

Chapter 614

(Senate Bill 428)

AN ACT concerning

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

FOR the purpose of prohibiting the Maryland Department of Health ~~and certain insurers, nonprofit health plans, and health maintenance organizations~~ from imposing a copay, coinsurance, or deductible for services provided in accordance with the Collaborative Care Model; requiring certain insurers, nonprofit health plans, and health maintenance organizations to provide coverage for services provided in accordance with the Collaborative Care Model; requiring the Maryland Health Care Commission to study the impact of eliminating health insurance cost-sharing for services provided under the Collaborative Care Model by certain insurers, nonprofit health plans, and health maintenance organizations; and generally relating to cost sharing and the Collaborative Care Model.

BY repealing and reenacting, with amendments,
 Article – Health – General
 Section 15–141.1
 Annotated Code of Maryland
 (2023 Replacement Volume and 2025 Supplement)

BY adding to
 Article – Insurance
 Section 15–864
 Annotated Code of Maryland
 (2017 Replacement Volume and 2025 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 That the Laws of Maryland read as follows:

Article – Health – General

15–141.1.

(a) In this section, “Collaborative Care Model” means an evidence-based approach for integrating somatic and behavioral health services in primary care settings that includes:

- (1) Care coordination and management;

(2) Regular, proactive outcome monitoring and treatment for outcome targets using standardized outcome measurement rating scales and electronic tools, such as patient tracking; and

(3) Regular systematic psychiatric and substance use disorder caseload reviews and consultation with a psychiatrist, an addiction medicine specialist, or any other behavioral health medicine specialist as allowed under federal regulations governing the model.

(b) This section may not be construed to prohibit referrals from a primary care provider to a specialty behavioral health care provider.

(c) The Department shall implement and provide reimbursement for services provided in accordance with the Collaborative Care Model statewide in primary care settings that provide health care services to Program recipients.

(D) THE DEPARTMENT MAY NOT IMPOSE A COPAYMENT, COINSURANCE, OR DEDUCTIBLE REQUIREMENT FOR SERVICES PROVIDED IN ACCORDANCE WITH THE COLLABORATIVE CARE MODEL STATEWIDE IN PRIMARY CARE SETTINGS THAT PROVIDE HEALTH CARE SERVICES TO PROGRAM RECIPIENTS.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Insurance

15–864.

(A) IN THIS SECTION, “COLLABORATIVE CARE MODEL” HAS THE MEANING STATED IN § 15–141.1 OF THE HEALTH – GENERAL ARTICLE.

(B) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE ~~COVERAGE FOR SERVICES PROVIDED IN ACCORDANCE WITH THE COLLABORATIVE CARE MODEL UNDER INDIVIDUAL, GROUP, OR BLANKET HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE–INCURRED BASIS UNDER~~ HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE ~~COVERAGE FOR SERVICES PROVIDED IN ACCORDANCE WITH THE COLLABORATIVE CARE MODEL UNDER INDIVIDUAL OR GROUP~~ HOSPITAL, MEDICAL, OR SURGICAL

BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

~~(c) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT, COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR SERVICES PROVIDED IN ACCORDANCE WITH THE COLLABORATIVE CARE MODEL.~~

~~(2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A HIGH DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, AN ENTITY SUBJECT TO THIS SECTION MAY SUBJECT SERVICES PROVIDED IN ACCORDANCE WITH THE COLLABORATIVE CARE MODEL TO THE DEDUCTIBLE REQUIREMENT OF THE HIGH DEDUCTIBLE HEALTH PLAN.~~

(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR SERVICES PROVIDED IN ACCORDANCE WITH THE COLLABORATIVE CARE MODEL.

SECTION 3. AND BE IT FURTHER ENACTED, That on or before December 1, 2026, the Maryland Health Care Commission shall:

(1) conduct a study in accordance with § 15-1501 of the Insurance Article on the impact of eliminating health insurance cost-sharing for services provided under the Collaborative Care Model by insurers, nonprofit health service plans, and health maintenance organizations that provide coverage for services provided in accordance with the Collaborative Care Model under individual, group, or blanket health insurance policies or contracts that are issued or delivered in the State; and

(2) report its findings and recommendations, in accordance with § 2-1257 of the State Government Article, to the Senate Finance Committee and the House Health Committee.

SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2027.

SECTION ~~4~~ 5. AND BE IT FURTHER ENACTED, That Sections 2 and ~~3~~ 4 of this Act shall take effect January 1, 2027.

SECTION ~~5~~ 6. AND BE IT FURTHER ENACTED, That, except as provided in Section ~~4~~ 5 of this Act, this Act shall take effect July 1, 2026.

Approved by the Governor, May 26, 2026.