



**SB428 – Maryland Medical Assistance Program and Health Insurance –
Collaborative Care Model – Cost Sharing Prohibition**

Senate Finance Committee

February 18, 2026

POSITION: SUPPORT

My name is Nicole Graner and I am the Director of Government Affairs and Public Policy for the Community Behavioral Health Association of Maryland. I am pleased to submit written testimony in support of Senate Bill 428.

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of individuals who access care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

Senate Bill 428 prohibits Medicaid and commercial carriers from imposing a copay, coinsurance, or deductible for behavioral health services provided through the Collaborative Care Model (CoCM).

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings. The model has been validated in over 90 randomized controlled trials and has been shown to improve health outcomes and reduce costs.

Maryland continues to face behavioral health workforce challenges. A 2024 report from the Maryland Health Care Commission found that the state would need to double its current behavioral health workforce by 2028 to keep pace with demand. CoCM is recognized as an important long-term strategy for addressing these challenges — particularly in rural areas — because it expands the reach of the existing workforce, allowing providers to treat up to eight times the number of patients compared to traditional one-to-one care.

Increasing the use of CoCM is important; however, state partners report a drop-off in billing after a patient's first visit, which undermines the benefit of the model. This decline is being attributed to patient reluctance to pay additional out-of-pocket costs for follow-up visits. Eliminating those costs is a key recommendation in a timely new national CoCM report and may help support continued engagement in care.

Reducing financial barriers to evidence-based models of care supports broader access to behavioral health services. For these reasons, CBH respectfully requests a favorable report on SB428.

For more information contact Nicole Graner, Director of Government Affairs and Public Policy, at Nicole@mdcbh.org.