

Senate Bill 808 Health Insurance - Provider Panels - Requirements

Finance Committee

March 4, 2026

Position: FAVORABLE

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 (MH) and substance use disorders (SUD). We appreciate the opportunity to provide this testimony in support of Senate Bill 808.

SB 808 streamlines the process by which health care providers can apply to participate on commercial health insurers' provider panels by requiring carriers to accept a uniform credentialing form via an online credentialing system. It also establishes carrier notice requirements related to provider applications and civil penalties for failure to meet those requirements.

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. And while progress is being made, it is still not guaranteed that Marylanders with commercial insurance can access in-network behavioral health care when needed. According to an [independent national report](#)¹ published in April 2024, 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.

Admittedly, there are shortages in Maryland's behavioral health workforce. But these shortages cannot be blamed for insurance carrier network inadequacy. There are shortages in numerous specialties across health care – cardiology, radiology, OB/GYN, primary care – but we do not see the same numbers of insured Marylanders going out of network for these services.

Continuing carrier network inadequacy not only impacts Marylanders who cannot access timely behavioral health care, it puts a strain on our entire health care system and the state budget. When a person is forced to look out of network for needed care, it can make that care unaffordable, even for someone with insurance. If their symptoms worsen, they may have no choice but to seek treatment in a hospital emergency department – a situation that is untenable in a state like Maryland, which already holds the unenviable distinction of having the longest emergency room wait times in the country² – or via a behavioral health crisis response team, which are funded almost primarily via Maryland Medicaid and state general dollars.

It is essential that Maryland carriers reduce any and all barriers to the paneling of behavioral health providers. For this reason, MHAMD supports SB 808 and urges a favorable report.

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

² Maryland General Assembly Hospital Throughput Work Group Final Report. March 2024. <https://mhaonline.org/wp-content/uploads/2024/05/maryland-general-assembly-hospital-throughput-work-group-final-report---march-2024.pdf>

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