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**HB 11: Health Insurance – Access to Nonparticipating Providers – Referrals, Additional Assistance,
and Coverage
Position: FAVORABLE
January 30, 2025
House Health and Government Operations Committee**

Chair Peña-Melnyk, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide testimony in favor of House Bill 11. My name is Dr. Laura Willing, and I am a psychiatrist at Children's National Hospital. I am also the Medical Director for Mental Health Policy and Advocacy in our Community Mental Health CORE. The Community Mental Health CORE aims to improve access to and utilization of high-quality behavioral health services for children and families, advance racial and health equity, and promote sustainability and system-level change through research, policy, advocacy, and community engagement.¹ 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.

Children's National strongly supports HB11 which will remove the sunset to permanently authorize balance billing protections, allow people seeking care for mental health and substance use disorder to go out of their network, and align the balance billing protections with Maryland's regulatory time and distance standards, to help patients better access necessary healthcare.

Children's National cares for many children and adolescents from Maryland who have great difficulty finding appropriate mental health providers within their insurance network in a timely manner. I have seen children in the emergency room who haven't been able to connect with an in-network therapist and are on multiple waitlists. I have cared for teenagers admitted to the hospital whose families have struggled to find outpatient mental health care covered by

¹ For more information on the Community Mental health CORE, see <https://childrensnational.org/advocacy-and-outreach/child-health-advocacy-institute/community-mental-health>.

their insurance plan. I see many youth in my outpatient clinic who work for months to connect with a therapist in network. These are just a few of the many examples of why it is so important for patients to be able to access mental health care in a timely manner. This bill will help families and patients access care and reduce unnecessary suffering.

In addition, HB11 will prohibit the use of prior authorization as an additional barrier to getting out-of-network care and authorize the Maryland Health Care Commission to establish a reimbursement rate formula for out-of-network mental health and substance use providers. If a patient's family does finally find an appropriate mental health provider with availability, it is important that the child and family be able to access care quickly, without additional barriers to care for the family and without additional administrative burdens for the provider. We know that in Maryland, many insurance plans do not have adequate mental health networks and that often, these networks are even worse for children and adolescents.² Several studies have been done that show that Marylanders go out of network far more often for mental health and substance use care than for medical/surgical care.^{3,4} We need to decrease barriers to accessing this care for patients and families and decrease disincentives for providers to participate in networks.

We commend the House Health and Government Operations Committee for its attention to access to quality mental health care and focus on network adequacy. As the youth mental health crisis continues to affect children and their families across Maryland, it is crucial that children and adolescents are able to access quality mental healthcare close to home and in a timely manner.⁵

I applaud Delegate Sample-Hughes for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on HB11. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

For more information, please contact:

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² Melek, S.; Davenport, S.; and Gray T.J. *Milliman Research Report Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement*. November 2019.

³ 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.

⁴ Mark, T. L., & Parish, W. J. (2024). Behavioral health parity – Pervasive disparities in access to in-network care continue. RTI International.

⁵ [AAP, AACAP, CHA declare national emergency in children's mental health | AAP News | American Academy of Pediatrics](#)