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SB484 – Health Insurance – Provider Panels – Coverage for Nonparticipating Providers
Senate Finance Committee

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Position: SUPPORT

My name is Vanessa Batters-Thompson. Thank you for allowing me the opportunity to testify today. I am a Maryland resident, having lived in Montgomery County for the past seven years. I am also one of the approximately 40 million adults in the U.S. living and thriving with an anxiety disorder.
Last year, my fully-insured health plan failed to maintain an adequate network of mental health providers leaving my family unable to access quality behavioral healthcare at an affordable cost. I am testifying about my family's own struggle to highlight the importance of SB 484 and other pending bills enforcing behavioral health parity.

I married my husband ten years ago in April. When we first met, I fell in love with my husband's bright, joyful, energetic personality. A committed public servant, he served two tours in Iraq as an officer in the United States Marine Corps before receiving an honorable discharge. Like me, my husband believes serving others is our highest purpose. When Snowmaggedon closed down the District of Columbia for a week in 2010, he spent his snow days ferrying stranded patients to their dialysis treatments in his four wheel drive vehicle.

Approximately three or four years ago, my husband began feeling unwell. He lacked energy. His self-esteem plummeted, and he started verbalizing concerns about not contributing enough at work or home. After roughly a year of treatment by his primary care physician, my husband's symptoms persisted. At that time, we began looking for more specialized care. CareFirst's online provider directory lists many mental health providers in my area, but the entries were remarkably inaccurate and outdated. Over several years, I left countless messages for individual practitioners who never called back.

My family collectively saw several in-network providers at two different practices, but the services failed to meet my husband's medical needs. He became increasingly irritable and withdrawn. We began looking for an in-network therapist who would work with us as a family but failed. Out of desperation, we started seeing a therapist who did not accept any insurance. After meeting with us both together and individually, she tentatively diagnosed my husband with several conditions that his previous in-network providers overlooked.

Because my husband acknowledged experiencing suicidal thoughts, she strongly recommended he immediately seek the care of a specific psychiatrist, Dr. M. (Note: Dr. M's name is changed due to privacy concerns.) Upon being referred to Dr. M, I immediately checked CareFirst's online directory to see if he accepted our plan. While CareFirst's directory listed Dr. M as a participating provider, we quickly found the situation more complex. Dr. M's practice required our family to pay in full at the time of each appointment. After we paid in full, the practice then submitted claims directly to CareFirst. Due to an error, CareFirst initially remitted payments on our claims to MedStar Health instead of my family.

We later learned that Dr. M treated patients through a MedStar hospital in addition to the private practice where my husband received services. CareFirst considered Dr. M to be a participating provider when seeing patients at MedStar Health, but our claims would be treated as out-of-network. While MedStar Health received payments totaling $225 per visit, our family received just $130 in reimbursement for the same interactions.

By my best calculations, my family spent roughly $7,000 on my husband's office visits with behavioral health providers in 2019. To date, CareFirst issued payments to my family for just $2,088 for those expenses. This leaves my family with nearly $5,000 of out-of-pocket medical expenses, despite my plan advertising an out-of-pocket medical spending cap of $1,300 per individual or $2,600 for a family. As of today, CareFirst's website indicates my husband spent just $629.89 towards his $1,300 limit for 2019. Since October 2019, my company's insurance broker appealed my claim to CareFirst executives, but the status of my family's claims remains uncertain. **However, these additional costs and appeals would not be an issue if CareFirst's network of behavioral health providers adequately met my husband's needs.**

I doubt my family will ever be fairly reimbursed for these services. This outcome is neither just nor ideal, but we are lucky. My family possessed the financial ability to cover the cost of behavioral health services ourselves. Not all consumers can make a similar choice to prioritize care over cost.

Mental health and substance use disorders still carry a lot of stigma in our society. I recently started engaging in occasionally uncomfortable but important conversations about behavioral healthcare with my friends, family, and neighbors. I found many people struggle to access timely, quality care within insurance networks. In 2017, Marylanders filed ten times as many out-of-network claims for behavioral health office visits versus medical or surgical office visits. This rate is four times the national average. **While insurance carriers and providers blame each other for inadequate behavioral health networks, it is undisputable that consumers are assuming costs as a result.**

Today, my husband is doing far better. However, the time we lost trying to access quality services through CareFirst's network deeply frustrates me. My husband struggled with invasive and suicidal thoughts far longer than necessary due to the inadequate network of mental health providers. During this extended period, I worried daily about the real possibility he might harm himself. Concerns about cost and numerous administrative burdens compounded those fears and triggered my own anxiety. My daughter lost a great deal of quality time with her father as a result of the delay. In my family's case, insurance coverage presented a barrier versus a solution to accessing care. That should not occur. **The proposed bill, SB 484, simply requires insurance carriers to provide adequate behavioral health services to subscribers at a predictable cost if they fail to maintain a sufficient network of providers. This, in combination with other pending bills, is a crucial step towards making the promise of behavioral health parity a reality for all Marylanders. I urge you to report favorably on SB 484.**