

Children's Behavioral Health Coalition

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SB 428 – Maryland Medical Assistance Program and Health Insurance – Collaborative Care Model – Cost Sharing Prohibition

Senate Finance Committee

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Position: FAVORABLE

The Children's Behavioral Health Coalition (CBHC) brings together a wide range of advocates with a focus on policy issues and concerns specific to children and youth with behavioral health needs. We appreciate the opportunity to provide this testimony in support of SB 428.

SB 428 will improve uptake of the Collaborative Care Model (CoCM) by prohibiting Medicaid and commercial health insurers from imposing a co-pay, co-insurance, or deductible for services provided in accordance with the CoCM.

CoCM is an evidence-based approach for integrating physical and behavioral health care in primary care settings. The model includes:

1. care coordination
2. psychiatric consultation
3. measurement tracking

CoCM has been shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalizations and higher intensity levels of care.¹

SB 428 would provide critically needed assistance for younger Marylanders. **Demand for behavioral health services by children and youth has never been greater, yet behavioral health providers are in short supply and becoming ever scarcer.** Data from the Youth Risk Behavior Survey of 2022-23 shows that 28% of Maryland high school students and 22% of middle school students reported that their mental health was not good most of the time or always, and 18% of high school students and 24% of middle school students reported that they had seriously considered suicide.² These numbers are at an all-time high. At the same time, data from a 2024 state assessment of Maryland's behavioral health workforce highlights an escalating crisis in access to care. According to the report,³ today's workforce of 34,600 behavioral health professionals is 34% smaller than necessary to meet current demand, requiring an immediate influx of 18,200 individuals. An additional 14,600 workers will be required to replace those leaving the field by 2028, requiring a doubling of current capacity in just the next few years to keep pace with need.

¹ Michael Yuhas et al. Mounting Evidence That Use of the Collaborative Care Model Reduces Total Healthcare Costs. The Bowman Family Foundation (2025). https://www.filesbff.org/CoCM_Total_Healthcare_Costs_Issue_Brief.pdf

² Maryland Department of Health releases 2022-2023 Youth Risk Behavioral Survey and Youth Tobacco Survey data. Maryland Department of Health. June 25, 2024. <https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx>

³ Investing in Maryland's Behavioral Health Talent. Maryland Health Care Commission. October 2024. https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2024/md_bh_workforce_rpt_SB283.pdf

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In addition to the ever-shrinking behavioral health workforce in Maryland, other barriers prevent families from seeking specialty mental health care for their child, including stigma and logistical barriers such as requiring more time off from work, and greater cost.

As a result, families turn to their child's pediatrician or primary care provider to access mental health care. A recent study found that between 2015 and 2023, the number of prescriptions for antidepressants and anti-anxiety medications prescribed by pediatricians for children nearly doubled.⁴

Yet mental health conditions in youth especially can be difficult to diagnose and to appropriately treat. Pediatricians express concern about their lack of mental health training and limited amount of time to spend with a patient.

The CoCM, by pairing a primary care provider with a care coordinator, providing psychiatric consultation, measuring progress, and ensuring adequate reimbursement solves these concerns.

Despite efforts in Maryland to increase use of the CoCM, data shows a drop-off of CoCM billing after an initial visit, which has been attributed to a reluctance among patients and families to pay additional out of pocket costs for important follow up visits. SB 428 would eliminate those out-of-pocket costs, a strategy that is a key recommendation in a recently released CoCM national report.⁵

SB 428 will improve behavioral health outcomes, save money, and keep people out of crisis. For these reasons, the Children's Behavioral Coalition urges a favorable report.

⁴ Laura M. Pritchett et al. Patterns of Antidepressant and Antianxiety Medication Prescriptions in Primary Care in the U.S. *Journal of Primary Care Community Health* (2025). <https://pubmed.ncbi.nlm.nih.gov/40525406/>

⁵ Michael Yuhas et al. (2025).