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**H.B. 280: Health Insurance – Mental Health and Substance Use Disorders – Codification of Federal Requirements
Position: FAVORABLE
January 29, 2026
House Health Committee**

Chair Bagnall, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide written testimony in strong support of House Bill 280. My name is Laura Willing, and I am a child and adolescent psychiatrist and the Medical Director for Mental Health Policy and Advocacy for the Community Mental Health CORE at Children's National Hospital. As the region's only standalone children's hospital, Children's National has been serving the nation's children since 1870. For 155 years, we have delivered expert pediatric care at every milestone. Sixty percent of our patients are residents of Maryland, and we maintain a large network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

Many children and teens in Maryland are struggling to access appropriate mental health care. They wait on months-long wait lists to access care, and their parents and families often struggle for months, or years, to find appropriate evaluation, management and therapeutic services. In fact, almost half of youth in Maryland aged 12-17 with an episode of major depression did not receive any mental health services in the past year.¹ Even in my own clinical practice, which means the child or youth already sees a child psychiatrist, many families are spending months to over a year looking for in-network individual therapy, neuropsychological testing, or higher levels of care such as partial hospitalization programs. Specifically, they are struggling to find an appropriate mental health provider who is in-network with their insurance plan.

¹ *Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth and Families J U N E 2 0 2 5*. (2025). <https://health.maryland.gov/bha/Documents/MDH%20BH%20Roadmap%20for%20Children%202025.pdf>

We know that Marylanders go out of network for mental health and substance use care 8.7 times more frequently than for medical /surgical care² and network adequacy for mental health and substance use care is worsening for children and youth over time.³ In the Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth and Families, youth participants pointed to insufficient behavioral health services and access to care as system-level issues requiring urgent attention.⁴ As a state, we should ensure that mental health care is treated the same as medical/surgical care and that our youth are able to receive the important, and life-saving care they deserve.

In response to increased need for seamless access to mental health(MH) and substance use disorders (SUD) service delivery and financing , the U.S Department of Health and Human Services (HHS), Labor, and the Treasury collectively issued new regulations to the Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure that individuals in group health plans or group or individual health insurance coverage who seek treatment for covered MH conditions or SUDs do not face greater barriers to care for those conditions than they would face when seeking coverage for the treatment of a medical condition or a surgical procedure.⁵ In alignment with federal law, this bill would codify federal protections so that Marylanders will have equitable access to mental health and substance care across the continuum of care. Requiring health plans to collect, evaluate, and explain data to assess the impact on access to mental health care is an important first step in determining if there is mental health parity in a health plan. This bill will update outdated policies that create separate standards for MH and SUD treatment options by prohibiting the use of discriminatory evidence by which they currently design treatment limitations. This aligns with the Behavioral Health Administration's strategic plan which aims to establish equitable access to care by dismantling silos that provide gaps in service.⁶ In addition, this bill would clarify the Maryland Insurance Administration's authority to enforce parity protections based on state regulations, in addition the federal law. This is important because my patients in Maryland need mental health parity enforcement in order to be able to access the quality mental health care they deserve.

² Mark, T and Parish W. *Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue*. Research Triangle Institute International. April 14, 2024. [fulltext.pdf](#)

³ *Addiction and mental health vs. physical health: Analyzing disparities in network use and provider reimbursement rates*. (2017, December). Www.milliman.com. <https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-analyzing-disparities-in-network-use-and>

⁴ *Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth and Families J U N E 2 0 2 5*. (2025). <https://health.maryland.gov/bha/Documents/MDH%20BH%20Roadmap%20for%20Children%202025.pdf>

⁵ Centers for Medicare & Medicaid Services. (2024). *The mental health parity and addiction equity act (MHPAEA) | CMS*. Cms.gov. <https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity#2024mhpaeregulations>

⁶ *Behavioral Health Administration FY 25-27 State Strategic Plan*. (n.d.). Retrieved November 2, 2025, from <https://health.maryland.gov/bha/Documents/BHA%20Strategic%20State%20Plan%20FY25-27.pdf>

I applaud the House Health Committee for considering 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 House Bill 280. Thank you for the opportunity to submit testimony.

For more information, please contact:

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