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TO: The Honorable, Joseline A. Peña-Melnyk, Chair
Health and Government Operations Committee

FROM: Irnise F. Williams, Deputy Director, Health Education Advocacy Unit

RE: House Bill 0011 Health Insurance - Access to Nonparticipating Providers
Referrals, Additional Assistance, and Coverage

The Health Education Advocacy Unit supports House Bill 0011, which, among other things, makes permanent balance billing protections for consumers of mental health or substance use disorder (MH/SUD) services who are compelled to obtain their care from out-of-network providers. The HEAU sees no reason to eliminate this protection which we supported in 2022, because consumers who pay premiums in reliance on a contract that entitles them to adequate networks should not have to assume the risk of having to pay excess costs when they are forced to receive out-of-network care. Current law expressly requires the carrier to cover the services provided by an out-of-network provider *at no greater cost to the insured than if the services had been provided by an in-network provider*. In other words, consumers get the benefit of the bargain they assume they are making when they purchase health insurance or receive it as an employment benefit, i.e., carriers are paid premiums in exchange for paying out MH/SUD claims when services are needed. An insured expects to pay only what he would have paid in an adequate network. This bill maintains the balance billing protection by removing the sunset date. This bill also enables consumers seeking mental health or substance use disorder care to get an out-of-network referral even if they have not yet been diagnosed.

The bill also requires the Maryland Healthcare Commission, with input from stakeholders, to establish a reimbursement formula to determine the payment rate for nonparticipating MH/SUD providers. From a consumer perspective, the HEAU often sees carriers providing the required out-of-network referrals for MH/SUD care, but the carrier and provider won't agree on the reimbursement amount, leaving the consumer in the middle of that debate and ultimately unable to receive needed care or the balance billing protections this law affords. Setting a reimbursement rate will take consumers out of the middle of the reimbursement dispute.

Our office also generally supports the elimination of other unnecessary barriers to care. We should not roll back the important protections that do exist, doing so will leave even more Marylanders without access to care. As it is, [Maryland ranks among the worst in the country](#) for how frequently care must be provided out-of-network.

We urge a favorable report for HB11.