111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

Testimony of Laura Willing, MD, MEd, DFAACAP
Medical Director for Mental Health Policy and Advocacy, Community Mental Health CORE
Assistant Professor, Department of Psychiatry & Behavioral Sciences
Children's National Hospital

SB774: Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)
Position: FAVORABLE
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House Health Committee

Chair Bagnall, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide written testimony in support of Senate Bill 774. My name is Dr. Laura Willing, and I am a psychiatrist at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers, and regional outpatient centers in Maryland. I am also the Medical Director for Mental Health Policy and Advocacy in our Community Mental Health CORE. [1]

As the youth mental health crisis worsens, the need has never been greater for a robust, high-quality continuum of behavioral healthcare and a workforce that matches demand. However, parity issues limit the ability to achieve this goal. As such, Children's National strongly supports SB774 with the stated purpose of creating a mandatory, standardized, and publicly accessible reporting system for how health insurers cover mental health and substance use services in Maryland. This creates public accountability for the contracting, credentialing, and reimbursement practices that have historically pushed providers out of networks and left patients without meaningful access to care. This legislation gives regulators the evidence to enforce parity and providers information to help their patients.

The behavioral health care system faces numerous challenges that somatic services do not. Behavioral health patients are much more likely to need to find out-of-network care and to experience extensive ghost networks.[2] Behavioral health providers are often reimbursed at lower rates than their counterparts in physical health.[3] Disparities exist in the prior authorization and utilization

[1] For more information on the Community Mental health CORE, see https://childrensnational.org/advocacy-and-outreach/child-health-advocacy-institute/community-mental-health.
[2] Melek, S., Davenport, S., & Gray, T. J. (2019). Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement. Milliman, Inc.
[3] Mark, T. L., & Parish, W. J. (2024). *Behavioral health parity – pervasive disparities in access to in-network care continue.* RTI International; Mental Health Treatment and Research Institute.

review of behavioral health services compared to other services.[4] Behavioral health patients have their insurance claims denied because the insurer deemed them medically unnecessary at much higher rates than for other services.[5] These issues compound, creating barriers to accessing mental and behavioral health services that patients often do not experience when seeking other forms of care.

Proving potential violations in mental health parity laws becomes extremely difficult without carrier-level data. Providers have a hard time advocating for mental health parity enforcement because they lack hard evidence to back it up and must rely on anecdotal evidence. For example, I know that the patients I see in my practice have waited a long time to find a psychiatrist and often wait months to find an in-network therapist. This kind of evidence often is not enough to make meaningful change in network adequacy, utilization review, and medical necessity determination issues, which are hard to capture without public, large-scale reporting and data.

SB774 addresses this gap directly. It creates public infrastructure for the data needed to document and enforce parity laws, not just to assert that parity issues exist. The requirement to report reimbursement rates against external benchmarks creates a public record of behavioral health reimbursement in comparison with other medical and surgical services. The reporting will also document network adequacy issues and the disparity between accessibility for behavioral health and other services.

Children's National strongly supports SB774, especially because it disaggregates data on pediatric populations. When data on youth populations are included in larger data sets, their unique access and disparity issues are lost in the broader data sets. By separating children's data from adult data in SB774, access issues for children will no longer be hidden. This would give the state of Maryland and other advocates for youth mental and behavioral health the evidentiary basis to challenge carrier practices that disproportionately harm child and adolescent access to care at a time when so many young people are searching for services.

I applaud Senator Augustine for sponsoring this important legislation, which will have life-long benefits for our state's youngest residents and their families, and respectfully request a favorable report on Senate Bill 774.

For more information, please contact:
Austin Morris, Government Affairs Manager
almorris@childrensnational.org

[4] National Alliance on Mental Illness. (2015). *Navigating a broken system: How the mental health system fails patients and families.* NAMI.
[5] National Alliance on Mental Illness. (2015). *A long road ahead: Achieving true parity in mental health and substance use care.* NAMI.