TO: The Honorable Peter A. Hammen, Chair
            Members, House Health and Government Operations Committee
            The Honorable Sheree Sample-Hughes

FROM: Pamela Metz Kasemeyer
            J. Steven Wise
            Danna L. Kauffman

DATE: March 1, 2016

RE: SUPPORT – House Bill 1217 – Maryland Medical Assistance Program – Specialty Mental Health and Substance Use Disorder Services – Parity

The Maryland State Medical Society (MedChi), the Mid-Atlantic Association of Community Health Centers (MACHC) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP) wish to register their support for House Bill 1217.

House Bill 1217 requires that the Department of Health and Mental Hygiene (DHMH) ensure Medicaid is in compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) and the federal Patient Protection and Affordable Care Act (ACA). If necessary, DHMH is required to promulgate regulations to ensure compliance to be effective by June 1, 2017.

In the commercial insurance market, the MHPAEA has been critical to the removal of barriers to coverage for medically necessary mental health and addiction services. With the expansion of Medicaid and the significant increase in enrollment, it is critical that Medicaid also comply with the requirements of the MHPAEA and the ACA.

In April 2015, CMS issued a proposed parity rule for Medicaid and the Children’s Health Insurance Program. This proposed rule would require that each managed care organization (MCO) enrollee in a state be provided access to a set of benefits that meets the requirements of MHPAEA regardless of whether the services are provided by an MCO or through another service delivery system, including an administrative services organization. House Bill 1217 is consistent with the proposed CMS rule.

While Medicaid may already be in compliance with the MHPAEA and the ACA, passage of House Bill 1217 ensures there will be an analysis completed and action taken to ensure that the objective of this legislation and the CMS rule is in fact operationalized. A favorable report is requested.

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