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**HB 746: Maryland Medical Assistance Program and Health Insurance - Collaborative Care Model
- Cost Sharing Prohibition
Position: FAVORABLE
February 19, 2026
House Health Committee**

Chair Bagnall, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide testimony today in support of House Bill 746. My name is Alana Aronin, and I am Program Manager 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 to thousands of children and their families every year. 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. I am also a proud Marylander from Montgomery County.

Children's National appreciates your introduction of this legislation, Chair Bagnall, which aims to increase access to and utilization of the Collaborative Care Model by reducing cost barriers. We know that patients face many barriers to accessing mental health care, including navigating complex health systems, the overall high cost of health care, mental health stigma, and behavioral health workforce shortages. Improving Marylanders' mental health starts with reducing some of these barriers.

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 delivered in the primary care office. The psychiatric consultant supports the pediatrician in taking care of an entire panel of patients, which significantly increases

access to mental health care. The behavioral health care manager is important, supporting 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.^{1,2,3,4,5} In youth, multiple studies have found that the Collaborative Care Model is useful for treating ADHD, Depression, and Anxiety disorders.^{6,7,8}

The February 2026 Bowman Family Foundation report describes that the Collaborative Care Model is showing rapid growth, including for children and adolescents.⁹ However, the report highlights that patient cost-sharing reduces 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.¹⁰

Meeting the behavioral health care needs of Maryland's residents through referral and specialist care would require doubling its current workforce, according to the Maryland Health Care Commission 2024 report. Integrated care provides a valuable and accessible alternative nearly immediately. In fact, the Collaborative Care Model was identified in that Maryland Health Care Commission 2024 behavioral health workforce report as a key strategy for addressing Maryland's workforce challenges.¹¹

Maryland faces an ongoing work force shortage of mental health professionals, patients struggle to find in-network mental health care,^{12,13} and the pediatric mental health crisis that the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatrists, and the Children's Hospital Association declared in November 2021 continues to affect our state's children. It is our responsibility to reduce every barrier possible to improve access to quality mental healthcare.

I applaud Chair Bagnall for introducing this important legislation and respectfully request a favorable report on House Bill 746. Thank you for the opportunity to submit testimony.

For more information, please contact:

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- ¹ Unützer, J., Katon, W., Callahan, C. M., Williams, Jr, J. W., Hunkeler, E., Harpole, L., Hoffing, M., Della Penna, R. D., Noël, P. H., Lin, E. H. B., Areán, P. A., Hegel, M. T., Tang, L., Belin, T. R., Oishi, S., Langston, C., & for the IMPACT Investigators. (2002). Collaborative Care Management of Late-Life Depression in the Primary Care Setting. *JAMA*, 288(22), 2836. <https://doi.org/10.1001/jama.288.22.2836>.
- ² Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *The Cochrane Database of Systematic Reviews*, 10(10), CD006525. <https://doi.org/10.1002/14651858.CD006525.pub2>
- ³ Katon, W. J., Lin, E. H. B., Von Korff, M., Ciechanowski, P., Ludman, E. J., Young, B., Peterson, D., Rutter, C. M., McGregor, M., & McCulloch, D. (2010). Collaborative Care for Patients with Depression and Chronic Illnesses. *New England Journal of Medicine*, 363(27), 2611-2620. <https://doi.org/10.1056/NEJMoa1003955>
- ⁴ Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013). The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes. *Health Home Information Resource Center*, 90.
- ⁵ Melek, S. P., Norris, D. T., Paulus, J., Matthews, K., Weaver, A., & Davenport, S. (2018). Potential economic impact of integrated medical-behavioral healthcare. *Milliman*: Seattle, WA, USA.
- ⁶ Yonek, J., Lee, C. M., Harrison, A., Mangurian, C., & Tolou-Shams, M. (2020). Key Components of Effective Pediatric Integrated Mental Health Care Models: A Systematic Review. *JAMA Pediatrics*, 174(5), 487–498. <https://doi.org/10.1001/jamapediatrics.2020.0023>
- ⁷ Richardson, L. P., Ludman, E., McCauley, E., Lindenbaum, J., Larison, C., Zhou, C., Clarke, G., Brent, D., & Katon, W. (2014). Collaborative care for adolescents with depression in primary care: A randomized clinical trial. *JAMA - Journal of the American Medical Association*, 312(8), 809–816. <https://doi.org/10.1001/jama.2014.9259>
- ⁸ Silverstein, M., Hironaka, L. K., Walter, H. J., Feinberg, E., Sandler, J., Pellicer, M., Chen, N., & Cabral, H. (2015). Collaborative care for children with ADHD symptoms: A randomized comparative effectiveness trial. *Pediatrics*, 135(4), e858–e867. <https://doi.org/10.1542/peds.2014-3221>
- ⁹ Progress Report: Psychiatric Collaborative Care Model. The Bowman Family Foundation and the Mental Health Treatment and Research Institute. February, 2026. https://files.mhtari.org/COCM_Progress_Report.pdf
- ¹⁰ Richmond LM. Payors Train PCPs to Treat Mental Health in House. *Psych News* 2021; 56 <https://doi.org/10.1176/appi.pn.2021.11.4>
- ¹¹ Maryland Health Care Commission. Investing in Maryland's Behavioral Health Talent. October, 2024. https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2024/md_bh_workforce_rpt_SB283.pdf
- ¹² Mark, T. L., & Parish, W. J. (2024). Behavioral health parity – Pervasive disparities in access to in-network care continue. RTI International.
- ¹³ Melek S, Gray T, Davenport S. Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement. *Milliman*. Published November 19, 2019. https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf