



Empowering People to Lead Systemic Change

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**Maryland House Health & Government Operations Committee – Bill Hearing**  
**House Bill 11: Health Insurance - Access to Nonparticipating Providers - Referrals, Additional Assistance, and Coverage**  
**Thursday, January 30, 2025, 1:00 PM**  
**Position: Support**

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the mission of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state. In the context of mental health disabilities, DRM advocates for access to person-centered, culturally responsive, trauma-informed care in the least restrictive environment. DRM appreciates the opportunity to provide testimony on HB 11, which will require insurance companies to provide access to appropriate mental health care from an out-of-network provider, when appropriate care is either not available from a provider within an insurance carrier’s network, or not available within the time or distance standards set forth under Maryland’s network adequacy regulations.

No one should be forced to go without life-saving mental health or substance use care simply because an insurance company fails to provide this care within their network, but unfortunately, this happens far too often. Narrow insurance networks mean that appropriate mental health and substance use care is unavailable to far too many Marylanders, especially Marylanders with disabilities who are often deemed “complex” or “high risk” by in-network mental health providers due to histories of hospitalizations, suicide attempts, self-injurious behaviors, co-occurring medical conditions, and/or multiple disabilities. Nonetheless, appropriate care usually exists in our communities; it is often just not available within many commercial insurance carriers’ provider networks because reimbursement rates are not commensurate with the time and expertise required to provide adequate mental health care to patients with more complex needs.<sup>1</sup> When Marylanders with significant mental health and substance use related disabilities cannot obtain timely access to care from a provider who is trained in treating their condition or meeting their unique needs, too many end up being unnecessarily hospitalized. HB 11 helps to remedy this harm by ensuring that Marylanders can access timely coverage for mental health and substance use related care from providers who have appropriate training and expertise in treating their conditions, even if they are forced to go outside of their insurance carrier’s network to access this care

While the law currently requires health insurance carriers to cover out-of-network mental health and substance use disorder services when such care is not available within an insurance carrier’s provider network<sup>2</sup>; the sunset on patient protections that allow patients to enforce these rights will soon lapse.<sup>3</sup> Prior to the 2022 bill that initially wrote these processes into Maryland law, insurers were simply fined for failing to guarantee timely access to essential mental health and substance

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<sup>1</sup> A 2020 Milliman report indicated disparities in reimbursement for behavioral health services, finding only 4.4% of healthcare spending goes towards behavioral health care. Stoddard Davenport, et al., *How do individuals with behavioral health conditions contribute to physical and total healthcare spending?* 6–11 (2020), <https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx>.

<sup>2</sup> See Md. Code Ann., Ins. § 15-830 (authorizing patients to seek a referral to see a non-network specialist when an appropriately trained specialist is not available within an insurance carrier’s provider network).

<sup>3</sup> See Md. Code Ann., Ins. § 15-830 (d)-(e).

use care within their provider networks, while patients were forced to pay more for these failures. These fines were generally less expensive than covering appropriate treatment, so carriers often strategically chose to be fined, rather than comply with the law and cover the care their members were legally entitled to and paying for via their monthly premiums. HB 11 will maintain the remedy initially created back in 2022 by making it so that when a carrier refuses to provide a member with access to appropriate in-network mental health and substance use care; the carrier is required pay for the member to access mental health and substance use services from a non-network provider at no greater cost to the member than if those services were provided by an in-network provider. In addition to maintaining these vital balance billing protections, HB 11 also fixes language from the 2022 law that was erroneously interpreted to deprive Marylanders of these crucial legal protections by imposing an arbitrary preauthorization requirement. HB 11 is essential to ensuring that state law provides a just remedy, which both makes Marylanders whole and incentivizes carriers' compliance.

DRM urges the committee to issue a favorable report on HB 11 and help guarantee Marylanders' access to mental health and substance use related care that will support them in both surviving and thriving in our communities. The General Assembly must refuse to put insurance company profits before Marylanders' lives.

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