

SHEREE SAMPLE-HUGHES  
Legislative District 37A  
Dorchester and Wicomico Counties

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SPEAKER PRO TEM  
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Health and Government  
Operations Committee



The Maryland House of Delegates  
6 Bladen Street, Room 313  
Annapolis, Maryland 21401  
410-841-3427 · 301-858-3427  
800-492-7122 Ext. 3427  
Fax 410-841-3780 · 301-858-3780  
Sheree.Sample.Hughes@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

TESTIMONY FOR HEALTH AND GOVERNMENT OPERATIONS  
COMMITTEE

CHAIR SHANE PENDERGRASS  
VICE CHAIR JOSELINE PENA-MELNYK

HOUSE BILL 912: HEALTH INSURANCE – PROVIDER PANELS – COVERAGE FOR  
NONPARTICIPATION

February 17, 2021

**POSITION: SUPPORT**

Good Afternoon Chairman Pendergrass and Vice Chair Pena-Melnyk. Today I am asking for a favorable report on my bill, HB 912, which reduces **cost barriers** to mental health and substance use disorder treatment for consumers and incentivizes carriers to increase the number of substance use and mental health providers in their networks.

Under state law, consumers who cannot get access to medical services without unreasonable travel or delay may request approval from their carrier to go to a non-network provider. Even if they get that approval, **the consumer will still pay more for that service than if it were delivered by a network provider.** The patient will pay the in-network cost-sharing rate, but they can be billed the difference between the provider's bill and the carrier's payment. **This shifts the cost from carriers with inadequate networks to the most vulnerable of their consumers, as well as removes any incentive for carriers to grow their networks.**

I introduced a similar bill in the 2020 session and received pushback from carriers who felt the legislation was unfair and unnecessary because they were already doing their best to improve their networks. They said that mandating out-of-network coverage would only cause complications. **Today, two years later, their networks continue to be woefully inadequate,** and they are making the same excuses they made two years ago. During that time we have tried working with carriers to find ways to make this bill palatable to them. In House bill 912, a legislated reimbursement rate is not identified. Instead, the MHCC will lead a transparent process for determining this formula, alongside all stakeholders; patients, providers, and carriers. Still, the carriers are opposed. We have given them time to show that they are improving their networks, yet they claim that it is the providers who are the problem. You will hear today from a provider who will tell you that that is not the case.

Frankly, this has gone on for far too long. The original version of this bill was introduced by the Hogan administration because they saw these coverage gaps and decided to make them a priority at the beginning of his second term. Since then, thousands of Marylanders have been living their lives and in many cases **suffering because of the inaction and delay tactics of the carriers.** Expanding our networks has been a priority of this committee since I was elected, and the solutions this bill enacts are long overdue.

I urge favorable support for HB 912. Thank you for your time.