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Testimony on SB 334
Health Insurance – Coverage for Mental Health Benefits and Substance Use
Disorder Benefits – Treatment Criteria

Senate Finance Committee

February 19, 2020

POSITION: SUPPORT

I am the medical director and owner of Families First Counseling and Psychiatry, a community-based behavioral health provider located in several counties in Maryland (Montgomery, Prince George's County, Howard County, and Baltimore City). Our organization serves about 3000 individuals every year, offering in-home and community psychotherapy, family therapy, school based mental health services, and psychiatric treatment services. In addition, we provide dialectical behavioral therapy to clients who have Medicaid.

Improving access to mental health or addiction treatment for individuals with commercial insurance is a critical need in the communities we serve.

We receive hundreds of referrals a month for services and we presently only accept Maryland Medicaid or people who are able to pay for services directly. In our group therapy program, we have children who are covered under Maryland Medicaid and parents who either are without insurance or have commercial insurance. Since the family component is vital for treatment, we provide the family therapy portion without charging our clients.

Commercial reimbursement rates rarely support the in-home and community-based work that our therapists provide to clients. In-home family therapy and community based 1:1 therapy is a powerful intervention for several conditions. Maryland Medicaid rates allow for these services as an outpatient mental health clinic. Commercial rates typically support an office-based approach only and rarely covers the off hours and emergencies that can occur. Commercial rates also do not cover the time for therapists to meet clients in home or in the community which helps to break down one of the barriers that exists for clients to receive mental health services.

Credentialing with commercial insurance is cumbersome and expensive and can take months or even over a year to complete. Behavioral health providers are frequently required to credential

each clinician individually instead of being credentialled as a group practice. We presently have over 90 therapists and every month are hiring between 2 to 4 new clinicians. The burden of individually credentialing each clinician, interns, and new hires poses an undue burden on our business. Because of these hurdles we have not yet started this process.

Despite the great need for improved access to treatment, my organization has encountered barriers to increasing our participation in insurance plans offered by commercial carriers.

Our largest concern is the low reimbursement rates and the difficulty in navigating the credentialing process.

When we aren't credentialled to serve an individual seeking care through an insurance plan, significant costs accrue to us as an organization or to the individual seeking care. This includes providing family therapy services and parent group services free of charge or at a steeply reduced self-pay rate, being forced to turn away possible referrals, or only being able to see some family members. In addition, we have had several patients who start off with Maryland Medicaid and then obtain commercial insurance. Since there is a lack of mental health providers, these patients either pay out of pocket or we continue to see them at a reduced rate to maintain continuity and be consistent with our policy of client centered care.

We believe that the Maryland Insurance Administration (MIA) must be proactive in examining carrier practices – including carriers' actual implementation of policies that impact access to behavioral health treatment – in order to ensure that Marylanders with behavioral health needs have access to services for which they pay their insurance premiums.

We urge a favorable report for SB 334.

Sincerely,



2/18/2020

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Date