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February 22, 2024

House Health and Government Operations Committee Hearing

House Bill 1074

Support

Dear Madame Chair and Members of the Committee:

My name is Courtney Bergan. I am an attorney and an individual living with serious mental illness. Maryland's lack of parity compliance and enforcement has impeded me from accessing the care I need to thrive.

I support House Bill 1074, implementing reporting standards for parity compliance and enforcement. Obtaining appropriate care for my mental health condition has required a disproportionate investment of time and effort when I compare it to my experiences seeking medical care. When seeking medical care, I don't have to think twice about basing my provider selection on network affiliation; I can simply choose the best specialist for my condition. I have repeatedly made significant sacrifices to obtain insurance coverage that is most likely to cover appropriate psychiatric care. Not only that, there are significant differences in how I see carriers reimbursing medical and psychiatric providers for the exact same services, with insurers allowing for greater reimbursement to medical providers. These disparate standards for the coverage of medical versus psychiatric care have had a significant impact on my health and my ability to participate in my life and they are emblematic of carriers' routine non-compliance with mental health parity requirements.

Due to the complexities involved in treating my psychiatric condition, there are few providers who are both able and willing to assume my care. There are even fewer who take insurance due to reimbursement rates that are not commensurate with the complexity of the care required for my condition. You may recognize me and my story, since I testified before this committee previously, after I spent more than 4 months contacting over 60 providers, desperately trying to locate an in-network provider who had the availability and expertise to assume my care. Accessing out-of-network psychiatric care is well beyond my means, as psychotherapy alone would have cost more than 50% of my income.

Due to my inability to access in-network mental health care, I began seeing a non- network specialist, who agreed to request a single case agreement with my carrier. The request for a single case agreement was initially denied within hours of my provider's request, with my carrier citing that I was not eligible for a single case agreement, despite the fact that my plan documents indicated I was. The day following my testimony before this committee, I finally received approval of the single case agreement that had been requested nearly two months earlier. Had I not received approval of that single case agreement, I am not sure I would still be here and sitting before you again today.

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While I was relieved to receive approval of the single case agreement with my psychologist, my relief was short lived, as I was then notified that my health insurance carrier would be changing, leaving me without access to any of my outpatient providers under my new carrier. As a result, I spent more than 4 months in the hospital, since I couldn't even find a psychiatrist who would prescribe my medications. This had significant personal costs to me, as I ended up having to drop out of my social work degree program. It also posed unnecessary costs to Maryland taxpayers, as Maryland Medical Assistance ended up paying for the portion of my inpatient stay that wasn't covered by my primary payor.

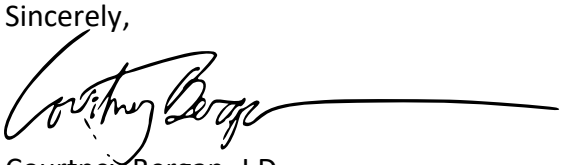
Five years after this initial battle to access appropriate in-network care, the situation only appears to have worsened as I just spent five months trying to negotiate single case agreements on my new insurance coverage because access to in-network care is even further out of reach, with long waitlists and the reality that most in-network providers are unwilling to work with individuals like me who have complex needs. I almost lost access to my mental health providers because in-network care remains unavailable. Only after I helped my providers write letters using my legal knowledge on Parity, did the single case agreement get approved. No one should need to be a lawyer to be able to obtain the care they need.

Furthermore, I also continue to struggle to obtain coverage of psychiatric medications, some of which are common, low-cost generic medications. Due to my inability to obtain timely approval from my insurer. For one of these medications, I ran out of my medication and I had a seizure as a result of the sudden withdrawal.

My experience demonstrates that discriminatory standards are still being applied to the coverage of behavioral health conditions when compared to those applied to the coverage of other medical conditions, despite state and federal Parity laws barring such discrimination. I should not have my ability to remain employed and live in the community jeopardized because insurers refuse to cover adequate care for my psychiatric conditions, nor should I have to invest more time or money in seeking mental health care than I do in seeking other medical care. Yet currently that is the case, because without parity compliance and enforcement, these discriminatory practices will remain.

I support HB 1074 so that health insurance carriers have an incentive to comply with existing Parity laws by demonstrating that they are not discriminating against individuals with behavioral health conditions. The lives of too many Marylanders hang in the balance to continue ignoring this unlawful discrimination.

Sincerely,



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