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**House Bill 11**  
**Health Insurance - Access to Nonparticipating Providers - Referrals, Additional Assistance, and Coverage**  
**House Health and Government Operations Committee**  
**January 30, 2025**  
**TESTIMONY IN SUPPORT**

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. Our Certified Family Peer Specialists are parents who have raised or are currently raising children with mental health, substance use, and/or co-occurring challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

MC Federation of Families urges the House Health and Government Operations Committee to support HB 11 Health Insurance - Access to Nonparticipating Providers - Referrals, Additional Assistance, and Coverage. Marylanders deserve the coverage they are paying for, including access to the mental health (MH) and substance use disorder (SUD) care they need, when and where they 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. This bill will help to ensure that this happens.

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 to meet their needs for MH and SUD care and they are forced to go out-of-network. However, these balance billing protections are set to expire in July 2025. Our state is still facing an overdose epidemic and mental health crisis, and we need to prevent health insurers from going back to shifting costs to Marylanders when they have inadequate networks, and close existing gaps in the law.

The Balance Billing Reauthorization bill (HB 11) would:

- Remove the sunset to permanently authorize balance billing protections;
- Enable people seeking mental health and substance use care to get a referral to go out-of-network, not just those who already have a diagnosis;
- Align the balance billing protections with Maryland's regulatory time and distance standards, to help consumers better understand and take advantage of 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 care in Maryland is high and continues to rise.**

- 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 because of cost.
- In 2022-23, **28%** of Maryland high school students and 22% of middle school students reported 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.
- 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.

**Requiring insurers to pay for approved out-of-network services at “no greater cost” to members than the in-network rate will protect Marylanders.**

- At least 17 states have laws that comparable balance billing protections for when insurance networks are inadequate.
- The **NAIC’s Network Access and Adequacy Model Act** (§ 5(C)) includes balance billing protections for when networks are inadequate.
- The federal No Surprises Act protects Marylanders from higher costs when they unknowingly receive emergency services from out-of-network providers. Marylanders who get permission to go out-of-network because their insurer’s network is inadequate deserve no less.

**Marylanders should not pay more for mandated MH and SUD services when insurers do not have adequate networks.**

- **Maryland ranks among the worst** in the country for how much more frequently Marylanders go out-of-network for mental health and substance use care compared to medical care.
  - Marylanders go out-of-network 21.1 times more frequently for psychiatrists than for medical specialist physicians (4<sup>th</sup> worst in the country).
  - Marylanders go out-of-network 36.4 times more frequently for psychologists than for medical specialist physicians (2<sup>nd</sup> worst in the country).
- Maryland insurers’ **2024 Access Plans** reveal inadequate networks for many SUD services in one or more geographic areas, despite maintaining adequate networks for virtually all medical/surgical services:
  - Addiction medicine provider – 5 plans did not meet time and distance metric
  - Opioid treatment services provider – 8 plans did not meet time and distance metric
  - SUD residential treatment facility – 11 plans did not meet time and distance metric

**For all the reasons cited above, MC Federation of Families urges the House Health and Government Operations Committee to support HB 11.**