Maryland Speech-Language-Hearing Association

September 19th, 2025

To Whom It May Concern:

On behalf of the Maryland Speech-Language-Hearing Association (MSHA), I am writing to express strong support for the creation of a Health Insurance Advisory Board within the Maryland Insurance Administration (MIA). We believe such a board has the opportunity and potential to meaningfully improve processes between patients, providers, and insurers and improve care.

Claim denials, transparency of rate increase requests, consumer cost-sharing burdens, and inadequate provider networks are issues with a direct impact on Maryland patients, families, and providers, including speech-language pathologists and audiologists, who are on the front lines of navigating insurance-related barriers to care.

We commend the General Assembly, Commissioner Grant, and the MIA for their commitment to transparency and stakeholder engagement, and for researching examples from other states that have successfully established standing advisory bodies.

In considering the structure and role of this board, we encourage the MIA to draw on best practices from other states and professional organizations that have convened similar advisory bodies. Specifically, in response to MIA's questions, we recommend the following:

- **Representation and Selection of Members**
  To ensure diverse perspectives, board membership should include patient representatives, providers across disciplines (including speech-language pathologists and audiologists), public health advocates, and insurers. Members might be nominated by professional associations, consumer advocacy groups, or state agencies, with final appointments made by the MIA. This approach will provide balance while avoiding dominance by any single stakeholder group.

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- **Board Size and Composition**
  An advisory board of 15–20 members strikes the right balance between productivity and diversity. This size allows for meaningful discussion, while ensuring representation from physicians, therapists, hospitals, insurers, patient advocates, and community-based providers. The board should also have authority to convene time-limited workgroups that bring in additional expertise. For example, a speech-language pathology/audiology workgroup to address communication disorders and hearing health.
- **Health Insurance Trends to Examine**
  The board should prioritize issues such as network adequacy, prior authorization burdens, timely payment, telehealth policies, and equity in coverage for disabilities and chronic conditions. Examining these trends will align Maryland with evolving national standards.
- **Goals, Evaluation, and Accountability**
  The board should set annual goals tied to access and fairness in insurance practices, including reducing claim denials, improving network adequacy, ensuring fair consumer cost-sharing, and increasing transparency of rate requests. These goals should be evaluated annually by the MIA and the board, with reports made public.
- **Benchmarks for Monitoring Progress**
  Benchmarks might include reductions in patient complaints, improved provider satisfaction, shorter timelines for claims adjudication, and greater transparency in coverage policies.
- **Meeting Frequency**
  Quarterly meetings are appropriate to ensure sustained progress while respecting member capacity. Additional meetings can be convened as necessary.
- **Membership Rotation**
  Terms of three years, staggered to ensure continuity and with a two-term limit, would allow both consistency and infusion of new perspectives.
- **Sustainable Support**
  The board can be supported by a dedicated MIA liaison, with resources allocated for staffing, facilitation, and report preparation. This ensures longevity and impact beyond initial formation.
- **Use of Input in Regulatory Practices**
  Recommendations from the advisory board should inform MIA's regulatory reviews, guidance, and enforcement priorities. Specifically, they could highlight areas where payer practices deviate from established state or federal standards.
- **Encouraging Payer Transparency**
  The board can develop methods such as standardized reporting on denials, prior authorization requests, and appeals outcomes to encourage accountability.
- **Public Engagement**
  MIA's existing methods, such as public hearings, advisory notices, and comment periods have proven effective in capturing stakeholder feedback. These tools can be adapted for board activities, ensuring alignment with established practices.

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- **Incorporating Public Input**
  We recommend the board actively solicit public engagement through open comment sessions, consumer surveys, and listening forums, ensuring that its work is grounded in the lived experiences of Marylanders.
- **Lessons from Other States**
  Boards in states such as Massachusetts and New Jersey have demonstrated that broad-based advisory bodies help reduce barriers to care, enhance consumer protection, and inform evidence-based regulatory actions. Maryland can build on these successes with a board tailored to our state's needs.

In conclusion, the establishment of a Health Insurance Advisory Board represents an important step toward building trust, transparency, and accountability in Maryland's healthcare system. As representatives of providers that support patients with communication and hearing needs, MSHA urges that speech-language pathologists and audiologists be represented on the board and/or in related workgroups, ensuring that the voices of individuals with communication disorders are not overlooked.

Thank you for your consideration and for your commitment to improving healthcare access and equity in Maryland. We stand ready to participate in and support the creation of this important advisory body.

Respectfully,

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