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SPEAKER PRO TEM
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Health and Government
Operations Committee



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

TESTIMONY FOR HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

CHAIR SHANE PENDERGRASS

VICE CHAIR JOSELINE PENA-MELNYK

HOUSE BILL 1165

HOUSE BILL 1165 – HEALTH INSURANCE – PAYMENTS TO NONCONTRACTING
SPECIALISTS AND NONCONTRACTING NONPHYSICIAN SPECIALISTS

FEBRUARY 20, 2020

POSITION: SUPPORT

After years of attempts to fix the issue, our state continues to face an uphill battle against the opioid epidemic. As the Chair of this body's Opioid Workgroup and an Opioid Policy Fellow with the National Conference of State Legislators, I have seen countless attempts to create policy curb the epidemic, and have found that one of the key components to keeping our population healthy and preventing relapses is to ensure easily accessible and reliable behavioral health and substance abuse disorder treatment.

The purpose of my bill, HB 1165, is to reduce **cost barriers** to mental health and substance use disorder treatment for consumers and to incentivize carriers to increase the number of substance use and mental health providers in their networks.

Under state law, consumers who cannot get access to medical services without unreasonable travel or delay may request approval from their carrier to go to a non-network provider. Even if they get that approval, **the consumer will still pay more for that service than if it were delivered by a network provider.** The patient will pay the in-network cost-sharing rate, but they can be billed the difference between the provider's bill and the carrier's payment. **This shifts the cost from carriers with inadequate networks to the most vulnerable of their consumers, as well as removes any incentive to carriers to grow their networks.**

I introduced this bill last year, and naturally received pushback from carriers who felt the legislation was unfair, but after conversations over the interim we have simplified it to make the legislation more amenable to everyone.

I will let the advocates walk you through the intricacies of the bill, but first I'd like to share one story from a former constituent and friend Laura who couldn't be here today to show why this policy is so important. She and her husband raise their middle-school age grandson who has, from a young age, experienced mental health problems. Her son – the father of the child – struggled with a substance use disorder and mental health problems – and after many treatment episodes is now in recovery. My friend and her husband continue to raise their grandson and have been trying to get him the mental health services he needs so that his early childhood trauma will not result in substance use in his teenage years and beyond. They have recently tried to find psychological testing through providers covered under their state-regulated insurance policy and have been told that they have a 19 month wait at one providers and a 16 month wait at another. A non-network provider could see them within 5-6 months, but the non-network cost is unaffordable.

HB 1165 would help my friend by making the non-network service more affordable and should incentive her plan to increase the number of appropriate providers.

Thank you for your time. I urge favorable support for HB 1165.