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February 26, 2020

Senate Finance Committee Hearing

SB 484 – Health Insurance – Provider Panels – Coverage for Nonparticipating Providers

**SUPPORT**

As a provider of behavioral health services, I am writing in support of SB 484, a bill that would protect consumers from unnecessary costs and place the burden on insurers for failing to maintain adequate networks, as parity for mental health treatment is still in the dark ages. My experience as a provider of services has shown me how difficult it is to participate in insurance networks, despite my best efforts. I started the credentialing process in September of 2019 and am still awaiting a final contract with CareFirst. Unfortunately, CareFirst is the only carrier with which I am getting credentialed because it is the only insurer that offers decent reimbursement rates. Cigna, United, and Aetna's rates are currently below the Medicaid rates in the state of Maryland. I have been a licensed social worker for 10 years, have specialty training in EMDR, and cannot afford to cut my rates to comply with these insurers while giving my patients the time and effort they need and deserve. These rates do not represent parity for mental health treatment, and they will not lead to networks that will be adequate to serve the need in the state of Maryland. I have several patients that would benefit from weekly therapy but are unable to afford to come in as often as they would like due to cost. My hope is that when I am credentialed with CareFirst, this burden will be lifted off of some of my patients, however I am also aware that there will likely be delays in payment and other difficulties with reimbursement. Ask any provider of services about their experience with insurance companies and you will hear horror stories. We want to reduce the need for psychiatric hospitalizations, yet we do not have adequate provider networks. Networks are inadequate not because there aren't enough mental health providers, but because the insurance companies have gotten away with discriminating against behavioral health consumers for decades. It is unacceptable that if you need mental health treatment you could spend hours trying to find an in-network provider, only to find out they are not accepting new patients or are no longer actually in network. People who are fortunate to have the means to pay out-of-pocket often give up trying to go through their insurance because it is so burdensome, and those who cannot afford to pay go untreated. We are seeing the outcome of this with increase suicide rates, mass shootings, overdoses, etc. It is time to acknowledge the prevalence of mental health disorders among all Americans and hold insurance companies accountable to the Parity Act. All Marylanders deserve quality mental health treatment that they can afford, and providers deserve to be fairly compensated for their training and expertise. SB 484 would ensure that consumers who are forced to go out-of-network for mental health care because their network is inadequate do not bear the burden of their carrier's failure to comply with state standards. For this reason, I urge you to report favorably on SB 484. Thank you.