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**SB 428 - Maryland Medical Assistance Program and Health Insurance –
Collaborative Care Model – Cost Sharing Prohibition
Senate Finance Committee
February 18, 2026
FAVORABLE**

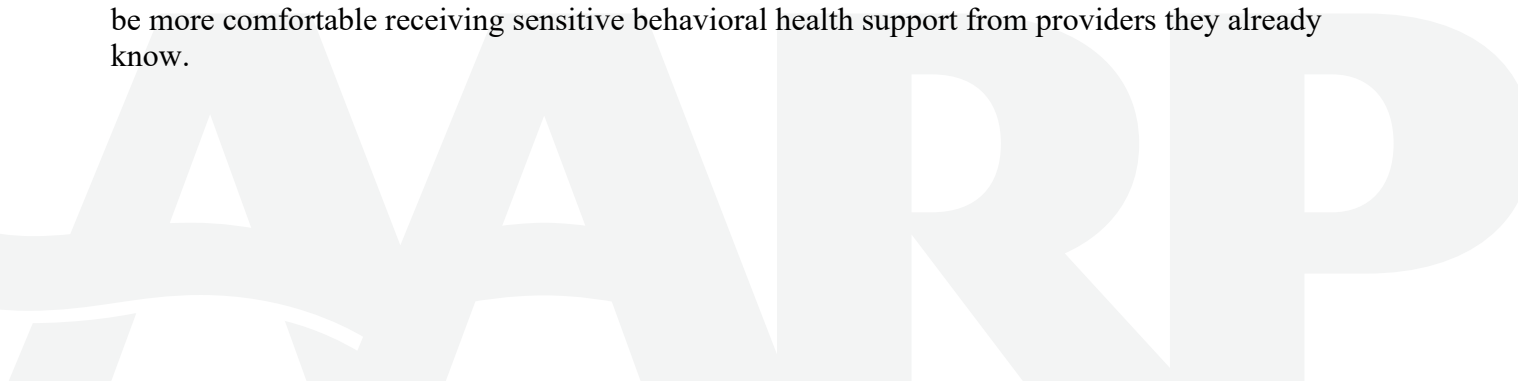
Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee, thank you for the opportunity to submit written testimony in support of Senate Bill 428. On behalf of AARP Maryland and our 850,000 members across the state, I urge the committee to pass Senate Bill 428 regarding the Collaborative Care Model Cost Sharing Prohibition. We thank Senator Augustine for sponsoring this important legislation.

My name is Dr. Lois Meszaros, and I am a licensed psychologist with a clinical practice in Anne Arundel County. As a mental health care provider, I am encouraged to see this bill as a vital step forward in meeting the mental and behavioral health needs of older Marylanders, particularly adults age 50 and older who rely on their primary care providers as their main—and often only—source of mental health care.

For many older adults, primary care is the front door to the health care system. It is where depression, anxiety, grief, cognitive changes, substance use concerns, and chronic-disease-related behavioral health needs are first identified. Yet despite the prevalence of these conditions, older adults frequently encounter significant barriers when trying to access mental health services, including high out-of-pocket costs and a fragmented system that requires them to seek care outside the familiar setting of their primary care practice.

SB 428 directly addresses these barriers by prohibiting copays, coinsurance, and deductibles for services delivered under the Collaborative Care Model (CoCM) in both the Maryland Medical Assistance Program and commercial insurance plans. For adults over 50, this change will make a meaningful difference. It ensures that mental health care delivered in the primary care setting is truly accessible, affordable, and integrated.

The Collaborative Care Model is proven to enhance outcomes, increase early identification of behavioral health needs, and reduce the stigma often associated with seeking mental health treatment. When implemented in primary care, CoCM allows older patients to receive coordinated support from a care manager, consulting psychiatric specialists, and their trusted primary care provider. This team-based approach is especially critical for older adults, who may be more comfortable receiving sensitive behavioral health support from providers they already know.



Unfortunately, cost-sharing requirements routinely discourage older adults from following through with treatment. Even modest copays can become insurmountable for individuals on limited incomes, leading them to delay or abandon needed care. SB 428 removes these financial obstacles and ensures that cost is never a reason a patient forgoes mental health treatment offered in the primary care setting.

By eliminating cost-sharing across Medicaid and commercial insurance, SB 428 creates consistency, expands access, and supports early intervention, reducing long-term costs to the health care system while improving quality of life for thousands of older Marylanders.

This legislation will strengthen Maryland's behavioral health system, promote equity for older adults, and ensure that primary care-based mental health services are within reach for everyone who needs them.

For these reasons, AARP Maryland respectfully urges a **favorable report** on Senate Bill 428. Thank you for your consideration and your commitment to the health of Maryland's aging population.

If you have any questions, please contact Sara Westrick at swestrick@aarp.org or 410-310-0374.