February 17, 2022

To: The Honorable Shane E. Pendergrass, Chair, House Health & Government Operations Committee


Dear Chair Pendergrass:

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 912. Maryland hospitals and health systems care for millions of people each year. Central to this mission is ensuring the estimated one in five Marylanders suffering from mental health and substance use disorders have access to appropriate behavioral health care. However, efforts to place these patients at appropriate levels of care, particularly for post-discharge care, are often hindered by inadequate commercial insurer provider networks.

Maryland ranks fourth in the country for behavioral out-of-network use for office visits and 16th for inpatient facilities. Data show Marylanders with commercial, preferred provider organization plans are 10 times more likely to use an out-of-network provider for behavioral health office visits than medical/surgical office visits. Similarly, Marylanders are more than nine times more likely to use an out-of-network inpatient facility for behavioral health needs than medical/surgical needs.\(^1\)

HB 912 would expand access to more mental health and substance use treatment providers by allowing patients to seek care outside of carrier networks and requiring carriers to fully honor their promise to the patient for coverage of medically necessary care. In this way, the bill could incentivize insurance carriers to begin appropriately including these providers in their networks and setting adequate reimbursement rates.

For these reasons, we urge a \textit{favorable} report on HB 912.

For more information, please contact:
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\(^1\) Milliman Research Report (Nov. 19, 2019). Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement.