



To: Members of the Health and Government Operations Committee

From: Anita Butani, Founder & Executive Director, Bright Day Pediatric Therapies

Date: February 26, 2026

Good afternoon:

My name is Anita Butani. I am a small business owner and the founder of Bright Day Pediatric Therapies. We recently opened a center in Washington, D.C., providing Applied Behavior Analysis (ABA), Speech, and Occupational Therapy. After navigating the "administrative gauntlet" of credentialing with 14 different regional insurers, I am writing in strong support of HB 1093.

The Crisis: Waitlists as a Profit Center

As this committee knows, care for children with autism is high-intensity and high-cost. With 1 in 36 children now diagnosed with autism, demand is surging while supply continues to lag. Many children sit on waitlists for years, missing critical windows of early brain development that determine their long-term developmental trajectory and independence.

During our expansion, we learned a disturbing reality: under the current regulatory system, insurance companies are financially incentivized to keep these families on waitlists.

Insurers receive fixed monthly capitation payments (or premiums) for every enrollee, regardless of whether that enrollee receives care. Every day a child spends waiting for a therapist—rather than receiving care—is a day the insurer retains that payment as profit. To protect their bottom lines, some insurers have moved from "managing care" to managing the clock, using the credentialing process to intentionally bottleneck the supply of providers.

How Insurers Limit Access via Administrative Tactics

Through our experience, we have identified three primary tactics used to keep provider networks artificially small:

1. Administrative Attrition: Insurers make credentialing so slow and redundant that providers cannot see patients for months. **We have seen one prominent MCO take 180 days just to countersign a standard contract and affiliate an already-credentialed clinician to a new practice.** This doesn't just delay care; it denies the state tax revenue and jobs in a vital industry.
2. "Ghost Networks" & False Panel Closures: Insurers maintain outdated directories listing retired or relocated providers to make their networks look "full" on paper. **We have found clinicians listed as "accepting patients" in the DMV who are actually located in**



Wisconsin. Because these directories look sufficient to regulators, insurers then tell new providers that their panels are "closed," despite families facing year-long waitlists.

3. **Manufactured Hurdles:** Some insurers create impossible requirements to block new providers. For example, a major regional insurer now requires D.C.-based BCBA's to hold a local license to be credentialed—fully aware that D.C. is one of 11 jurisdictions that does not offer a license, relying instead on national board certification. **By demanding a document that does not exist, the insurer performs a legal "end-run" around the law to avoid paying for care.**

The Solution: HB 1093

HB 1093 stops these tactics by shifting the burden of efficiency from the small provider back to the insurer. By mandating a 30-day credentialing deadline backed by a \$500-a-day fine, creating a universal application, and requiring real-time directory integrity, this bill ensures that administrative delay is no longer a profitable strategy.

Conclusion

This bill is a national model. As a business owner currently based in D.C., I can tell you: passing HB 1093 makes Maryland the most attractive place in the region to open a practice. It ensures that a child's access to care is determined by a doctor's prescription—not an insurer's red tape.

If you build it, the providers will come. I urge a favorable report on HB 1093 to expand access to critical healthcare for all Marylanders.

Respectfully,

Anita Butani

Founder/Executive Director

Bright Day Pediatric Therapies