

I'd like to thank the MIA for soliciting witnesses to discuss the disparities in reimbursement and out-of-network utilization.

The Maryland Coalition of Families, as the provider of family peer support services to families caring for a loved one with behavioral health needs, knows that our staff frequently encounter families that are struggling to find an in-network provider within the required time and distance metrics, if at all. This leads to consumers having to seek services with out-of-network providers. It is burdensome for consumers to have to:

1. try to identify an in-network behavioral health provider, only to learn that there are no suitable providers near-by who can schedule an appointment within a reasonable period of time
2. then seek approval from their insurer to see an out-of-network provider
3. then identify a suitable out-of-network provider who is near-by and can schedule an appointment within a reasonable period of time

And this scenario assumes that a family knows of their right to get approval for non-network services; many do not.

For families caring for an adolescent with a serious substance use problem, the situation is especially critical. There are very few Intensive Outpatient Providers for youth in the state, and no substance use residential treatment providers in Maryland for adolescents. Four facilities have shut down in the last few years. Families with private insurance must search for adolescent residential substance use treatment out-of-state - oftentimes identifying only out-of-network providers. Families with Medicaid coverage are relying on mental health facilities for treatment (even for children with opioid addictions), which typically are unable to provide the necessary substance use clinical treatment. Even worse, families are pressing charges against their child in the hopes that DJS-involvement will result in their child being placed in one of the DJS facilities that provide substance use treatment. Our staff have worked with two families that have gone this route.

I interviewed three of the four residential adolescent substance use providers about the reasons they closed their adolescent programs. They reported a confluence of factors. They pointed to inadequate reimbursement rates, a reduction in the number of approved days of stay, and a drop in referrals. It simply was not economically feasible to remain open, given the low reimbursement rates, the extremely limited number of days of treatment that would be approved by private insurers and by Medicaid, and the reduction in referrals. Yet this is a service that must be available to Maryland's youth, even if rates need to be significantly increased to support a program. All providers are doing a disservice to adolescents with significant substance use disorders and their families.

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