

SENATE BILL 774

J5

6lr2532
CF HB 1157

By: **Senator Augustine**

Introduced and read first time: February 6, 2026

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 1, 2026

CHAPTER _____

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~~ templates; requiring the Commissioner to
8 develop ~~a template~~ templates for carriers to report the data and make the data
9 publicly available by posting certain data on a public website ~~and developing and~~
10 ~~maintaining certain data dashboards; authorizing the Commissioner to adopt~~
11 ~~regulations to establish regulatory fees or assessments to cover the costs of~~
12 ~~implementing this Act; and generally relating to health benefit plans issued in the~~
13 State.

14 BY adding to

15 Article – Insurance

16 Section ~~15–2201 through 15–2208~~ 15–2205 to be under the new subtitle “Subtitle 22.
17 Transparency, Reporting, Understanding, Timeliness, and Honesty in Mental
18 Health Coverage”

19 Annotated Code of Maryland

20 (2017 Replacement Volume and 2025 Supplement)

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

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.



Article – Insurance

SUBTITLE 22. TRANSPARENCY, REPORTING, UNDERSTANDING, TIMELINESS, AND HONESTY IN MENTAL HEALTH COVERAGE.**15-2201.**

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

(B) “BEHAVIORAL HEALTH CARE SERVICES” MEANS MENTAL HEALTH DISORDER CARE SERVICES AND SUBSTANCE USE DISORDER CARE SERVICES.

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

(D) (1) “FACILITY TYPE” MEANS THE CATEGORY OF FACILITY AND LEVEL OF CARE IN WHICH SERVICES ARE PROVIDED.

(2) “FACILITY TYPE” INCLUDES:

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

(II) ACUTE INPATIENT FACILITIES; AND

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

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

(F) ~~“MEDICAL OR SURGICAL MEDICAL/SURGICAL SERVICES” MEANS ANY HEALTH CARE SERVICES OR BENEFITS THAT ARE NOT MENTAL HEALTH OR SUBSTANCE USE CARE SERVICES~~ HAS THE MEANING STATED IN § 15-144 OF THIS TITLE.

(G) ~~“MENTAL HEALTH SERVICES BENEFITS” MEANS SERVICES OR BENEFITS FOR THE DIAGNOSIS OR TREATMENT OF MENTAL HEALTH DISORDERS OTHER THAN SUBSTANCE USE DISORDERS, AS CLASSIFIED IN THE MENTAL AND BEHAVIORAL DISORDERS CHAPTERS OF THE INTERNATIONAL CLASSIFICATION OF DISEASES AND THE MENTAL DISORDER DIAGNOSTIC CATEGORIES OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS~~ HAS THE MEANING STATED IN § 15-144 OF THIS TITLE.

1 ~~(H) "PLAN LEVEL" MEANS THE STANDARDIZED SYSTEM CLASSIFYING~~
2 ~~HEALTH CARE PLANS BASED ON THE COST SHARING STRUCTURE.~~

3 (H) "PRODUCT" HAS THE MEANING STATED IN § 15-144 OF THIS TITLE.

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

6 (2) "PROVIDER TYPE" INCLUDES:

7 (I) PSYCHIATRISTS;

8 (II) NURSE PRACTITIONERS IDENTIFIED BY SPECIALTY,
9 INCLUDING PSYCHIATRIC NURSE PRACTITIONERS;

10 (III) PHYSICIAN ASSISTANTS IDENTIFIED BY SPECIALTY,
11 INCLUDING PSYCHIATRIC PHYSICIAN ASSISTANTS;

12 (IV) PSYCHOLOGISTS;

13 (V) OTHER INDEPENDENTLY LICENSED BEHAVIORAL HEALTH
14 PROVIDERS;

15 (VI) PRIMARY CARE PHYSICIANS; AND

16 (VII) SPECIALIST PHYSICIANS, INCLUDING SURGICAL
17 PHYSICIANS.

18 ~~(J) "SUBSTANCE USE SERVICES" MEANS SERVICES OR BENEFITS PROVIDED~~
19 ~~FOR THE DIAGNOSIS AND TREATMENT OF SUBSTANCE USE DISORDERS, AS~~
20 ~~CLASSIFIED IN THE MOST CURRENT VERSIONS OF THE INTERNATIONAL~~
21 ~~CLASSIFICATION OF DISEASES AND THE DIAGNOSTIC AND STATISTICAL MANUAL~~
22 ~~OF MENTAL DISORDERS.~~

23 (J) "SUBSTANCE USE DISORDER BENEFITS" HAS THE MEANING STATED IN §
24 15-144 OF THIS TITLE.

25 (K) ~~"UTILIZATION REVIEW" MEANS THE PROSPECTIVE, CONCURRENT, OR~~
26 ~~RETROSPECTIVE REVIEW OF THE MEDICAL NECESSITY AND APPROPRIATENESS OF~~
27 ~~A TREATMENT OR RESOURCE ALLOCATION TO AN ENROLLEE OR GROUP OF~~
28 ~~ENROLLEES HAS THE MEANING STATED IN § 15-10B-01 OF THIS TITLE.~~

1 15-2202.

2 (A) ON OR BEFORE MARCH 1 EACH YEAR, BEGINNING IN ~~2028~~ 2027, EACH
3 CARRIER THAT PROVIDES A HEALTH BENEFIT PLAN SUBJECT TO INSURANCE
4 REGULATION IN THE STATE SHALL:

5 (1) REPORT TO THE COMMISSIONER THE FOLLOWING INFORMATION
6 ON THE ~~TEMPLATE~~ TEMPLATES DEVELOPED BY THE COMMISSIONER UNDER §
7 15-2203 OF THIS SUBTITLE:

8 ~~(I) CLAIMS DATA SUFFICIENT TO EVALUATE, FOR EACH~~
9 ~~FACILITY TYPE AND PROVIDER TYPE, ACCESS TO AND COVERAGE OF:~~

10 ~~1. MENTAL HEALTH SERVICES;~~

11 ~~2. SUBSTANCE USE SERVICES;~~

12 ~~3. BEHAVIORAL HEALTH SERVICES;~~

13 ~~4. MEDICAL OR SURGICAL SERVICES;~~

14 ~~5. YOUTH AND ADULT SERVICES, SEPARATELY AND~~
15 ~~COMBINED;~~

16 ~~6. IN-PERSON AND TELEHEALTH SERVICES,~~
17 ~~SEPARATELY AND COMBINED; AND~~

18 ~~7. GEOGRAPHIC AREA, AS SPECIFIED BY THE~~
19 ~~COMMISSIONER;~~

20 ~~(II) WHETHER THE FACILITY OR PROFESSIONAL HEALTH CARE~~
21 ~~PROVIDER IS AFFILIATED WITH, OWNED BY, OR UNDER COMMON CONTROL WITH~~
22 ~~THE CARRIER, AS SPECIFIED BY THE COMMISSIONER; AND~~

23 ~~(III) CLAIMS DATA, DISAGGREGATED BY FACILITY TYPE,~~
24 ~~PROVIDER TYPE, YOUTH ENROLLEES, ADULT ENROLLEES, IN-PERSON VISITS, AND~~
25 ~~TELEHEALTH VISITS, SUFFICIENT ALL METRICS THE COMMISSIONER DETERMINES~~
26 ~~ARE NECESSARY TO EVALUATE:~~

27 ~~1-(I)~~ NETWORK ACCURACY, AVAILABILITY, AND
28 PARTICIPATION, INCLUDING WHETHER PROVIDERS LISTED AS IN-NETWORK ARE
29 AVAILABLE TO PROVIDE COVERED SERVICES TO ENROLLEES;

1 ~~2.~~ (II) NETWORK SIZE AND COMPOSITION, INCLUDING
2 THE SIZE OF CARRIER NETWORKS RELATIVE TO THE AVAILABLE SUPPLY OF
3 STATE-LICENSED HEALTH CARE PROVIDERS FOR PROVIDER SPECIALTY TYPES
4 IDENTIFIED BY THE COMMISSIONER;

5 ~~3.~~ (III) ~~NETWORK ADMISSION AND CONTRACTING~~
6 ~~PRACTICES, INCLUDING PRACTICES RELATING TO PROVIDER CREDENTIALING,~~
7 ~~CONTRACTING, AND EFFECTIVE PARTICIPATION IN CARRIER NETWORKS~~ PROVIDER
8 CREDENTIALING AND CONTRACTING TIMELINES BY PROVIDER SPECIALTY TYPE, AS
9 DEFINED BY THE COMMISSIONER;

10 ~~4.~~ (IV) IN-NETWORK REIMBURSEMENT, INCLUDING
11 IN-NETWORK REIMBURSEMENT LEVELS AND PAYMENT DISTRIBUTIONS FOR
12 COVERED SERVICES, AND COMPARISON TO ONE OR MORE EXTERNAL BENCHMARKS,
13 AS DETERMINED BY THE COMMISSIONER;

14 ~~5.~~ (V) OUT-OF-NETWORK UTILIZATION, INCLUDING
15 THE EXTENT TO WHICH COVERED SERVICES ARE FURNISHED AND REIMBURSED AT
16 OUT-OF-NETWORK BENEFIT LEVELS;

17 ~~6.~~ (VI) ACCESS TO EVIDENCE-BASED BEHAVIORAL
18 HEALTH CARE DELIVERY MODELS, INCLUDING ACCESS TO AND UTILIZATION OF
19 PSYCHIATRIC COLLABORATIVE CARE AND OTHER EVIDENCE-BASED MODELS, AS
20 DETERMINED BY THE COMMISSIONER; AND

21 ~~7.~~ (VII) ANY ADDITIONAL METRICS THE
22 COMMISSIONER DETERMINES NECESSARY FOR PUBLIC COMPARISON AND
23 OVERSIGHT, INCLUDING THOSE RELATED TO ACCESS TO TIMELY, CLINICALLY
24 APPROPRIATE CARE, UTILIZATION REVIEW, NETWORK ADEQUACY,
25 REIMBURSEMENT EQUITY, OR COMPLIANCE WITH FEDERAL OR STATE; AND

26 (2) SUBMIT A CERTIFICATION SIGNED BY THE CARRIER'S CHIEF
27 FINANCIAL OFFICER UNDER PENALTY OF PERJURY STATING THAT THE REPORTED
28 DATA ARE COMPLETE AND ACCURATE AND CALCULATIONS FOLLOW THE TEMPLATE
29 DEFINITIONS AND INSTRUCTIONS.

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

1 **(C) THE DATA REQUIRED TO BE REPORTED UNDER SUBSECTION (A)(1) OF**
2 **THIS SECTION SHALL BE DISAGGREGATED BY FACILITY TYPE, PROVIDER TYPE,**
3 **YOUTH ENROLLEES, AND ADULT ENROLLEES, AS DEFINED BY THE COMMISSIONER.**

4 **15-2203.**

5 **(A) THE COMMISSIONER SHALL DEVELOP ~~A~~ UNIFORM ~~TEMPLATE~~**
6 **TEMPLATES FOR CARRIERS TO REPORT THE INFORMATION REQUIRED UNDER §**
7 **15-2202(A)(1) OF THIS SUBTITLE.**

8 **(B) IN DEVELOPING ~~THE~~ A REPORTING TEMPLATE, THE COMMISSIONER**
9 **SHALL REVIEW AND CONSIDER FORMATS THAT ARE:**

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

11 **(2) ENDORSED AND USED BY ONE OR MORE EMPLOYER COALITIONS,**
12 **HUMAN RESOURCES ASSOCIATIONS, OR MENTAL HEALTH NONPROFIT**
13 **ORGANIZATIONS; OR**

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

16 **(c) (1) THE COMMISSIONER SHALL ENSURE COMPARABILITY ACROSS**
17 **CARRIERS BY ADOPTING UNIFORM TEMPLATES, DEFINITIONS, AUDIT PROCEDURES,**
18 **AND CORRECTION PROTOCOLS.**

19 **(2) THE COMMISSIONER MAY REFINE, GROUP, STRATIFY, OR NOT**
20 **INCLUDE DIAGNOSTIC CATEGORIES OR CONDITIONS WITHIN MENTAL HEALTH OR**
21 **SUBSTANCE USE DISORDER BENEFITS TO ENSURE MEANINGFUL, ACCURATE, AND**
22 **COMPARABLE PUBLIC REPORTING.**

23 **(3) THE COMMISSIONER MAY SATISFY REPORTING REQUIREMENTS**
24 **UNDER THIS SUBTITLE USING DATA COLLECTED OR MAINTAINED BY THE**
25 **ADMINISTRATION FOR OTHER PURPOSES, PROVIDED THAT THE COMMISSIONER**
26 **MAKES THE DATA USED AVAILABLE IN ACCORDANCE WITH § 15-2204 OF THIS**
27 **SUBTITLE.**

28 **15-2204.**

29 **NOT LATER THAN ~~3~~ 5 MONTHS AFTER RECEIVING DATA REQUIRED TO BE**
30 **REPORTED UNDER § 15-2202(A)(1) OF THIS SUBTITLE, THE COMMISSIONER SHALL**
31 **MAKE THE DATA PUBLICLY AVAILABLE BY~~;~~**

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

3 ~~(I) INCLUDES A SEPARATE DISPLAY OF ADULT OUTCOMES AND~~
4 ~~OUTCOMES FOR INDIVIDUALS UNDER THE AGE OF 18 YEARS; AND~~

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

7 ~~(2) POSTING THE DATA IN AN EASILY ACCESSIBLE,~~
8 ~~CONSUMER-FRIENDLY MANNER ON A PUBLIC WEBSITE THAT INCLUDES~~
9 ~~DOWNLOADABLE FILES SUFFICIENT TO ALLOW PUBLIC ANALYSIS, RESEARCH, AND~~
10 ~~INDEPENDENT COMPARISON.~~

11 ~~15-2205.~~

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

16 ~~(B) FEES AND ASSESSMENTS COLLECTED UNDER THIS SECTION:~~

17 ~~(1) SHALL BE DEPOSITED INTO THE INSURANCE REGULATION FUND~~
18 ~~ESTABLISHED UNDER § 2-505 OF THIS ARTICLE; AND~~

19 ~~(2) MAY BE USED ONLY FOR THE PURPOSES SPECIFIED IN~~
20 ~~SUBSECTION (A) OF THIS SECTION.~~

21 ~~15-2206.~~

22 ~~(A) THE FAILURE TO SUBMIT TIMELY, COMPLETE, OR ACCURATE DATA~~
23 ~~CONSTITUTES AN UNFAIR OR DECEPTIVE ACT OR PRACTICE UNDER TITLE 27 OF~~
24 ~~THIS ARTICLE.~~

25 ~~(B) THE COMMISSIONER MAY REFER A CARRIER THAT FAILS TO COMPLY~~
26 ~~WITH THE REQUIREMENTS OF THIS SUBTITLE TO THE ATTORNEY GENERAL FOR~~
27 ~~INVESTIGATION OR CIVIL ACTION.~~

28 ~~15-2207.~~

29 ~~THE COMMISSIONER MAY ADOPT REGULATIONS TO CARRY OUT THIS~~
30 ~~SUBTITLE.~~

1 ~~15-2208.~~ 15-2205.

2 **THIS SUBTITLE MAY BE CITED AS THE TRANSPARENCY, REPORTING,**
3 **UNDERSTANDING, TIMELINESS, AND HONESTY (TRUTH) IN MENTAL HEALTH**
4 **COVERAGE ACT.**

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
6 January 1, 2027.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.