervention includes better overall somatic care. All Marylanders deserve access to high-quality, affordable health care. Health inequities based on race, ethnicity, disability and place of residence persist throughout the state, as shown in maternal and infant mortality rates and other measures. In underserved areas of the state, people with chronic conditions such as hypertension, heart disease, asthma, diabetes, and substance and mental health disorders have worse health outcomes and are less able to get the care and treatment they need.

The COVID-19 pandemic has further exposed these health inequities and highlighted the need to address them and otherwise improve health outcomes in our state. Supporting health and reducing preventable hospital admissions will result in lower overall health care costs, including lower insurance premiums for everyone.

As part of this effort NAMI supports coordinated care models that integrate physical and mental health services in Health Equity Resource Communities. Physical and mental health integration have been shown to improve patient outcomes, save money and reduce mental health stigma.

Millions of Americans have both a physical and a mental health or substance use condition, yet our health care system largely fails to integrate mental health care with other medical services. This fragmented system produces poorer health outcomes and higher costs – in the form of higher insurance premiums in the private market, as well as greater state and federal budget expenditures for public programs like Medicare and Medicaid.

By bringing doctors, nurses, social workers and therapists together, integrated mental and physical health care:

- Normalizes and de-stigmatizes mental health treatment;
- Ensures that all health needs are addressed holistically, leading to proper treatment and better quality of life;
- Helps address the physical health needs of people with mental illnesses;
- Helps reduce the fragmentation between behavioral and physical health services; and
- Is critical for positive health outcomes and cost-effective care.

This legislation focuses on increasing access to health care where it's most needed – we ask that behavioral health be a critical part of this effort. For these reasons, NAMI Maryland asks for a favorable report on SB 172.

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