

**House Bill 11 Health Insurance - Access to Nonparticipating Providers –  
Referrals, Additional Assistance, and Coverage**  
Health and Government Operations Committee  
January 30, 2025  
**Position: SUPPORT**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of House Bill 11.

HB 11 will reauthorize important consumer protections preventing commercially insured Marylanders from being billed extra when they are forced to go out-of-network for behavioral health care. The bill also prohibits prior authorization requirements for out-of-network appointments, reimbursement or treatment plans, and requires the Maryland Health Care Commission to determine a reimbursement formula for out-of-network providers.

The Maryland General Assembly and the Maryland Insurance Administration have taken important steps over the years to address network adequacy concerns and improve access to treatment for individuals with mental health and substance use disorders. Unfortunately, these efforts have yet to ensure that Marylanders with commercial insurance can access in-network behavioral health care when needed.

An [independent national report](#)<sup>1</sup> published in April 2024 cast a harsh light on the situation. According to the data, Maryland continues to be among the lowest states in the nation with respect to several indicators used to determine overall access to mental health and substance use care. These access challenges result in higher out-of-pocket costs that can make treatment unaffordable, even for those with insurance.

Similar to findings from a [2019 report by Milliman, Inc.](#), the 2024 report demonstrates that:

- Marylanders are nearly nine times more likely to go out-of-network for behavioral health care versus primary care, a rate that is twice the national average and **fourth worst in the nation**.

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<sup>1</sup> Mark, T. L., & Parish, W. J. (2024). Behavioral health parity – Pervasive disparities in access to in-network care continue. RTI International.

- Marylanders are nearly 21 times more likely to go out of network for inpatient behavioral health treatment versus inpatient medical/surgical treatment, a rate that is **more than three times the national average**.
- Maryland in-network **behavioral health clinicians are reimbursed 23% less** than other doctors performing similar services.

Commercially insured Marylanders face enormous challenges when attempting to access community mental health and substance use care. Progress has been made, but there is much work to be done. Until we address these continuing network adequacy failures, we must ensure that Marylanders forced to go out-of-network for behavioral health care are not penalized for doing so. For these reasons, MHAMD supports HB 11 and urges a favorable report.