

Dear Madame Chair Bagnall and Members of the Committee,

My name is Dr. Lindy Burns. I am a licensed acupuncturist in Maryland, President of the Maryland Association of Acupuncture and East Asian Medicine (MAAEAM), and I work closely with our Insurance Committee and billing professionals across the state.

I am currently undecided on HB 737 because there is insufficient clarity regarding the impact of raising reimbursement rates for out-of-network providers without simultaneously addressing the stagnation of in-network reimbursement rates. In-network acupuncturists across Maryland are struggling to sustain their practices under reimbursement rates that have remained largely unchanged for over a decade. These rates have not kept pace with inflation, practice overhead, or the rising administrative burdens imposed by carriers.

Acupuncture is an evidence-based, cost-effective intervention that reduces reliance on high-cost pharmaceuticals, decreases surgical utilization, and improves recovery outcomes when surgery is necessary. These outcomes generate measurable savings for insurers and improve patient well-being. Yet reimbursement structures do not reflect the value acupuncture brings to the healthcare system.

I am strongly supportive of HB 795, should it return to consideration, because it restores human accountability to the health insurance review process. The Centers for Medicare & Medicaid Services (CMS) has already issued final guidance requiring meaningful human oversight in the use of artificial intelligence within healthcare decision-making systems. Maryland should align with that standard.

Based on extensive reports from practitioners and billing professionals statewide, I recommend that carriers be required to:

- Disclose when a denial has been generated by AI or automated software.
- Clearly state when a claim has been reviewed by a live professional and identify that reviewer's credentials.
- Establish a dedicated and accessible grievance department for AI-generated denials, available to both patients and providers.
- Implement internal auditing of automated denials at the same frequency and rigor as paid claim audits.
- Publicly report or submit to independent review the categories of services frequently overturned on appeal.
 - If a defined threshold of overturns is reached, that service or procedure should be removed from automated review and routed to manual review.

These safeguards are necessary because automated systems are currently creating widespread delays and erroneous denials that directly harm providers and patients.

We are seeing persistent issues including:

- Software failures related to new ID card activation processes resulting in claims remaining “pending” for over 30 days with no resolution.
- Incorrect code adjudications, including denials of base acupuncture codes while add-on codes are inexplicably paid.
- Repeated denials for documentation that acupuncturists are neither required nor permitted to obtain under current scope-of-practice regulations.

In some cases, claims are rejected at the payer software level in ways that even carrier representatives cannot access or correct. Providers are then forced to resubmit paper claims, delaying payment cycles and increasing the risk of clerical error. In other instances, we have been informed of claim backlogs numbering in the hundreds of thousands, with some claims remaining unresolved for many months.

These are not isolated administrative inconveniences. They represent systemic failures in automated review systems that disproportionately burden small healthcare practices.

It is also important to note that there are thousands of highly trained, certified coding and auditing professionals available in the workforce. These individuals maintain current credentials through continuing education and are capable of adapting quickly to regulatory changes. Human oversight is not only feasible — it is necessary.

Maryland practitioners are asking for transparency, accountability, and basic operational fairness in the claims review process.

Thank you for your time and attention to this matter. I urge a favorable report on HB 795 and thoughtful consideration of the reimbursement implications raised in HB 737.

Respectfully,

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