

SB 484 – Health Insurance – Provider Panels – Coverage for Non-Participating Providers

Committee: Finance February 26, 2020 POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, we provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

A persistent problem in Maryland is that many insurers have a shortage of in-network behavioral health providers. This leads to consumers having to seek services with outof-network providers. It is burdensome for consumers to have to:

- 1. identify an in-network behavioral health provider, only to learn that there are no appropriate providers within a reasonable distance who can schedule an appointment within a reasonable period of time
- 2. then seek approval from their insurer to see an out-of-network provider
- 3. then identify an appropriate out-of-network provider who is within a reasonable distance and can schedule an appointment within a reasonable period of time

And this scenario assumes that a family knows of their right to get approval for nonnetwork services; **many do not.**

After going through all of these hoops, it is then the responsibility of the patient to pay the difference between what the insurer is willing to pay an out-of-network provider and what the provider actually charges.

Given these circumstances, insurers don't need to ensure that they have adequate innetwork coverage – they have little to lose – it is the consumer who bears the burden.

We recently interviewed some of the families that we have worked with, asking about their insurance coverage. Here are some of the things that we heard:

• "I tried calling six providers on my insurer's list. They all weren't taking new patients, so we went out-of-network."

- We tried three in-network providers, but none were any good, so we went out-ofnetwork."
- "I live on the Eastern shore and there are no nearby in-network providers, so we went out-of-network."
- "My son was finally ready to accept substance use treatment, but the in-network residential facilities had no open beds, so we went out-of-network."

All of these families just gave up. None of them knew that they had a right to seek approval to go out-of-network. **SB 484 addresses this problem by putting notification requirements in place.**

SB 484 will further ensure that if families must go out-of-network, **they pay no greater costs** for covered mental health and substance use services.

We urge a favorable report on SB 484.

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