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December 4, 2020

Maryland Insurance Administration  
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VIA EMAIL: [Networkadequacy.mia@maryland.gov](mailto:Networkadequacy.mia@maryland.gov)

**RE: Proposed for Public Comment COMAR 31.10.44 Network Adequacy Regulations**

On behalf of the Maryland Psychological Association (MPA), we appreciate the opportunity to provide comments and recommendations regarding the proposed changes to the Network Adequacy Regulations (COMAR 31.10.44).

The MPA represents over 1,000 doctoral level psychologists across the State. Psychologists play an essential role in the health and wellbeing of children, adolescents, and adults every day. There clearly has been increasing demand for mental health and psychological services and recognition for its effectiveness in treating both psychological and physical illnesses. The current situation brings further clarity to the increasing need as the state of Maryland continues to confront the challenges of the worldwide corona virus pandemic, and the ongoing opioid and substance abuse crisis. These unprecedented times have unfortunately served to highlight the many disparities and challenges individuals face in accessing and receiving healthcare, especially psychological care.

Psychologists have always been willing and interested in participating in-network with commercial health insurers to provide their critical services to patients, notwithstanding the insurers' low reimbursement rates.<sup>1</sup> Patients rely on their insurance carriers to have sufficient network of providers that will meet their specific clinical needs in a timely and administratively easy way. We applaud the MIA for undertaking a thorough review of the current regulations and soliciting stakeholder input to ensure that the regulations meet the needs of patients, providers, and compliance by the commercial carriers.

We have reviewed the proposed changes to the regulations and have enumerated below several recommendations to support and strengthen the intent of the regulations. The MPA supports the comments and recommendations submitted by the Legal Action Center. In addition, we would like to offer additional comments and recommendations to address issues not currently measured in the network adequacy standards including:

- the importance of psychological services across the healthcare landscape,
- separating doctoral-trained licensed psychologists who provide psychotherapy from other licensed mental health professionals who also provide psychotherapy in order to ensure that networks include adequate numbers of differentially trained mental health professionals with varying skills and expertise,
- the need to include and specify the distinction between psychologists who treat children and adolescents and those who treat adults,
- the need to include and specify the distinction between psychologists who conduct psychotherapy from psychologists who conduct psychological testing, and further, the need to include and specify the distinction between psychologists who provide psychological and/or neuropsychological testing for children and adolescents, and those who provide these services for adults,
- ensuring that there are sufficient numbers of psychologists and other mental health professionals with the appropriate skills and expertise to treat the wide variety of mental health conditions by providing accepted evidence-based treatments, including, but not limited to, **Cognitive Behavioral Therapy (CBT), Exposure Therapies (ET), and Dialectical Behavior Therapy<sup>1</sup> (DBT).**<sup>2</sup> As you well know, specific skills and training are critical to effectively treating specific disorders and having a network of generalist practitioners is not sufficient to meet the varied needs of the population.

Recommendations and comments:

1. Definitions .02B.(32). We strongly support the clarification of the “waiting time” definition which now includes the requirement that waiting time measure is for “...a provider possessing the appropriate skill and expertise to treat the condition.” It is critical that the surveys include this clarification of the wait time variable.
2. .03A(1). We recommend adding language to specify child and adult practitioners:
  - “...develop and maintain a complete network of adult and primary care, **ADULT AND CHILD** mental and behavioral health, **ADULT AND CHILD** substance use disorder...”
3. .03A(6). We recommend adding two Board Specialties specific to psychologists who provide neuropsychological testing:
  - **(G) THE AMERICAN BOARD OF PROFESSIONAL NEUROPSYCHOLOGY**
  - **(H) THE AMERICAN BOARD OF CLINICAL NEUROPSYCHOLOGY**
4. .03B(2). We recommend requiring the carriers include the costs associated with Single Case Agreements in their calculation of out of network costs to members:
  - “A carrier shall monitor out of network costs to members when network providers are not available, **WHICH SHALL INCLUDE SINGLE CASE AGREEMENTS**, and report this to...”
5. .04C(3)(a). We recommend including psychologists in the list of primary care practitioners:
  - “*The number of primary care physicians, including...and internists, **AS WELL AS PSYCHOLOGISTS WHO...***”

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<sup>1</sup> DBT was originally developed by Marsha Linehan, Ph.D. to treat a specific personality disorder but research over the last twenty-five years has shown that DBT can also be used to successfully treat children, adolescents, and adults who struggle with depression, eating disorders, PTSD, and other disorders involving problems with self-regulation.

<sup>2</sup> Please see, for example: <https://div12.org/treatments/>

6. .04C(5)(b). We recommend including on-call and hospital-based psychologists:
  - 04C(5)(b)(iv) **THE PERCENTAGE OF ON-CALL PSYCHOLOGISTS PRACTICING IN THE HOSPITAL WHO ARE PARTICIPATING PROVIDERS;**
  - 04C(5)(b)(v) **THE PERCENTAGE OF HOSPITAL-BASED PSYCHOLOGISTS PRACTICING IN THE HOSPITAL WHO ARE PARTICIPATING PROVIDERS.**
  
7. .05A.(5) We recommend that the Chart of Travel Distances specifically include the following identification of psychologists to ensure that consumers have access to adequate numbers psychologists who provide child and adolescent therapy and testing, and adequate numbers of psychologists who provide adult therapy and testing:
  - **PSYCHOLOGISTS – THERAPY (CHILDREN AND ADOLESCENTS)**
  - **PSYCHOLOGISTS – THERAPY (ADULTS)**
  - **PSYCHOLOGISTS – PSYCHOLOGICAL TESTING (CHILDREN AND ADOLESCENTS)**
  - **PSYCHOLOGISTS - PSYCHOLOGICAL TESTING (ADULTS)**
  - **PSYCHOLOGISTS - NEUROPSYCHOLOGICAL TESTING (CHILDREN AND ADOLESCENTS)**
  - **PSYCHOLOGISTS - NEUROPSYCHOLOGICAL TESTING (ADULTS)**
  
8. .05B.(5) We recommend that the Chart of Travel Distances specifically include the following identification of psychologists to ensure that consumers have access to adequate numbers psychologists who provide child and adolescent therapy and testing, and adequate numbers of psychologists who provide adult therapy and testing:
  - **PSYCHOLOGISTS – THERAPY (CHILDREN AND ADOLESCENTS)**
  - **PSYCHOLOGISTS – THERAPY (ADULTS)**
  - **PSYCHOLOGISTS – PSYCHOLOGICAL TESTING (CHILDREN AND ADOLESCENTS)**
  - **PSYCHOLOGISTS - PSYCHOLOGICAL TESTING (ADULTS)**
  - **PSYCHOLOGISTS - NEUROPSYCHOLOGICAL TESTING (CHILDREN AND ADOLESCENTS)**
  - **PSYCHOLOGISTS - NEUROPSYCHOLOGICAL TESTING (ADULTS)**
  
9. .07B(4) We recommend adding language to specify child and adult practitioners:
  - “2,000 enrollees for **CHILD AND ADULT** mental health care...”
  
10. .08A. We recommend specifically identifying psychologists in A(4), A(5), A(6), and A(8)
  - A(4): “A list of physicians, **PSYCHOLOGISTS**, other providers, or...”
  - A(5): “..when the carrier last contacted the physicians, **PSYCHOLOGISTS**, other providers, or...”
  - A(6): “...any reason each physician, **PSYCHOLOGIST**, other provider, or...”
  - A(8): “...there are no physicians, **PSYCHOLOGISTS**, other providers, or...”

11. MPA members continue to hear from subscribers seeking treatment that they have called five, six, and often more mental health professionals before they were able to access needed treatment. In addition, MPA members uniformly find that subscribers are not aware of the law which allows them to "...request a referral to a specialist who is not part of the carrier's provider panel..." as stated in **§ 15-830.(d)(1)**. Therefore,

- We recommend that an additional measure be added to the Network Adequacy standards and to the survey to assess the number of phone calls subscribers made to in-network mental health practitioners before they are able to access services.
- We recommend that insurance carriers be required to clearly inform all subscribers of the provisions in **§ 15-830.(d)(1)** which allows them to request a referral to a specialist who is not a participating provider.

The MPA appreciates your ongoing work and stands ready to work with the MIA to make sure that the network adequacy regulations are effective, promote carrier compliance, and the building of networks that best serves the patients of the State of Maryland.

Thank you.

Sincerely,

*Esther Finglass*

Esther Finglass  
President, Maryland Psychological Association