

SB0774\_RichardKaplowitz\_FAV

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Richard Keith Kaplowitz

Frederick, MD 21703

**TESTIMONY ON SB#0774- POSITION: FAVORABLE**

**Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

**FROM:** Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#0774, **Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)**

This bill will, for each type of provider of medical services, require reporting claims data sufficient to evaluate, for each facility type and provider type, access to and coverage of:

mental health services; substance use services; behavioral health services; medical or surgical services; youth and adult services, separately and combined; in-person and telehealth services, separately and combined; geographic area, as specified by the commissioner; whether the facility or professional health care provider is affiliated with, owned by, or under common control with the carrier, as specified by the commissioner; claims data, disaggregated by facility type, provider type, youth enrollees, adult enrollees, in-person visits, and telehealth visits

That data submitted shall be sufficient to determine:

network accuracy, availability, and participation, including whether providers listed as in-network are available to provide covered services to enrollees; network size and composition, including the size of carrier networks relative to the available supply of state-licensed health care providers; network admission and contracting practices, including practices relating to provider credentialing, contracting, and effective participation in carrier networks; in-network reimbursement, including in-network reimbursement levels and payment distributions for covered services; comparison to one or more external benchmarks, as determined by the commissioner; out-of-network utilization, including the extent to which covered services are furnished and reimbursed at out-of-network benefit levels; access to evidence-based behavioral health care delivery models, including access to and utilization of psychiatric collaborative care and other evidence-based models, as determined by the commissioner; any additional metrics the commissioner determines necessary for public comparison and oversight, including those related to access to timely, clinically appropriate care, utilization review, network adequacy, reimbursement equity, or compliance with federal or state

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Further, the bill will mandate creation and use of a template for the reporting of the required data plus methodology for sharing that data on a public website under certain safeguards.

This vital bill will require each carrier that provides a health benefit plan in the State to report certain data regarding claims and coverage to the Maryland Insurance Commissioner using a certain template; requiring the Commissioner to develop a template for carriers to report the data and make the data publicly available by posting certain data on a public website and developing and maintaining certain data dashboards; etc.

Health insurance coverage is essential to maintaining good health and dealing with personal medical issues affecting us and our loved ones. Providing data for both the state and patients to fully evaluate care options to select the best match for their needs can contribute to a healthier Maryland.

**I respectfully urge this committee to return a favorable report on SB#0774.**