



CARROLL COUNTY YOUTH SERVICE BUREAU, INC.

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Testimony on HB 455

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

House Health and Government Operations Committee

February 20, 2020

POSITION: SUPPORT

I am the executive director of the Carroll County Youth Service Bureau (CCYSB), a community-based behavioral health provider located in Carroll County. Our organization serves over 3,000 clients annually, providing over 16,000 sessions of therapy and psychiatric visits. CCYSB offers a wide range of programs and services, which include: individual outpatient treatment to children, adults, and families; four evidence-based treatments, group treatment in mental health and substance use, and Assertive Community Treatment, to name a few. We fulfill contracts with Carroll County Public Schools, the Department of Juvenile Services, Carroll County Department of Social Services, and the Local Management Board.

Improving access to mental health or addiction treatment for individuals with commercial insurance is a critical need in Carroll County. Our agency consistently has a waitlist for clients who have private insurance. Our service provision for commercially-insured clients steadily remains in the range of 30%, in comparison to the much greater percentage of 70%, served through Medicaid and Medicare. The long process of credentialing therapists (hence fewer therapists paneled) is one of the main reasons why we have a much lower percentage of commercially-insured clients.

While Medicaid falls short of providing a rate that is commensurate with inflation, it is critical to note that the reimbursement rate of commercial insurance is even lower than that of Medicaid!

The barriers of the lengthy process of credentialing (or denying) therapists and the low rate of reimbursement, significantly affect our ability to increase our participation in insurance plans offered by commercial carriers. When we aren't credentialed to serve an individual seeking care through an insurance plan, the client is not able to use the insurance plan for which they are paying, and we serve the client at a much-reduced fee.

In summary, 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 – to ensure that Marylanders with behavioral health needs have improved access to services for which they pay their insurance premiums.

We urge a favorable report for HB 455.