



6100 Radio Station Road, P.O. Box 2924, La Plata, MD 20646
301-609-9887 • 301-753-4002 • 301-884-0767 • 301-373-3276

Testimony on SB 334
Health Insurance – Coverage for Mental Health Benefits and Substance Use
Disorder Benefits – Treatment Criteria
Senate Finance Committee
February 19, 2020
POSITION: SUPPORT

I am the Executive Director of Center for Children, Inc., a community-based behavioral health provider located in 5 counties but whose main office is in Charles County. Our organization serves approximately 4100 children and families every year, offering Outpatient, Psychiatric Rehabilitation, Wraparound Care Coordination, Substance Use, and many other trauma and child serving programs.

Improving access to mental health or addiction treatment for individuals with commercial insurance is a critical need in my community. We are routinely turned down to add additional new clinicians to our provider group from several insurance companies citing a full panel. However I have at any given time waitlists for 3-4 months for children with private insurance.

Despite the great need for improved access to treatment, my organization has encountered barriers to increasing our participation in insurance plans offered by commercial carriers.

- Long gaps from original application date until notification (if we even get notified), even though they often retroactively date them to application date, which in fact, obscures the length of processing. We do not feel we can take the risk and nonpayment until the person is credentialed.
- We get denials on application for 3 of the carriers due to panels being full, and they include 30 mile radius which for us takes our families across the Woodrow Wilson Bridge.
- Our rates for therapy are about 60% of what we get paid by federal payers, yet they require the highest level of licensure

When we aren't credentialed to serve an individual seeking care through an insurance plan, significant costs accrue to us as an organization or to the individual seeking care, as well to the taxpayers of Maryland as research shows that Adverse Childhood Experiences have long lasting and expensive consequences.

- Families choose not to get care due to wait times
- Children are sometimes "out of school" until they can show they are in services
- Managing a wait list is time consuming for office staff and begs a liability to all of us

We believe that the Maryland Insurance Administration (MIA) must be proactive in examining carrier practices – including carriers' actual implementation of policies that impact access to behavioral health treatment – in order to ensure that Marylanders with behavioral health needs have access to services for which they pay their insurance premiums.

We urge a favorable report for SB 334.

