

TESTIMONY IN SUPPORT OF

Health Insurance – Provider Panels – Coverage for Nonparticipation (SB707)

Submitted by Dr Jessica Hasson, PhD, licensed psychologist
Paneled with various health insurers

February 22, 2022

Dear Chairperson and Respected Members:

I urge you to support Health Insurance – Provider Panels – Coverage for Nonparticipation (SB707). I am a licensed psychologist who works primarily out of Maryland. I am also licensed in Virginia, Washington DC, and I am a certified telehealth provider in Florida. Unlike many mental health providers in Montgomery County, I am paneled with various commercial health care plans and with Medicare. Please note my comments will be general so that I do not violate my contacts with health insurance panels.

Insurance companies will state they have sufficient providers to meet their consumers' needs. The mental health crisis proved this was simply not true. We, like many mental health providers, have a substantial waitlist. We have struggled to panel new providers we hired with insurance providers, sometimes waiting multiple months for the new provider to be approved. We also have attempted to panel with other providers, in order to offer services to the community, only to be told they have sufficient providers. Despite their assertion there are sufficient providers, we often hear from potential clients they cannot find a provider in their network with availability. This is partially due to "ghost networks," where providers are listed but either no longer working in network or do not have availability. Another contributing factor is the difficulty getting paneled, which limits provider availability.

Insurance companies pay below market rates. Combined with the difficulty getting paneled, the risk of "claw backs" where the insurance companies take back claims already paid out, and the possibility that services, and therefore payment, will be denied, paneling with insurance is not an attractive option.

At the same time, the lack of providers in network limits who can access mental health services. Although many mental health providers purport to offer "out of network benefits" there is no guarantee they have out of network coverage. This occurs frequently with consumers who are with HMO's rather than PPO's. Even if they have out of network benefits, there are often deductibles associated with these benefits, resulting in clients having a large out of pocket cost that they would not have with in network providers.

For all the reasons cited above, I urge you to support SB707.

Respectfully Submitted,

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