



February 15, 2026

Senator Pamela Beidle, Chair  
Senator Antonio Hayes, Vice Chair  
Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

Delegate Heather Bagnall, Chair  
Delegate Bonnie Cullison, Vice Chair  
House Health Committee  
241 Taylor House Office Building  
Annapolis, Maryland 21401

**RE: Support for SB0428 and HB 0746**

Dear Chair Beidle and Vice Chair Hayes and Chair Bagnall and Vice Chair Cullison:

I am providing testimony on behalf of Shatterproof in support of Senate Bill 0428 and House Bill 0746, legislation to prohibit the Maryland Department of Health and certain carriers from imposing a copay, coinsurance, or deductible for services provided in accordance with the Collaborative Care Model statewide in primary care settings.

Shatterproof is a national nonprofit dedicated to a world where addiction never defines or ends a life.

Senate Bill 0428 and House Bill 0746 would eliminate out of pocket costs to access the Collaborative Care Model, an evidence-based model to integrate mental health and substance use care into the primary care setting.

The Collaborative Care Model is a well-studied treatment model for the primary care setting that has been shown in more than 80 randomized controlled trials to improve outcomes, be cost-effective, and ameliorate racial and other disparities in health outcomes.

The model relies on universal screening for behavioral health conditions, measurement-based care, and a three-person care team consisting of a primary care physician, a care manager, and a psychiatrist or addiction specialist. The Centers for Medicare and Medicaid Services created Medicaid codes for the model in 2017, and to date, 35 states and many private payers cover the model.

It is estimated that 50 percent of individuals with a mental health disorder have a comorbid substance use disorder. The SUMMIT Randomized Clinical Trial found that collaborative care for opioid and alcohol use disorder increased both the proportion of patients receiving evidence-based treatment and the number achieving abstinence at six months. Abstinence improved 47% over the control<sup>1</sup>.

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<sup>1</sup> <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2652574>



In addition to the health benefits of collaborative care, the model is one of the very few interventions in medicine that have been shown to reduce disparities by race/ethnicity and/or socioeconomic status in patients' access to care, quality of care, and outcomes. Furthermore, as healthcare workforce challenges continue unabated, the Collaborative Care Model leverages primary care, case management, and psychiatric professionals to maximize the existing workforce to address patient needs.

Around the country, Medicaid enrollees with behavioral health conditions, including substance use disorders, account for approximately 20 percent of enrollees, but over half of Medicaid spending. Several studies have demonstrated that the Collaborative Care Model is cost-effective. Findings from the IMPACT study observed that the model was associated with substantially lower total healthcare costs compared to typical care – a return on investment of \$6.50 for every \$1 invested<sup>2</sup>.

Shatterproof encourages the passage of Bill 0428 and House Bill 0746 to reduce the potential barrier of co-pays to access the Collaborative Care Model. This policy change will help improve access to SUD care in Maryland and enhance the state's commitment to quality behavioral health care.

Sincerely,

*Kevin Roy*

Kevin Roy  
Chief Public Policy Officer  
Shatterproof

CC:

Senator Augustine  
Delegate Bagnall

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<sup>2</sup> <https://www.ajmc.com/view/feb08-2835p095-100>