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before
House Health and Government Operations Committee
IN SUPPORT OF
HB 1074: Health Insurance – Mental Health and Substance Use Disorder Benefits – Sunset
Repeal and Modification of Reporting Requirements

February 22, 2024

Chairwoman Peña-Melnyk, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide written testimony in favor of House Bill 1074. My name is Laura Willing, MD and I am a child and adolescent psychiatrist at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland. We also provide a comprehensive range of behavioral health services for Maryland children and youth.

At Children's National, we treat children and youth with a variety of mental health and substance use disorders, in both the inpatient and outpatient settings. We know that many children and youth with health insurance have difficulty accessing quality mental health care in a timely matter, which may be vastly improved by strengthening network adequacy among health plans as is detailed in HB 1074. We value all children and youth being able to access the mental health care they need when they need it. We have heard from providers and families

that there are many barriers to care including prior authorizations, step therapy, limited networks, and long wait times for services.

The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a National Emergency in Child and Adolescent Mental Health in October 2021¹. We believe that achieving true mental health parity is necessary and vital to improve the current state of youth mental health. The comparative analysis this bill requires the carriers to submit will help the State of Maryland enforce state and federal parity laws that are already in place. We suggest that, to the extent possible, the reports and data are also made available to the public so that the consumers can purchase plans that are in compliance with the parity law.

Nonquantitative treatment limitations (NQTLs) can be difficult to compare between medical/surgical care and mental health and substance use disorders. While we support this bill as is, we do have some suggestions for its implementation. We recommend the use of the substantially all/predominant test for analyzing NQTL in addition to Quantitative Treatment limitations (QTLs). We suggest that a stakeholder advisory group may be beneficial to the Insurance Commissioner when implementing this bill in Maryland. In addition, to determine network adequacy, we recommend using time, distance, and wait time data to determine if a carrier has an adequate mental health network. It is also important to note that the entire continuum of care (including but not limited to outpatient care, intensive outpatient programs, applied behavioral analysis, dialectical behavioral therapy, multisystemic therapy, partial hospitalization programs, residential facilities, and inpatient care) should be covered within network. Furthermore, when considering network adequacy, we recommend that a variety of mental health specialists be included in the network for all carriers. Further, consider that if Maryland residents are frequently needing to find care outside of their carrier's network, that likely is not an adequate network.

We also suggest gathering data on payment/reimbursement rates when comparing medical/surgical care to mental health and substance use disorders care. The Milliman Report shows higher out of network utilization for inpatient and outpatient mental health care as

1. American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, & Children's Hospital Association. (2021, October 19). *AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health* [Press release]. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

compared to medical/surgical care, and it also shows frequently lower reimbursement rates for mental health care as compared to medical/surgical care².

I applaud Delegate Bagnall for introducing this important legislation, which will help more Maryland residents use their health insurance to access mental health care in a timely manner and request a favorable report on House Bill 1074. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

2. Melek, S.P. FSA, MAAA; Perlman, D. FSA, MAAA, and Davenport, S. *Milliman Research Report Addiction and mental health vs. physical health: Analyzing disparities in network use and provider reimbursement rates*. December 2017.