



HB 912 – Health Insurance – Provider Panels – Coverage for Non-participation

Committee: Health and Government Operations

Date: February 17, 2022

POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF strongly supports HB 912.

We know that the mental health of children has been particularly hard hit during the COVID-19 pandemic. The CDC reported that the proportion of mental health-related ED visits increased sharply beginning in mid-March 2020 and continued into October (the study was completed in November 2020) with increases of 24% among children aged 5-11 years and 31% among adolescents aged 12-17 years, compared with the same period in 2019. Other indicators too show that the mental health of children has worsened during the pandemic. In the fall of 2021, a coalition of the nation's leading experts in pediatric health declared a national emergency in child and adolescent mental health.

Therefore not surprisingly, the number of families that have tried to access mental health treatment for their child has grown tremendously compared to pre-pandemic times. We often hear that parents/caregivers of children with private insurance have been told again and again, upon calling their carrier's in-network providers, that the providers are not taking new patients. At best, children wait for months on waiting lists to access mental health treatment. Families do not know that they have the right to request from their insurer that their child be allowed to see an out-of-network provider if no in-network provider can be found within a reasonable time and distance.

Not only do parents not know that they have this right, if they exercise that right they can be charged significantly more than their normal co-pay. The carrier bears no financial responsibility for having an inadequate network of providers.

HB 912 would remedy this unfair situation. First, families would be explicitly and clearly told that they have the right to see an out-of-network provider, and second, they would not bear

significant additional costs to exercise the right. Children would be able to access the mental health treatment that they so desperately need in a timely fashion.

For these reasons we request a favorable report on HB 912.

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