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Amidst Opioid and Suicide Crisis, Disparities in Access to Mental Health and Substance Use Disorder Treatment Increased in Maryland and Across the Country

Maryland’s Outpatient Access 4th Worst in Nation; Disparities Worse for Children

ANNAPOLIS, November 20, 2019 — In the midst of an opioid epidemic and soaring suicide rates, Marylanders are finding it increasingly difficult to access affordable behavioral healthcare (mental health and substance use disorder treatment) under their private insurance plans. A groundbreaking [nationwide study](#) by Milliman Inc. sheds light on this disturbing trend over a five-year period beginning in 2013 — which documents widening disparities in access to in-network services for mental health and substance use disorder treatment among 37 million employees and their families.

Milliman Inc.’s newest report, released in concert with a coalition of America’s leading mental health and substance use organizations, shows that consumers receive treatment through out-of-network providers at a far greater rate than medical services and access to in-network care has continued to decline since 2013. Through its review of claims data from hundreds of health insurance plans nationwide, the report found that:

- Despite the national opioid and suicide crises, mental health and substance use treatment* together accounted for less than 3.5% of total health care spending, with substance use treatment ranging from 0.7 to 1% of that total over the 5-year period.
- Behavioral health access disparities escalated from 2013 to 2017 in all three categories of care examined: outpatient visits, inpatient facilities, and outpatient facilities. Disparities nearly doubled for inpatient and outpatient facilities, rising from almost 3 to nearly 6 times more likely, when compared to medical/surgical facility use.
- Children were 10 times more likely to receive outpatient mental health care out-of-network compared to primary care visits, twice the disparity faced by adults.



Md. study results available [online](#).

The report also documented a substantially lower reimbursement rate for behavioral health office visits compared to primary care reimbursement for similar billing codes, based upon Medicare payment levels. While provider shortages have been addressed on the medical side through higher reimbursement, health insurers continue to pay behavioral health providers less than Medicare allowable rates.

Key findings in Maryland, include:

Reliance on out-of-network providers for outpatient mental health and substance use disorder office visits was the 4th worst in the nation in 2017, and 10 times more likely than out-of-network use for primary care visits. These Maryland statistics are nearly twice the national average in this service category.



Maryland out-of-network inpatient use rose from 5.5. to 9.3 times more likely than out-of-network medical/surgical inpatient use between 2013 and 2017, also nearly twice the national average.

Maryland out-of-network outpatient facility use rose from 2 to 3.6 times more likely than out-of-network medical/surgical use between 2013 and 2017. Carrier networks are often inadequate because of low provider reimbursement rates for mental health and substance use disorder providers. In Maryland, the 2017 reimbursement rate for psychiatrists was 18% less than other physicians for the same billing codes, relative to the Medicare allowed amount.

“It should come as a surprise to no one that longstanding inequities in payment to psychiatrists have reduced the availability of urgently needed behavioral health care,” said Linda Raines, CEO of the Mental Health Association of Maryland. “It is deeply disturbing that it was 10 times more difficult for Maryland families to secure in-network outpatient behavioral health care for their children compared to primary care office visits, when we have seen a 45% increase in suicide among youth between 2013 to 2017.”

“This data strongly suggest that discriminatory insurance practices are preventing individuals and families from accessing affordable care that they need and are legally entitled to. Ten years after the passage of the federal parity act, carriers should not be allowed to sell plans with inadequate provider networks and unfair reimbursement rates,” stated Ellen Weber, Vice President for Health Initiatives of the Legal Action Center. “Maryland must take steps to stop carriers from shifting the cost of care to patients who expect to have affordable network services.”

Laura Mitchell, a Maryland resident shared, “My family and I have had enormous problems in trying to get my 13-year old grandson treatment for his mental health challenges. Because we've been flat-out unable to find a single child psychiatrist in our area that is in-network, he is now seeing a nurse practitioner, certified to provide adult treatment only, for his mental health care. It has been a continuous battle simply trying to ensure my grandson gets the care he needs. We deserve better - he deserves better.”

Another Maryland resident, Courtney Bergan, explained, “I have spent years trying to find providers who are covered under my health plan. I have even switched insurers to try to make my search easier. But the struggle is never-ending. The inability to access appropriate mental health care almost cost me my life, and each day, I continue the fight. This shouldn't be the norm, but sadly, my story is not unique. Insurers must be held accountable, and we have to make parity a reality. My life, and the lives of millions of others, depend on it.”

You can read the full report [here](#).

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The Mental Health Association of Maryland (MHAMD) is the state’s only volunteer, nonprofit citizen’s organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. www.mhamd.org

Established in 1973, the Legal Action Center is the only non-profit law and policy organization in the United States whose sole mission is to fight discrimination against people with histories of addiction, HIV/AIDS, or criminal records, and to advocate for sound public policies in these areas. www.lac.org