

**Senate Finance Committee
February 18, 2026**

**Senate Bill 428
Maryland Medical Assistance Program and Health Insurance—
Collaborative Care Model—Cost Sharing Prohibition
Support**

Dear Chair Beidle, Vice Chair Hayes and Members of the Committee:

Thank you for the opportunity to submit written testimony in support of Senate Bill 428.

My name is Angela Kimball, and I serve as Chief Advocacy Officer for Inseparable, a national nonprofit organization founded on the principle that mental health is inseparable from physical health. Our work focuses on advancing evidence-based policies that strengthen access to high-quality behavioral health care.

Senate Bill 428 removes cost-sharing requirements for services delivered through the Collaborative Care Model, an evidence-based approach that integrates behavioral health treatment into primary care settings. This policy represents a strategic and effective step toward expanding access to mental health care in Maryland.

The Collaborative Care Model is among the most rigorously studied interventions in behavioral health. Decades of research, including numerous randomized controlled trials, demonstrate that it improves outcomes for depression and anxiety, increases patient engagement in treatment, and produces more rapid symptom improvement compared to usual care. The model uses a coordinated team that includes a primary care provider, a behavioral health care manager, and a consulting psychiatrist. Care is measurement-based, systematic, and adjusted as needed to ensure clinical improvement.

Importantly, this model extends scarce psychiatric expertise into community-based primary care practices, including those serving rural and underserved populations. It enhances the capacity of the existing workforce while ensuring patients receive proactive and accountable care.

Even when services are available, cost sharing can deter individuals from seeking or continuing treatment. For many Maryland residents—particularly those managing limited financial resources—copayments may present a meaningful barrier. In behavioral health care, delayed treatment is associated with worsening symptoms, increased emergency department utilization, higher overall health care costs, and significant human consequences.

By eliminating cost-sharing for Collaborative Care services in health plans, Senate Bill 428 removes a predictable barrier to accessing integrated behavioral health care. It reinforces the principle that mental health treatment delivered in primary care settings is essential health care.

This policy is also fiscally responsible. Evidence indicates that Collaborative Care reduces total health care expenditures over time by improving chronic disease management and reducing high-cost utilization, including hospitalizations and emergency services. Early, coordinated intervention is both clinically effective and economically prudent.

Senate Bill 428 strengthens Maryland's behavioral health infrastructure, supports primary care practices, and promotes equitable access to evidence-based mental health treatment.

For these reasons, I respectfully urge a favorable report on Senate Bill 428.

Thank you for your consideration.

Respectfully submitted,

A handwritten signature in cursive script that reads "Angela Kimball".

Angela Kimball
Chief Advocacy Officer
Inseparable
angela@inseparable.us