

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 29-19

INTRODUCED BY: Maryland Psychiatric Society

SUBJECT: Integration of Mental Health, Substance Use, and Primary Care
 Systems and Services

Whereas, mental health and addiction insurance carve-outs reinforce stigmatization and enable discrimination of people with psychiatric illness; and

Whereas, effective communication, coordination of care, and elimination of discriminatory practices are not necessarily achieved by simply eliminating carve-outs; and

Whereas, the Maryland Department of Health has initiated a two-year process of exploring changes to the current public and private healthcare delivery systems; and

Whereas, MedChi has an interest in ensuring that Maryland citizens have unfettered and timely access to coordinated, evidence-based, quality treatment and recovery services for mental health and substance use disorders in both primary and specialty care settings; therefore, be it

Resolved, that MedChi advocate for the principles stated below and monitor the legislative and regulatory changes to the healthcare delivery model that integrates somatic and behavioral healthcare systems and services in a manner that aligns the incentives of the patients, practitioners, payors, and the State, with guiding principles that include:

- patient-centeredness,
- adequate continuum of community-based services, including psychiatric rehabilitation,
- quality integrated care management and care coordination,
- stakeholder oversight and data transparency,
- accountable parity compliance,
- provider communication,
- transparent network adequacy,
- patient- and practitioner-friendly payment processes,
- minimization of administrative overhead, and payor and practitioner incentives to coordinate and to promote positive outcomes and prevent negative outcomes and to control unnecessary costs.

As amended and adopted by the House of Delegates at its meeting on November 2, 2019.