

# SENATE BILL 774

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By: Senator Augustine

Introduced and read first time: February 6, 2026

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Plan Benefits and Coverage – Annual Reporting**  
3 **(Transparency, Reporting, Understanding, Timeliness, and Honesty**  
4 **(TRUTH) in Mental Health Coverage Act)**

5 FOR the purpose of requiring each carrier that provides a health benefit plan in the State  
6 to report certain data regarding claims and coverage to the Maryland Insurance  
7 Commissioner using a certain template; requiring the Commissioner to develop a  
8 template for carriers to report the data and make the data publicly available by  
9 posting certain data on a public website and developing and maintaining certain data  
10 dashboards; authorizing the Commissioner to adopt regulations to establish  
11 regulatory fees or assessments to cover the costs of implementing this Act; and  
12 generally relating to health benefit plans issued in the State.

13 BY adding to

14 Article – Insurance

15 Section 15–2201 through 15–2208 to be under the new subtitle “Subtitle 22.  
16 Transparency, Reporting, Understanding, Timeliness, and Honesty in Mental  
17 Health Coverage”

18 Annotated Code of Maryland

19 (2017 Replacement Volume and 2025 Supplement)

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

22 **Article – Insurance**

23 **SUBTITLE 22. TRANSPARENCY, REPORTING, UNDERSTANDING, TIMELINESS, AND**  
24 **HONESTY IN MENTAL HEALTH COVERAGE.**

25 **15–2201.**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1           (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
2 INDICATED.

3 (B) "BEHAVIORAL HEALTH CARE SERVICES" MEANS MENTAL HEALTH  
4 DISORDER CARE SERVICES AND SUBSTANCE USE DISORDER CARE SERVICES.

5 (C) "CARRIER" HAS THE MEANING STATED IN § 15-144 OF THIS TITLE.

6 (D) (1) "FACILITY TYPE" MEANS THE CATEGORY OF FACILITY AND LEVEL  
7 OF CARE IN WHICH SERVICES ARE PROVIDED.

9 (I) OUTPATIENT FACILITIES, INCLUDING INTENSIVE  
10 OUTPATIENT AND PARTIAL HOSPITALIZATION SERVICES;

11 (II) ACUTE INPATIENT FACILITIES; AND

12 (III) SUB-ACUTE INPATIENT FACILITIES, INCLUDING  
13 RESIDENTIAL CARE FACILITIES OR SKILLED NURSING FACILITIES.

14 (E) "HEALTH BENEFIT PLAN" HAS THE MEANING STATED IN § 15-144 OF  
15 THIS TITLE.

16 (F) "MEDICAL OR SURGICAL SERVICES" MEANS ANY HEALTH CARE  
17 SERVICES OR BENEFITS THAT ARE NOT MENTAL HEALTH OR SUBSTANCE USE CARE  
18 SERVICES.

19 (G) "MENTAL HEALTH SERVICES" MEANS SERVICES OR BENEFITS FOR THE  
20 DIAGNOSIS OR TREATMENT OF MENTAL HEALTH DISORDERS OTHER THAN  
21 SUBSTANCE USE DISORDERS, AS CLASSIFIED IN THE MENTAL AND BEHAVIORAL  
22 DISORDERS CHAPTERS OF THE INTERNATIONAL CLASSIFICATION OF DISEASES AND  
23 THE MENTAL DISORDER DIAGNOSTIC CATEGORIES OF THE DIAGNOSTIC AND  
24 STATISTICAL MANUAL OF MENTAL DISORDERS.

25 (H) "PLAN LEVEL" MEANS THE STANDARDIZED SYSTEM CLASSIFYING  
26 HEALTH CARE PLANS BASED ON THE COST-SHARING STRUCTURE.

27 (I) (1) "PROVIDER TYPE" MEANS THE CATEGORY OF HEALTH CARE  
28 SERVICES THAT A HEALTH CARE PROFESSIONAL PROVIDES.

29 (2) "PROVIDER TYPE" INCLUDES:

1 (I) PSYCHIATRISTS;

2 (II) NURSE PRACTITIONERS IDENTIFIED BY SPECIALTY,  
3 INCLUDING PSYCHIATRIC NURSE PRACTITIONERS;

4 (III) PHYSICIAN ASSISTANTS IDENTIFIED BY SPECIALTY,  
5 INCLUDING PSYCHIATRIC PHYSICIAN ASSISTANTS;

6 (IV) PSYCHOLOGISTS;

7 (V) OTHER INDEPENDENTLY LICENSED BEHAVIORAL HEALTH  
8 PROVIDERS;

9 (VI) PRIMARY CARE PHYSICIANS; AND

10 (VII) SPECIALIST PHYSICIANS, INCLUDING SURGICAL  
11 PHYSICIANS.

12 (J) "SUBSTANCE USE SERVICES" MEANS SERVICES OR BENEFITS PROVIDED  
13 FOR THE DIAGNOSIS AND TREATMENT OF SUBSTANCE USE DISORDERS, AS  
14 CLASSIFIED IN THE MOST CURRENT VERSIONS OF THE INTERNATIONAL  
15 CLASSIFICATION OF DISEASES AND THE DIAGNOSTIC AND STATISTICAL MANUAL  
16 OF MENTAL DISORDERS.

17 (K) "UTILIZATION REVIEW" MEANS THE PROSPECTIVE, CONCURRENT, OR  
18 RETROSPECTIVE REVIEW OF THE MEDICAL NECESSITY AND APPROPRIATENESS OF  
19 A TREATMENT OR RESOURCE ALLOCATION TO AN ENROLLEE OR GROUP OF  
20 ENROLLEES.

21 15-2202.

22 (A) ON OR BEFORE MARCH 1 EACH YEAR, BEGINNING IN 2028, EACH  
23 CARRIER THAT PROVIDES A HEALTH BENEFIT PLAN SUBJECT TO INSURANCE  
24 REGULATION IN THE STATE SHALL:

25 (1) REPORT TO THE COMMISSIONER THE FOLLOWING INFORMATION  
26 ON THE TEMPLATE DEVELOPED BY THE COMMISSIONER UNDER § 15-2203 OF THIS  
27 SUBTITLE:

28 (I) CLAIMS DATA SUFFICIENT TO EVALUATE, FOR EACH  
29 FACILITY TYPE AND PROVIDER TYPE, ACCESS TO AND COVERAGE OF:

- 1                   1.    MENTAL HEALTH SERVICES;
- 2                   2.    SUBSTANCE USE SERVICES;
- 3                   3.    BEHAVIORAL HEALTH SERVICES;
- 4                   4.    MEDICAL OR SURGICAL SERVICES;
- 5                   5.    YOUTH AND ADULT SERVICES, SEPARATELY AND
- 6    COMBINED;

7                   6.    IN-PERSON    AND    TELEHEALTH    SERVICES,  
8    SEPARATELY AND COMBINED; AND

9                   7.    GEOGRAPHIC    AREA,    AS    SPECIFIED    BY    THE  
10   COMMISSIONER;

11                   (II)    WHETHER THE FACILITY OR PROFESSIONAL HEALTH CARE  
12    PROVIDER IS AFFILIATED WITH, OWNED BY, OR UNDER COMMON CONTROL WITH  
13    THE CARRIER, AS SPECIFIED BY THE COMMISSIONER; AND

14                   (III)    CLAIMS DATA, DISAGGREGATED BY FACILITY TYPE,  
15    PROVIDER TYPE, YOUTH ENROLLEES, ADULT ENROLLEES, IN-PERSON VISITS, AND  
16    TELEHEALTH VISITS, SUFFICIENT TO EVALUATE:

17                   1.    NETWORK    ACCURACY,    AVAILABILITY,    AND  
18    PARTICIPATION, INCLUDING WHETHER PROVIDERS LISTED AS IN-NETWORK ARE  
19    AVAILABLE TO PROVIDE COVERED SERVICES TO ENROLLEES;

20                   2.    NETWORK SIZE AND COMPOSITION, INCLUDING THE  
21    SIZE OF CARRIER NETWORKS RELATIVE TO THE AVAILABLE SUPPLY OF  
22    STATE-LICENSED HEALTH CARE PROVIDERS;

23                   3.    NETWORK    ADMISSION    AND    CONTRACTING  
24    PRACTICES, INCLUDING PRACTICES RELATING TO PROVIDER CREDENTIALING,  
25    CONTRACTING, AND EFFECTIVE PARTICIPATION IN CARRIER NETWORKS;

26                   4.    IN-NETWORK    REIMBURSEMENT,    INCLUDING  
27    IN-NETWORK REIMBURSEMENT LEVELS AND PAYMENT DISTRIBUTIONS FOR  
28    COVERED SERVICES, AND COMPARISON TO ONE OR MORE EXTERNAL BENCHMARKS,  
29    AS DETERMINED BY THE COMMISSIONER;

1                   **5. OUT-OF-NETWORK UTILIZATION, INCLUDING THE**  
2 **EXTENT TO WHICH COVERED SERVICES ARE FURNISHED AND REIMBURSED AT**  
3 **OUT-OF-NETWORK BENEFIT LEVELS;**

4                   **6. ACCESS TO EVIDENCE-BASED BEHAVIORAL HEALTH**  
5 **CARE DELIVERY MODELS, INCLUDING ACCESS TO AND UTILIZATION OF**  
6 **PSYCHIATRIC COLLABORATIVE CARE AND OTHER EVIDENCE-BASED MODELS, AS**  
7 **DETERMINED BY THE COMMISSIONER; AND**

8                   **7. ANY ADDITIONAL METRICS THE COMMISSIONER**  
9 **DETERMINES NECESSARY FOR PUBLIC COMPARISON AND OVERSIGHT, INCLUDING**  
10 **THOSE RELATED TO ACCESS TO TIMELY, CLINICALLY APPROPRIATE CARE,**  
11 **UTILIZATION REVIEW, NETWORK ADEQUACY, REIMBURSEMENT EQUITY, OR**  
12 **COMPLIANCE WITH FEDERAL OR STATE; AND**

13                   **(2) SUBMIT A CERTIFICATION SIGNED BY THE CARRIER'S CHIEF**  
14 **FINANCIAL OFFICER UNDER PENALTY OF PERJURY STATING THAT THE REPORTED**  
15 **DATA ARE COMPLETE AND ACCURATE AND CALCULATIONS FOLLOW THE TEMPLATE**  
16 **DEFINITIONS AND INSTRUCTIONS.**

17                   **(B) THE DATA REPORTED IN ACCORDANCE WITH SUBSECTION (A) OF THIS**  
18 **SECTION IS NOT PROPRIETARY OR CONFIDENTIAL BUT IS SUBJECT TO THE CENTERS**  
19 **FOR MEDICARE AND MEDICAID SERVICES CELL SUPPRESSION STANDARDS,**  
20 **INCLUDING FOR PURPOSES OF MAKING THE DATA PUBLICLY AVAILABLE AS**  
21 **REQUIRED UNDER § 15-2204 OF THIS SUBTITLE.**

22                   **15-2203.**

23                   **(A) THE COMMISSIONER SHALL DEVELOP A UNIFORM TEMPLATE FOR**  
24 **CARRIERS TO REPORT THE INFORMATION REQUIRED UNDER § 15-2202(A)(1) OF**  
25 **THIS SUBTITLE.**

26                   **(B) IN DEVELOPING THE REPORTING TEMPLATE, THE COMMISSIONER**  
27 **SHALL REVIEW AND CONSIDER FORMATS THAT ARE:**

28                   **(1) USED BY INSURANCE REGULATORS IN OTHER STATES;**

29                   **(2) ENDORSED AND USED BY ONE OR MORE EMPLOYER COALITIONS,**  
30 **HUMAN RESOURCES ASSOCIATIONS, OR MENTAL HEALTH NONPROFIT**  
31 **ORGANIZATIONS; OR**

32                   **(3) CITED BY THE FEDERAL DEPARTMENT OF LABOR OR FEDERAL**  
33 **DEPARTMENT OF HEALTH AND HUMAN SERVICES.**

1 (C) (1) THE COMMISSIONER SHALL ENSURE COMPARABILITY ACROSS  
2 CARRIERS BY ADOPTING UNIFORM TEMPLATES, DEFINITIONS, AUDIT PROCEDURES,  
3 AND CORRECTION PROTOCOLS.

13 15-2204.

14 NOT LATER THAN 3 MONTHS AFTER RECEIVING DATA REQUIRED TO BE  
15 REPORTED UNDER § 15–2202(A)(1) OF THIS SUBTITLE, THE COMMISSIONER SHALL  
16 MAKE THE DATA PUBLICLY AVAILABLE BY:

17 (1) DEVELOPING AND MAINTAINING AN INTERACTIVE VIRTUAL  
18 DASHBOARD TO VISUALLY PRESENT THE COLLECTED DATA THAT:

19 (I) INCLUDES A SEPARATE DISPLAY OF ADULT OUTCOMES AND  
20 OUTCOMES FOR INDIVIDUALS UNDER THE AGE OF 18 YEARS; AND

(II) ALLOWS COMPARISONS BETWEEN PLANS, CARRIERS, AND  
PLAN LEVELS; AND

27 15-2205.

28 (A) THE COMMISSIONER MAY ADOPT REGULATIONS TO ESTABLISH  
29 REGULATORY FEES OR ASSESSMENTS ON CARRIERS TO RECOVER THE COSTS OF  
30 IMPLEMENTING THIS SUBTITLE, INCLUDING MAINTAINING THE DASHBOARD  
31 REQUIRED UNDER § 15-2204(1) OF THIS SUBTITLE.

1       **(B) FEES AND ASSESSMENTS COLLECTED UNDER THIS SECTION:**2               **(1) SHALL BE DEPOSITED INTO THE INSURANCE REGULATION FUND**3    **ESTABLISHED UNDER § 2-505 OF THIS ARTICLE; AND**4               **(2) MAY BE USED ONLY FOR THE PURPOSES SPECIFIED IN**5    **SUBSECTION (A) OF THIS SECTION.**6       **15-2206.**7               **(A) THE FAILURE TO SUBMIT TIMELY, COMPLETE, OR ACCURATE DATA**8    **CONSTITUTES AN UNFAIR OR DECEPTIVE ACT OR PRACTICE UNDER TITLE 27 OF**9    **THIS ARTICLE.**10               **(B) THE COMMISSIONER MAY REFER A CARRIER THAT FAILS TO COMPLY**11   **WITH THE REQUIREMENTS OF THIS SUBTITLE TO THE ATTORNEY GENERAL FOR**12   **INVESTIGATION OR CIVIL ACTION.**13       **15-2207.**14               **THE COMMISSIONER MAY ADOPT REGULATIONS TO CARRY OUT THIS**15   **SUBTITLE.**16       **15-2208.**17               **THIS SUBTITLE MAY BE CITED AS THE TRANSPARENCY, REPORTING,**18   **UNDERSTANDING, TIMELINESS, AND HONESTY (TRUTH) IN MENTAL HEALTH**19   **COVERAGE ACT.**20               **SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect**21   **January 1, 2027.**