

Making Substance Use and Mental Health Care More Affordable and Accessible: New Health Care Protections in Maryland



Marylanders with state-regulated private health insurance have a right to timely and accessible addiction and mental health care. Your private health insurance plan must have enough providers in its network to allow you to get care within a reasonable appointment wait time and travel distance.



What are my rights for an addiction or mental health treatment appointment?

If you have a **state-regulated private insurance plan**, you have a right to:

- A timely appointment for in-person substance use disorder and/or mental health care with a provider who can meet your treatment needs.
 - An appointment for urgent care within 72 hours of you contacting a provider (either inpatient or outpatient care).
 - An appointment for non-urgent care within 10 calendar days of your request.
- A provider within reasonable driving (or travel) distance from your residence.
- Accessible care for individuals with disabilities and non-English speakers.
- Inclusive services no matter your gender identity or sexual orientation.

A "**state-regulated private insurance plan**" includes individual and family coverage purchased on the Maryland Health Benefit Exchange or through a broker, or an employer plan that is purchased from a Maryland insurance company. Call the number on the back of your insurance card or contact your employer's Human Resources office to determine if you have a state-regulated plan.

A "**network**" or "**in-network provider**" (which can include psychiatrists, licensed counselors, opioid treatment programs, substance use disorder residential treatment facilities, and outpatient treatment clinics) has agreed to deliver health care services to plan members and is usually listed in your plan's provider directory. When you see an in-network provider, you pay your copayment and/or coinsurance, and any deductible.

"**Out-of-network providers**" do not have a contract with your insurance plan to provide services. Depending on your health plan, you may be required to pay the entire cost of out-of-network care or the portion of the provider's bill that your insurance plan does not pay if you do not get approval first.

What if I cannot find a network provider who will see me in person within the required appointment wait time and travel distance?

- You have a legal right to ask your insurance plan for approval to see an **out-of-network provider**.
- If your carrier approves your request to see an out-of-network substance use or mental health care provider, you will *pay no more* than the cost of an **in-network provider** (your deductible and any copayment or coinsurance). Learn more at bit.ly/MDbalancebilling.



What if I have problems getting useful information from my insurance plan or getting approval to see an out-of-network provider?

- Call the Health Education and Advocacy Unit (HEAU) at 1-877-261-8807 and/or call the Maryland Insurance Administration (MIA) at 1-800-492-6116.
- Ask for help finding a network provider who can see you promptly and close to your home or getting your insurance plan's approval for an out-of-network provider.
- You can also file a complaint with the HEAU at bit.ly/MDHEAUcomplaint and/or the MIA at bit.ly/MIAfilecomplaint if you cannot get an appointment with a network provider or cannot get approval for an out-of-network provider.

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