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House Health and Government Operations Committee Hearing

HB 455 – Health Insurance – Coverage for Mental Health and Substance Use Disorder Benefits –
Treatment Criteria

SUPPORT

As a provider of behavioral health services, I am writing in support of HB 455, a bill that will protect consumers and place the burden on insurers as parity for mental health treatment is still in the dark ages. My experience as a provider of services has shown me how difficult it is to participate in insurance networks. I started the credentialing process in September of 2019 and am still awaiting a final contract with CareFirst. Unfortunately, CareFirst is the only carrier with which I am getting credentialed because it is the only insurer that offers decent reimbursement rates. Cigna, United, and Aetna's rates are currently below the Medicaid rates in the state of Maryland. I have been a licensed social worker for 10 years, have specialty training in EMDR, and cannot afford to cut my rates to comply with these insurers while giving my patients the time and effort they need and deserve. These rates do not represent parity for mental health treatment. I have several patients that would benefit from weekly therapy but are unable to afford to come in as often as they would like due to cost. My hope is that when I am credentialed with CareFirst, this burden will be lifted off of some of my patients, however I am also aware that there will likely be delays in payment and other difficulties with reimbursement. Ask any provider of services about their experience with insurance companies and you will hear horror stories. The state of Maryland Medicaid right now is another dark tale, which is extremely concerning when more and more consumers are enrolling in Medicaid because they cannot access the scope of mental health services they need under their former private insurance. The state decided to "save" 70 million dollars by going with Optum as their new gatekeeper for behavioral health services. The process has been a mess, some providers have not received any reimbursement in 2020, and the ones that have are receiving it based on their weekly averages from 2019. Providers are now unable to accept new Medicaid patients, and Outpatient Mental Health Centers are facing difficulties paying their staff, depriving Marylanders of the care they need. This is a step backwards, and the state of Maryland should not have these problems. We want to reduce the need for psychiatric hospitalizations, yet we do not have adequate provider networks. Networks are inadequate not because there aren't enough mental health providers, but because the insurance companies have gotten away with discriminating against behavioral health consumers for decades. It is unacceptable that if you need mental health treatment you could spend hours trying to find an in-network provider, only to find out they are not accepting new patients or are no longer actually in network. People who are fortunate to have the means to pay out-of-pocket often give up trying to go through their insurance because it is so burdensome, and those who cannot afford to pay go untreated. We are seeing the outcome of this with increase suicide rates, mass shootings, overdoses, etc. It is time to acknowledge the prevalence of mental health disorders among all Americans and hold insurance companies accountable to the Parity Act. All Marylanders deserve quality mental health treatment that they can afford, and providers deserve to be fairly compensated

for their training and expertise. HB 455 would ensure transparency and accountability of insurers to comply with the Parity Act and protect patients and providers from this ongoing discrimination. I urge you to report favorably on HB 455. Thank you.