

# MARYLAND PSYCHIATRIC SOCIETY



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April 2021

Kathleen A. Birrane, Commissioner  
Maryland Insurance Administration  
200 St. Paul Place, Suite 2700  
Baltimore, Maryland 21202

RE: Comments for public meeting on mental health parity regulations on April 26, 2021

Dear Commissioner Birrane:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than seventy years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

The MPS is in full support of the inclusion of reimbursement rate data in the MIA parity compliance tool. A [recent report](#) from the national actuarial firm Milliman indicated that commercial carriers in Maryland paid **behavioral health providers 18% less** than other doctors for similar billing codes, which limits health plan networks and overall access to services. It is our opinion that low, in-network reimbursement rates keep many psychiatrists from participating with insurance networks. We realize this is not the only reason, but according to the [2018 MPS member survey](#) it appears to be a primary consideration among our members. Until more investigation and problem solving is done on the problem of low rates it is impossible to begin solving the problem of inadequate networks.

Collecting NQTL analyses on reimbursement rates will align with the focus of both the United States Department of Labor and the MHPAEA Working Group at the National Association of Insurance Commissioners. On April 2, the Department of Labor issued guidance regarding the recent amendments to MHPAEA made by Section 203 of Division BB of the Consolidated Appropriations Act, 2021 (P.L. 116-260). Among many other useful pieces of information regarding the new NQTL comparative analysis format created by section 203, the Department identified its top NQTL priorities regarding collecting and reviewing comparative analyses. Please note that Q8 on pages 7 and 8 identifies four priority NQTLs for the Department, which includes in-network reimbursement rates and out-of-network reimbursement rates.

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Also, given that MIA participates in the MHPAEA working group at the NAIC, we are sure that you remember that the working group last year established reimbursement rate setting as the top priority in terms of NQTL implementation. Given that both the Department of Labor and the NAIC MHPAEA working group, which is comprised of over 30 state insurance departments, have identified reimbursement rate setting as a key NQTL, we believe this certainly justifies MIA in seeking information on reimbursement rates beyond the original 13 NQTLs MIA had identified.

Patients with mental illness, substance use disorders, or the comorbidity of both mental illness and substance use disorder often face additional barriers to receiving adequate care than patients who seek treatment for somatic illnesses. Ensuring access to quality evidence-based services to treat mental health and/or substance use disorders should be a priority for the Administration, particularly as our state is experiencing the ongoing mental health impact of the global COVID-19 pandemic.

Even a small delay in coverage for these services can pose irreversible harm to individual patients and produce higher downstream costs to the health care and social service systems, such as inpatient hospitalizations, patient death or disability, and avoidable emergency room utilization and boarding.

As an organization that represents the front-line physicians treating patients with mental illness and/or substance use disorders is in full support of mental health parity and strongly supports the inclusion reimbursement rates for assessing network adequacy. If you have any questions with regards to this testimony, please feel free to contact MPS lobbyist Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com) or MPS Associate Director Meagan Floyd at [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org)

Respectfully submitted,



Mark Ehrenrich, MD, President  
Maryland Psychiatric Society, Inc.