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July 15, 2021

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

SENT VIA EMAIL: networkadequacy.mia@maryland.gov

RE: Response to MIA questions posed for the June 18, 2021 Network Adequacy meeting

Dear Commissioner Birrane,

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, would like to offer the following in response to the questions posed for the June 18th Network Adequacy Meeting.

Telehealth has proved to be an effective platform for treatment of many health/mental health care conditions. Research has demonstrated that the provision of health services through telehealth is as effective as provision through in-person meetings for many conditions. Telehealth allows increased access to care for all individuals and is especially useful in reducing barriers to care for the underserved and those who live in rural areas.

The questions raised by the MIA brought out the need to reinforce the importance of enrollee choice, in terms of what provider they see and how they wish to engage with that provider: in person vs. telehealth. Regarding question 1 and the request for “the rationale for why enrollee preference must be taken into account for clinically appropriate telehealth services”. MPA feels that enrollee choice/preference must be taken into account so that the enrollee is not forced into a treatment process (e.g., telehealth) that the insurance company prefers for its own reasons (e.g., what the company considers to be more efficient care, more effective care, lower cost care, lower cost provider, etc.).

In addition, for this reason, we strongly recommend that the following provision, that was included in SB 3/HB123 (passed this year and effective July 1, 2021 to June 30, 2023) on p. 14, lines 11 – 15, be incorporated into the law and regulations around network adequacy. This language reads as follows: “(E) SUBJECT TO SUBSECTION (D)(1)(II) OF THIS SECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE AS A CONDITION OF REIMBURSEMENT OF A COVERED HEALTH CARE SERVICE DELIVERED THROUGH TELEHEALTH THAT THE HEALTH CARE SERVICE BE PROVIDED BY A THIRD-PARTY VENDOR DESIGNATED BY THE ENTITY.”

This language ensures that enrollee preference and choice of provider is maintained especially thru telehealth modalities. Some insurance companies only reimburse for services provided via telehealth if the enrollee sees a practitioner in a specific and restricted telehealth vendor network

and/or telehealth vendor platform designated by the insurance company. This prevents other practitioners from being reimbursed if they see new clients via telehealth or from being reimbursed if they move clients from in-person to a telehealth process. Moreover, the insurance company may have a financial interest in that vendor, as it could be owned, controlled, or operated by the insurance company and thereby benefits from this designation

Furthermore, we note the following in response to question #2 and the "Carriers' contention that a provision that only allows telehealth services to count toward satisfaction of the network adequacy standards when an individual enrollee elects to use telehealth is unreasonable and extremely difficult to operationalize."

MPA strongly maintains that enrollee choice is a critical and reasonable factor in assessing network adequacy standards. It is important that Network Adequacy standards reflect, to the extent practicable, the enrollee's real world experience in accessing health care. Telehealth services should be counted only when service delivery via telehealth is freely chosen by the enrollee. We have every confidence that insurance companies and their consultants can develop necessary mechanisms to operationalize this requirement.

MPA's concern is that appropriate standards be established that preserve enrollee choice and enrollee preference and that would not incentivize insurance companies to direct care towards telehealth services and utilization counter to enrollee interests and particular health needs.

With regard to a telehealth credit (Question #3), the Maryland Psychological Association believes that it is premature to make any decision. This issue must be meaningfully studied before providing arbitrary credits to carriers.

We appreciate the opportunity to provide comments and participate in the efforts to advance network adequacy standards.

Please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org if we can be of further assistance.

Sincerely,



Esther Finglass, Ph.D.

President

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs