

# SENATE BILL 428

J5, J1, J4

6lr2139  
CF HB 746

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By: **Senator Augustine**

Introduced and read first time: January 30, 2026

Assigned to: Finance

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Committee Report: Favorable

Senate action: Adopted

Read second time: February 25, 2026

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

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

4 FOR the purpose of prohibiting the Maryland Department of Health and certain insurers,  
5 nonprofit health plans, and health maintenance organizations from imposing a  
6 copay, coinsurance, or deductible for services provided in accordance with the  
7 Collaborative Care Model; and generally relating to cost sharing and the  
8 Collaborative Care Model.

9 BY repealing and reenacting, with amendments,  
10 Article – Health – General  
11 Section 15–141.1  
12 Annotated Code of Maryland  
13 (2023 Replacement Volume and 2025 Supplement)

14 BY adding to  
15 Article – Insurance  
16 Section 15–864  
17 Annotated Code of Maryland  
18 (2017 Replacement Volume and 2025 Supplement)

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

21 **Article – Health – General**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 15-141.1.

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

5 (1) Care coordination and management;

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

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

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

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

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

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

24 **Article – Insurance**

25 **15-864.**

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

28 **(B) THIS SECTION APPLIES TO:**

29 **(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT**  
30 **PROVIDE COVERAGE FOR SERVICES PROVIDED IN ACCORDANCE WITH THE**  
31 **COLLABORATIVE CARE MODEL UNDER INDIVIDUAL, GROUP, OR BLANKET HEALTH**

1 INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE  
2 STATE; AND

3 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE  
4 COVERAGE FOR SERVICES PROVIDED IN ACCORDANCE WITH THE COLLABORATIVE  
5 CARE MODEL UNDER INDIVIDUAL OR GROUP CONTRACTS THAT ARE ISSUED OR  
6 DELIVERED IN THE STATE.

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

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

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

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

21 SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section  
22 4 of this Act, this Act shall take effect July 1, 2026.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.