

I appreciate the opportunity, in the context of my role as Attorney General, to address the critical behavioral health issues raised in the Coalition's questionnaire. I have long recognized that, at both the State and national level, we have fallen seriously short in clearing the many obstacles and providing the full complement of services necessary to support those who face mental health and substance use challenges. In my former position as Chairman of the Maryland Senate Judicial Proceedings Committee, I supported legislation over many years that sought to put in place programs and funding to improve the State's strategies for increasing access to mental health and substance use disorder treatment, decreasing suicides and overdoses, and addressing behavioral health issues specific to children and youth, low-income families, and seniors.

By contrast, as Attorney General, my role is no longer in the realm of policy. Rather, we provide legal advice and guidance to the agencies charged with implementing the State's behavioral health policies and programs. In this role, we navigate the relevant legal and regulatory framework in order to facilitate and advance our clients' ability to achieve their goals in meeting the State's unmet behavioral health needs.

To the extent possible within my authority as the chief law enforcement officer of the State, however, I have also actively worked to enforce and defend laws that have significant impact on behavioral health. These efforts include protecting the State's ability to support access to mental health care and substance abuse treatment; to reduce overdose deaths by combatting the opioids epidemic; and to fight pharmaceutical companies making life-saving addiction treatment medicines unaffordable through price-gouging or market manipulation.

First, I have joined or initiated multiple lawsuits to defend the Affordable Care Act, which has increased access to health care - including mental health and addiction treatment - for 450,000 Marylanders who would otherwise be uninsured. In one case, we sought to protect the cost-sharing subsidies that make coverage more affordable for the lowest-income Marylanders who are not Medicaid-eligible. In our latest suit, we are fighting to protect the ban on pre-existing condition exclusions, guaranteed issue, and community rating. Were these protections to be invalidated, insurance companies could deny coverage to those with existing mental health or substance use disorders.

Second, I am working to combat on multiple fronts the opioids epidemic, which takes the lives of so many Marylanders every day. I am putting out of business the pill mill operators who line their pockets by feeding addiction, and I am prosecuting drug traffickers who worsen the crisis by selling heroin to addicts no longer able to get prescription opioids. Finally, I am investigating and suing the pharmaceutical companies that created this crisis by flooding our communities with more painkillers than could ever be used for legitimate medical purposes.

Third, recognizing that effective behavioral and somatic health care requires access to appropriate medications, I spearheaded passage of the nation's first price-gouging law, prohibiting unconscionable increases in the price of often life-saving generic prescription drugs. The pharmaceutical companies are marshalling the full weight and resources of the industry to try to strike down this first-of-its-kind law,



but we are doing everything possible to preserve it. I am also going after the maker of Suboxone, a critical drug in the treatment of addiction, for maintaining a monopoly through the manipulation of its market.

I am also seeking other ways to use the tools available to me as Attorney General to advance the interests and support the needs of Marylanders grappling with behavioral health issues. For example, I sought a change in the criminal justice system to preclude the pre-trial detention of defendants held only because they are poor, which helps those with mental health and substance abuse disorders avoid detention simply because they cannot afford bail. My Health Education and Advocacy Unit has also promoted consumer protections that address mental health parity and protect against discrimination in insurance coverage, and it has supported better education and disclosure of rights to consumers.

I am committed to continuing these and other efforts to enhance access to critical behavioral health services for children, adults, and seniors, to reduce and prevent overdose deaths, and to protect patients' rights with respect to behavioral health parity and equitable treatment.

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