



H.B. 11/S.B. 902 (2025)

Health Insurance – Access to Nonparticipating Providers – Referrals, Additional Assistance, and Coverage

Reauthorize and Strengthen Maryland's Balance Billing Protections:

Ensure Individuals with Mental Health and Substance Use Disorders Pay No Greater Cost When Their Private Insurance Networks are Inadequate

In 2022, the Maryland General Assembly passed a law to protect Marylanders with private health insurance from having to pay higher costs when their insurance network is inadequate to meet their needs for mental health (MH) and substance use disorder (SUD) care and they are forced to go out-of-network. However, these balance billing protections are set to expire in July 2025. Our state is still facing an overdose epidemic and MH crisis, and we need to prevent health insurers from going back to shifting costs to Marylanders when they have inadequate networks, and close existing gaps in the law.

The Balance Billing Reauthorization bill ([H.B. 11/S.B. 902](#)) would:

- Remove the sunset to permanently authorize balance billing protections;
- Enable people seeking MH and SUD care to get a referral to go out-of-network, not just those who already have a diagnosis;
- Align the balance billing protections with Maryland's regulatory time and distance standards, to help consumers better understand and take advantage of their rights;
- Require health insurers to provide assistance when individuals cannot find an out-of-network provider on their own;
- Prohibit the use of prior authorization as an additional barrier to getting out-of-network care;
- Ensure balance billing protections for the full duration of the treatment plan requested; and
- Authorize the Maryland Health Care Commission (MHCC) to establish a reimbursement rate formula for out-of-network MH and SUD providers.

The unmet need for MH and SUD care in Maryland is high and continues to rise.

- In 2023, [more than 27%](#) of Maryland adults reported symptoms of anxiety and/or depression, and over 30% of adults had an unmet need for counseling or therapy for these conditions.
- Of the 252,000 Maryland adults who did not receive MH care, [1 in 3](#) did not because of cost.
- In 2022-23, [28%](#) of Maryland high school students and 22% of middle school students reported their MH was not good most of the time or always, and 18% of high school students and 24% of middle school students reported they had seriously considered suicide.
- Approximately [80%](#) of adults who were classified as needing SUD treatment in Maryland did not receive treatment in 2022.
- Maryland has experienced a 300% increase in overdose-related deaths in the last decade, with [over 2,000 overdose-related deaths each year](#) since 2016.

For additional information, please contact Deb Steinberg, Maryland Parity Coalition, dsteinberg@lac.org.

Requiring insurers to pay for approved out-of-network services at “no greater cost” to members than the in-network rate will protect Marylanders.

- At least 17 states have laws that comparable balance billing protections for when insurance networks are inadequate.
- The [NAIC’s Network Access and Adequacy Model Act](#) (§ 5(C)) includes balance billing protections for when networks are inadequate.
- The federal No Surprises Act protects Marylanders from higher costs when they unknowingly receive emergency services from out-of-network providers. Marylanders who get permission to go out-of-network because their insurer’s network is inadequate deserve no less.

Marylanders should not pay more for mandated MH and SUD services when insurers do not have adequate networks.

- [Maryland ranks among the worst](#) in the country for how much more frequently Marylanders go out-of-network for MH and SUD care compared to medical care.
 - Marylanders go out-of-network 21.1 times more frequently for psychiatrists than for medical specialist physicians (4th worst in the country).
 - Marylanders go out-of-network 36.4 times more frequently for psychologists than for medical specialist physicians (2nd worst in the country).
- Maryland insurers’ [2024 Access Plans](#) reveal inadequate networks for many SUD services in one or more geographic areas, despite maintaining adequate networks for virtually all medical/surgical services:
 - Addiction medicine provider – 5 plans did not meet time and distance metric
 - Opioid treatment services provider – 8 plans did not meet time and distance metric
 - SUD residential treatment facility – 11 plans did not meet time and distance metric

Quotes from Marylanders:

“I am the parent of a child with complex medical, developmental and behavioral supports. We have experienced a lot of difficulty finding behavioral health providers especially psychiatry. Finding supports has been a constant struggle as none of the in network providers are able to handle the complexities of my daughter.”

“Our family unfortunately has had a lot of experience with this issue of Private and state insurance not covering out of network providers, leaving only unsafe options.”

“Thanks to the balance billing law, we were finally able to access the lifesaving mental health treatment she needed with an appropriately credentialed therapist. She is now a high school senior, thriving at home and in school - we simply cannot go back! We do, however, need to move forward to enhance the utility and effectiveness of the current law. Under the current balance billing law, though, we must go back to the insurer for approval every six months to maintain the “Inadequate Network Exception” they approved or risk losing access to the provider with whom our granddaughter has built a therapeutic relationship she trusts. My granddaughter’s life, and that of many others, depends on retaining and enhancing this law.”

Please support H.B. 11/S.B. 902: Health Insurance – Access to Nonparticipating Providers – Referrals, Additional Assistance, and Coverage.

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