

SENATE BILL 428

J5, J1, J4

6lr2139
CF 6lr2138

By: Senator Augustine

Introduced and read first time: January 30, 2026

Assigned to: Finance

A BILL ENTITLED

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**

22 15–141.1.

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(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

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

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

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

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

Article – Insurance

21 15-864.

22 (A) IN THIS SECTION, "COLLABORATIVE CARE MODEL" HAS THE MEANING
23 STATED IN § 15-141.1 OF THE HEALTH - GENERAL ARTICLE.

24 (B) THIS SECTION APPLIES TO:

1 CARE MODEL UNDER INDIVIDUAL OR GROUP CONTRACTS THAT ARE ISSUED OR
2 DELIVERED IN THE STATE.

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

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

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

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

17 SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section
18 4 of this Act, this Act shall take effect July 1, 2026.