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February 15, 2022

The Honorable Shane E. Pendergrass, Chair
Health and Government Operations Committee
Room 241
House Office Building
Annapolis, Maryland 21401

Re: **Support** for **HB 912**: Health Insurance – Provider Panels – Coverage for Nonparticipation

Dear Chair Pendergrass and Members of the Committee:

I urge you to support House Bill 912 as a concerned Maryland resident and a student at the University of Maryland Francis King Carey School of Law. But more importantly in this context, I am an individual living with a mental health condition and my inability to access appropriate mental health care within my insurers' provider networks nearly cost me my life. Gaining access to mental health services mandated under Maryland law[1] required me to spend an inordinate amount of time and energy advocating with insurers to simply negotiate payment for care my insurers authorized me to obtain from out-of-network providers. My eventual ability to obtain access to appropriate and affordable mental health care changed my life, allowing me to return to school, reducing my overall healthcare costs, and granting me access to opportunities I never imagined possible. I support HB 912 because every Marylander deserves the opportunity to thrive.

Mental health and substance use disorders are treatable conditions.[2] No one should go without care or lose their life simply because their insurance company fails to offer appropriate in-network care. Existing law already requires insurers to cover out-of-network mental health and substance use disorder services when appropriate care is not available within an insurance carrier's provider network.[3] Nonetheless, many continue to be denied access to lifesaving mental health and substance use disorder services because insurers' refuse to negotiate payment for these mandated benefits.[4]

In my case, I made every effort to obtain mental health services within my insurer's network. I spent four months contacting more than 50 mental health providers, yet not one in-network provider had the availability, willingness, and expertise to treat my condition. Because many providers deemed me "high-risk" due to my history of repeated trauma and hospitalizations in conjunction with having a rare, complex medical condition, obtaining access to appropriate mental health care is complicated. Nonetheless, appropriate care exists, but it is often not available within many insurer networks, because reimbursement isn't commensurate with the time and expertise required to provide adequate mental health care to "high-risk" patients.[5]

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[1] *See* Md. Code Ann., Ins. § 15-830 (d) (2019).
[2] U.S. Dept. of Health and Human Serv., Mental Health Treatment Works, https://www.samhsa.gov/mental-health-treatment-works.
[3] *See* Md. Code Ann., Ins. § 15-830 (d)(2)(ii) (2019).
[4] NAMI, *Health Insurers Still Don't Adequately Cover Mental Health Treatment* (Mar. 13, 2020), https://www.nami.org/Blogs/NAMI-Blog/March-2020/Health-Insurers-Still-Don-t-Adequately-Cover-Mental-Health-Treatment.
[5] A 2020 Milliman report indicated only 4.4% of healthcare spending goes towards behavioral health care. Stoddard Davenport, Et al., *How do individuals with behavioral health conditions contribute to physical and total healthcare spending?* 6–11 (2020), https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx.

When I finally located a provider willing to assume my care, they didn't participate with my insurer's provider network. However, the provider agreed to try to negotiate a single case agreement with my insurance carrier. Thus, I contacted my insurer to request a single case agreement and they authorized me to seek out-of-network mental health care under an existing Maryland statute.[6] While my insurer authorized me to obtain out-of-network mental health services because they acknowledged appropriate care wasn't available within the carrier's network, my insurer refused to negotiate payment with my provider. Consequently, even with an authorization allowing me to access out-of-network care at my in-network co-pay, obtaining that care remained financially untenable because existing law fails to address either carrier reimbursement or balance billing for such authorizations.[7]

Because of this loophole in existing law, I spent hours on the phone with my insurance carrier for several consecutive weeks just trying to navigate payment to my psychologist. When I would call the carrier to follow up on negotiating payment with my psychologist under the authorization they provided, my insurer would either send me on a wild goose chase contacting in-network providers who weren't qualified to treat my condition or tell me they wouldn't negotiate a rate under the authorization provided. In fact, on one occasion a customer service representative readily acknowledged that utilizing the carrier's authorization to seek out-of-network mental health care would cost me more than utilizing my out-of-network benefits. When I raised concerns about this disparity, I was told it was "just part of the business," even though the practice seemed to contravene the legislative intent of existing Maryland law. [8]

Both my provider and I were ready to give up as a result of the barriers my insurance carrier continually placed in the path of finalizing a single case agreement. However, giving up wasn't an actual choice: my life depended on access to appropriate mental health care. Thus, I desperately contacted the Health Education and Advocacy Unit at the Attorney General's Office and numerous outside entities for assistance with navigating this process. Only after I testified before the Senate Finance Committee on March 13, 2019, regarding a previous iteration of this bill,[9] did my insurer finally agree to negotiate payment under a single case agreement with my psychologist, nearly two months after the initiation of the request.

Yet, less than six months after that single case agreement was finalized, my school unexpectedly switched insurance carriers. As a result, I had to start the entire single case agreement process over again with my new carrier. However, the second time around resulted in even more dire consequences, leading to prolonged hospitalization because I couldn't be released until the hospital knew I had access to appropriate outpatient care. Again, my new insurer refused to negotiate payment with my outpatient mental health providers for services that the hospital required I have in place before I could discharge home. As result of my new insurer's refusal to negotiate with my providers, my education was interrupted, and my insurer incurred over $135,000 in hospital costs. Eventually, my insurer agreed to negotiate single case agreements with my outpatient providers. Notably, my new insurance carrier opted to pay my providers' full billed rate rather than negotiate.

Nonetheless, the delay left me a year behind my graduate school cohort, required me to spend Jewish high holidays in the hospital, and unnecessarily uprooted my life. For nearly four months, I was trapped in a

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[6] *See* Md. Code Ann., Ins. § 15-830 (d)(2) (2019).
[7] *See* Md. Code Ann., Ins. § 15-830 (e) (2019).
[8] *See* Md. Code Ann., Ins. § 15-830 (e) (2019).
[9] *See* 2019 Maryland Senate Bill No. 761, Maryland 439th Session of the General Assembly, 2019.

hospital, uncertain whether I would continue to have access to the mental health services I had just fought so hard to obtain.

I was fortunate to encounter some incredible advocates who helped me gain access to the care I needed under my new insurance. Without their assistance, I wouldn't have access to the life changing mental health care I have today. Yet, obtaining access to state mandated benefits shouldn't be a full-time job for consumers or providers in the first place. When I compare my experiences seeking mental health care to those seeking care for complex medical conditions, I've never faced such repeated, prolonged ordeals obtaining access to medical care: care that is ten times more expensive than the mental health services I sought coverage for.[10]

Most importantly, access to appropriate mental health care changed my life in ways I never imagined possible. Before I began seeing my current providers, I was told I was "hopeless." Those messages were decidedly wrong,[11] but I never would have had the opportunity to learn that without my current mental health providers. I am now in my second year of law school, and I recently completed the fall semester with a 4.06 GPA. I just founded an organization to support disabled law students at the University of Maryland and I am active in many other University committees and community organizations. I have a stable place to live, supportive friends, and I haven't required hospitalization since the last time my insurer refused to provide access to appropriate mental health care. These are all achievements that once seemed out of reach.

I now have life that is beyond my wildest dreams because I was finally able to access appropriate and affordable mental health care. But now, I am left wondering how many other Marylanders are robbed of opportunities because their insurer refuses to provide access to the mental health and substance use disorder services they are entitled to under the law? I could go on about the economic benefits of House Bill 912, which ensures other Marylanders can access appropriate and affordable mental health and substance use disorder services. Yet, the value of human lives can't be reduced to economics. We can't continue to allow insurers' profits to come before Marylanders' lives.

I support House Bill 912 because Marylanders shouldn't have to sacrifice their lives when an insurer fails to provide access to appropriate mental health and substance use disorder services.

Sincerely,

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[10] A 2020 Milliman report found that people with behavioral health conditions accounted for 56.5% of healthcare costs, yet behavioral health care accounts only 4.4% of total healthcare costs. Stoddard Davenport, Et. al., *How do individuals with behavioral health conditions contribute to physical and total healthcare spending?* 6–11 (2020), https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx.

[11] Psychotherapy is an underutilized treatment with minimal side effects that leads to improved long term health outcomes. Press release, American Psychological Association, *Research shows psychotherapy is effective but underutilized*. (August 9, 2012), http://www.apa.org/news/press/releases/2012/08/psychotherapy-effective.