Vanessa Batters-Thompson
9316 Ocala Street
Silver Spring, MD 20901
vbatters@gmail.com

HB 1165 – Health Insurance – Provider Panels – Coverage for Nonparticipating Providers
House Health and Government Operations Committee
February 20, 2020
Position: SUPPORT

My name is Vanessa Batters-Thompson. Thank you for allowing me the opportunity to submit testimony. 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 HB 1165 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. Today, he continues to support the military as a civilian employee of the federal government. 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 that he did not contribute enough at work or home. I encouraged him to see his primary care physician, who diagnosed my husband with depression. After roughly a year of treatment, my husband's symptoms persisted. At that time, my family began looking for more specialized care.

CareFirst's online provider directory lists many mental health providers in my area, but the entries appear poorly vetted and rarely updated. Some providers appear multiple times. Several providers are listed as seeing patients at a hospital near my home; when I called the hospital, I was told the center's directory did not reflect any of the listed providers and the center did not provide outpatient mental health services. Today, those providers remain on CareFirst's provider directory despite that center closing in August 2019. 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. I worried about our relationship, as well as potential impacts on our young daughter. 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 providers overlooked.

Because my husband acknowledged experiencing suicidal thoughts, she strongly recommended he immediately seek the care of a specific psychiatrist, Dr. M[1].

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 learned that Dr. M provided care through MedStar Health in addition to the private practice where my husband saw him. CareFirst considered Dr. M to be a participating provider when working 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 $130.29 in reimbursement for the same interaction.

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.

I doubt my family will ever be fairly reimbursed for these services. This outcome is neither just nor ideal, but my family is fortunate in some ways. While my husband and I both work in public service positions, our income is stable if moderate by D.C.-metro area standards. We possessed the financial ability to cover the cost of behavioral health services ourselves. Not every consumer 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.[2] **While insurance carriers and providers each claim the other is to blame for inadequate behavioral health networks, it is undisputable that consumers are assuming costs as a result.**

Even more frightening than the prospect of going into debt for behavioral health care is the reality that many consumers never get the assistance they need. According to the Substance Abuse and Mental Health Services Administration, only 43.3% of individuals with mental illness received treatment in 2018.[3] Only an estimated 11% of individuals with substance use disorders obtained treatment.[4] On

---

[1] This provider's name is redacted due to privacy concerns.
[2] Stoddard Davenport, Travis J. (T.J.) Gray, and Stephen P. Melek. "Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement." Milliman Research. November 2019.
[3] Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/
[4] *Id.*

average in Maryland, one person dies by suicide every 14 hours.[5] We can and must do better for our neighbors. The proposed bill, HB 1165, simply requires insurance carriers to provide adequate behavioral health services to subscribers at a predictable cost when they fail to maintain sufficient networks 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 HB 1165.

[5] American Foundation for Suicide Prevention. (2019) Suicide facts and figures: Maryland 2019. Retrieved from http://healthystmarys.com/wp-content/uploads/2019/02/Maryland_AFSP_State-Fact-Sheet_-2019.pdf