



**Testimony on HB 455**  
**Health Insurance – Coverage for Mental Health Benefits and Substance Use**  
**Disorder Benefits – Treatment Criteria**

House Health and Government Operations Committee

February 20, 2020

**POSITION: SUPPORT**

The Community Behavioral Health Association of Maryland is the professional organization for providers of community-based mental health and substance use disorder treatment services. Our members serve the majority of the almost-300,000 children and adults who access care through the public behavioral health system. We provide outpatient treatment, residential and day programs, case management and assertive community treatment (ACT), employment supports, and crisis intervention.

Despite passage of the federal parity law (the Mental Health Parity and Addiction Equity Act) in 2008, there is overwhelming evidence of disparate treatment of behavioral health by insurance carriers, and unfortunately Maryland stands out as one of the worst offenders. Two reports by Milliman, Inc., one released in December of 2017 (analyzing claims during calendar years 2013 through 2015) and one in November of 2019 (analyzing claims for calendar years 2016 and 2017), found that reliance on out-of-network providers for outpatient mental health and substance use disorder treatment was significantly higher than that for primary care, and has not improved from the time of the initial report's release to the most recent report. Maryland's disparity in use of out-of-network office visits for behavioral health versus primary care was the 4th worst in the nation in 2017, and nearly twice the national average, and the 2017 reimbursement in Maryland for psychiatrists was 18% less than other physicians for the same billing codes, relative to the Medicare allowed amount.

The Maryland Insurance Administration (MIA) has historically relied on consumer and provider complaints to justify market conduct exams or other inquiries into carrier practices. Unfortunately, those seeking behavioral health treatment are often overwhelmed by a disorder that can make it very difficult to initiate complaints. In addition, stigma may discourage those with behavioral health disorders from speaking out about their challenges in seeking treatment. The Milliman evidence strongly suggests that carriers are not compliant with the federal parity law. We believe that the 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 HB 455.