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

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide written testimony in support of Senate Bill 428. My name is Laura Willing, and I am a child and adolescent psychiatrist and the Medical Director for Mental Health Policy and Advocacy for the Community Mental Health CORE at Children's National Hospital. As the region's only standalone children's hospital, Children's National has been serving the nation's children since 1870. For 155 years, we have delivered expert pediatric care at every milestone. Sixty percent of our patients are residents of Maryland, and we maintain a large network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

The goal of this bill is to increase access to and utilization of the Collaborative Care Model so that Marylanders are able to access quality mental health care integrated into the primary care setting. The Collaborative Care Model is an evidence-based model that includes a primary care physician, such as a pediatrician, a behavioral health care manager, such as a social worker, and a psychiatric consultant, such as a psychiatrist or child psychiatrist. In this model, the pediatrician diagnoses, treats, and manages the care of the patient with the support of the psychiatric consultant and the behavioral health care manager. In this way, patients with common conditions, such as mild to moderate Depression, Anxiety, and ADHD, can receive quality, accessible care in the primary care office. The psychiatric consultant supports the pediatrician is taking care of an entire panel of patients, which significantly increases access to mental health care. The behavioral health care manager is also able to support the patient in accessing additional appropriate services, such as individual therapy, and providing brief interventions in the primary care setting to address symptoms.

Multiple studies have shown that the Collaborative Care Model improves mental health and physical health outcomes, and reduces costs in the healthcare system.<sup>1,2,3,4,5</sup> In youth, multiple studies have found that the Collaborative Care Model is useful for treating ADHD, Depression, and Anxiety disorders.<sup>6,7,8</sup> In fact, the Collaborative Care Model was identified in the Maryland Health Care Commission 2024 behavioral health workforce report as a key strategy for addressing Maryland's workforce challenges.<sup>9</sup>

A recent report by the Bowman Family Foundation describes that the Collaborative Care Model is showing rapid growth nationally, especially for children and adolescents.<sup>10</sup> However, the report describes that patient cost-sharing, such as requiring a copay, coinsurance, or deductible reduced use of the Collaborative Care Model. For example, in Michigan, 55% of commercially insured patients initially declined to continue in the collaborative care model after they received their first bill for cost sharing.<sup>11</sup>

Given that Maryland is facing a work force shortage of mental health professionals, that patients struggle to find in-network mental health care,<sup>12</sup> and that there is an ongoing pediatric mental health crisis, we should be doing everything we can to improve access to quality mental healthcare for all Marylanders.

I applaud Senator Augustine for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 428. Thank you for the opportunity to submit testimony.

**For more information, please contact:**

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