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TESTIMONY IN **SUPPORT** OF **Health Insurance – Access to Nonparticipating Providers – Referrals, Additional Assistance, and Coverage (HB0011)**

Submitted by Laura Mitchell to the Maryland House Health and Government Operations Committee

January 28, 2025

Chairwoman Delegate Joseline A. Pena-Melnyk and Respected Members of the Health and Government Operations Committee:

As a multigenerational survivor and advocate, I urge you to support HB0011, Health Insurance - Access to Nonparticipating Providers - Referrals, Additional Assistance, and Coverage.

The Personal Impact

For over two years, my family struggled to get the multi-faceted mental health treatment our granddaughter required and that struggle very nearly cost her life. Even our insurer could not find an appropriate provider to address her trauma, autism, and other conditions in their network, much less within a reasonable time and distance. Thanks to the balance billing law, we were finally able to access the lifesaving mental health treatment she needed with an appropriately credentialed therapist. She is now a high school senior, thriving at home and in school - we simply cannot go back!

We do, however, need to move forward to enhance the utility and effectiveness of the current law. Under the current balance billing law, we must go back to the insurer for approval every six months to maintain the "Inadequate Network Exception" they approved or risk losing access to the provider with whom our granddaughter has built a therapeutic relationship she trusts. The requirement to continuously renew this critically important authorization falls to the family – to me – with no reminders or prompts from the insurer, such as you might receive for much less consequential things such as when a subscription, membership, or credit card is expiring. It is a nightmare that often wakes me in the middle of the night – "Is it time to renew?", "Did I miss making that call?", "Will her therapy for this week be covered?". It defeats the whole purpose of ensuring access to and continuity of care.

Additionally, I must first pay for the services and then submit to the insurer for reimbursement. The provider continues to initially process every claim as out of network, despite my putting their "Inadequate Network Exception" authorization number in big, bold, red print on every related claim document I send them to get reimbursed – per their instructions. Then I am saddled with filing appeals, spending hours on tracking the errors and on the phone explaining the issue to someone who, invariably, seems to have never heard of the "Inadequate Network Exception" and suggesting that I do exactly what I have already done – note the case number on the claim documents. Generally, they elevate the review, and I get the same response, another Explanation of Benefits with the claim processed as out of network and stating that the full benefit has been paid. We go through several iterations of the process until sometimes, not always, we get someone to process the claim correctly and we get fully reimbursed 3-12 months later for claims that are typically $1,000 per month. This creates tremendous stress on my time, emotions, and our financial ability to continue treatment.

In this time of widespread mental health needs and provider shortages, insurers must be required to continue providing access to out of network providers at no greater cost to the patient and be encouraged to build adequate networks by removing the sunset provision of the "Balance Billing" law. Further, the legislature must remove the reauthorization requirements and require correction to the erroneous payment of these claims, both of which I believe to be parity violations. My granddaughter's life, and that of many others, depends on retaining and enhancing this law.

The Broader Impact

In 2022, the Maryland General Assembly passed a law to protect Marylanders with private health insurance from having to pay higher costs when their insurance network is inadequate, and they are forced to go out-of-network to meet their needs for mental health (MH) and substance use disorder (SUD) care. However, this law is set to expire in July 2025. Maryland is still facing an overdose epidemic and mental health crisis. We need to prevent health insurers from returning to the practice of shifting costs to vulnerable Marylanders due to inadequate networks; we also need to close existing gaps in the law.

HB0011 has many necessary provisions; it will: Enable people seeking MH and SUD care to get a referral to go out-of-network, whether or not they already have a diagnosis; Align the balance billing protections with Maryland's regulatory time and distance standards, to help consumers better understand and exercise their rights; Require health insurers to provide assistance when individuals cannot find an out-of-network provider on their own; Prohibit the use of prior authorization as an additional barrier to getting out-of-network care; Ensure balance billing protections for the full duration of the treatment plan requested; and Authorize the Maryland Health Care Commission (MHCC) to establish a reimbursement rate formula for out-of-network MH and SUD providers.

The unmet need for MH and SUD treatment in Maryland is immense and increasing.

- In 2022-23, 28% of Maryland high school students and 22% of middle school students reported that their MH was not good most of the time or always, and 18% of high school students and 24% of middle school students reported they had seriously considered suicide.
- In 2023, more than 27% of Maryland adults reported symptoms of anxiety and/or depression, and over 30% of adults had an unmet need for counseling or therapy for these conditions.
- Of the 252,000 Maryland adults who did not receive MH care, 1 in 3 did not get it because of the cost.
- Approximately 80% of adults who were classified as needing SUD treatment in Maryland did not receive treatment in 2022.
- Maryland has experienced a 300% increase in overdose-related deaths in the last decade, with over 2,000 overdose-related deaths each year since 2016.

Marylanders deserve the coverage we are paying for, including access to the MH & SUD care we need, when and where we need it, at no greater cost than the in-network rate when the insurer's network is inadequate to meet the needs of their subscribers.

Maryland currently ranks among the worst in the country for the frequency they must rely on out-of-network providers for MH and SUD treatment compared to somatic medical care. Compared to medical specialists, residents go out of network 21 times more frequently for psychiatrists – the 4th worst in the nation - and 36 times more frequently for psychologists – the 2nd worst in the nation. Maryland's insurers maintain adequate networks for nearly all medical and surgical services; however, time and distance metrics are not met for addiction medicine providers of at least 5 plans nor for opioid treatment services providers of at least 8 plans. Similarly, 11 plans do not meet the required adequacy metrics for SUD residential treatment facilities in Maryland. (Source: Maryland insurers' 2024 Access Plans.)

Overall, I support HB0111 because Maryland can and must do better at ensuring equitable and affordable access to mental health and substance use treatment for every Marylander who needs the services without additional costs to those seeking treatment outside of their insurer's admittedly inadequate network.

For all the reasons cited above, I urge you to support HB0111.

Respectfully Submitted,

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Co-Founder of Montgomery Goes Purple Community Coalition, Appointed Member, Montgomery County Alcohol and Other Drug Addiction Advisory Council (AODAAC); Liaison to the Montgomery County Mental Health Advisory Committee; Member, Montgomery County Overdose Fatality Review Team (OFRT); Vice President of

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