Testimony on SB438
Maryland Medical Assistance Program and Health Insurance – Collaborative Care Model – Cost Sharing Prohibition
Finance Committee
February 18, 2026

POSITION: FAVORABLE

My name is Cari Guthrie, President and CEO of Cornerstone. Since 1971, Cornerstone has offered behavioral health services to people ages 5 and up in Calvert, Charles, St. Mary's, and Montgomery Counties. We currently serve over 3000 clients.

Our clients often have co-occurring physical health issues along with their behavioral health issues. These issues are the same as the general population – diabetes, hypertension, heart disease, and obesity. People with behavioral health issues have a difficult time following instructions from physicians regarding health. They struggle to buy and eat nutritious foods, they tend to avoid exercise, they do not want to pay additional co-pays, and they often do not attend their doctor appointments consistently. Anything that can be put in place to help address these issues is integral to stable quality of life. The Collaborative Care Model is patient centered, evidence-based practice for integrating physical and behavioral health care in primary settings. Multiple research trials have shown that it improves health and thus reduces costs in the healthcare system.

According to a report from Maryland Health Care Commission, Maryland needs to double its workforce by 2028 to keep pace with the need. The report recommends using the collaborative care model to help address these workforce challenges. Unfortunately, data shows a drop from Collaborative Care billing after a patient's first visit – which limits any benefits of the model. This decline is attributed to patients being unwilling and unable to pay the addition out of pocket costs for the follow up visits in this model. Cost, as stated above, is one of the barriers to Cornerstone clients accessing the care that they need.

SB428 eliminates those out-of-pocket costs – which is also a key recommendation in a new Collaborative Care Model national report that came out just last week. Eliminating these costs will give Cornerstone clients a lower barrier to accessing care. It will give Cornerstone staff more leverage to support and encourage our clients to attend those follow-up appointments and get the care that they need. People with behavioral health disorders die 25 years earlier than the general population. They are dying from the same diseases as everyone else, but their behavioral health disorders add challenges to their recovery.

Cornerstone's mission is to empower people with behavioral health disorders to thrive in their community through collaboration, treatment, education, and advocacy. We are bearers of hope, committing to helping them live a life of their choosing. Approving SB428 is an obvious next step to

improve access to effective health care so that they can improve their health, be productive members of their community, and have a quality life of their choosing. Please vote in favor of SB428.

Thank you.