



**Testimony on Senate Bill 205
Senate Finance Committee
January 28, 2026**

POSITION: SUPPORT

My name is Cari Guthrie, and I am the President and CEO of Cornerstone. We provide mental health and substance use services in Montgomery, Calvert, Charles and St. Mary's Counties. I am providing this testimony to request that the committee support SB 205 regarding Mental Health and Substance Use Disorders and Codify the Federal requirements.

In 2024 Maryland and the Federal Government passed legislation to strengthen the Mental Health Parity and Addiction Equity Act. This ensures that consumers can get meaningful, non-discriminatory coverage for behavioral health care. **With federal anti-discrimination protections under attack, Maryland needs to codify these requirements so that we do not roll back equitable access to lifesaving care.**

Approximately 1 million Maryland adults (22% of the population), have a mental health condition and 16% have a substance use disorder, but far too many still cannot access the treatment they need. Most often, cost is a factor. Almost half of Marylanders ages 12 - 17 with a depressive disorder did not receive any services in the last year. Nearly 80% of those who needed substance use treatment did not get it. Probably most notable - Marylanders are forced to go out of network for MH/SUD services almost 10 times more than for medical/surgical office visits). This is even worse for psychiatrists and psychologists. In fact, Maryland is 4th worst in the country for this statistic. That means that there are thousands of people not able to access treatment. That will lead to higher suicide and overdose rates as well as hospitalizations, homelessness, and incarcerations.

As a behavioral health provider in the public behavioral health system, we are able to provide amazing services to people who are eligible for Medicaid - a robust continuum of services. One of the phone calls that I dread the most, is family members who have insurance but can't find providers in their network and can't access services that would be life changing - such as psychiatric rehabilitation or supported employment. While we are credentialed with several private insurers, there are always limits on what is covered or copayments that limit their ability to pay. I have to tell family members, "I'm sorry, but that insurance doesn't cover most of the services we provide. We could see them in our clinic, but there isn't anything else we can do." Offering sliding scales or private pay is not always enough.

As a mother of a child with depression and anxiety, I am well aware of the challenges of finding an appropriate provider that is in network. Finding an in network provider, who meets my child's needs - LGBTQ friendly, younger than 45, and Asian can be daunting and almost impossible. Out of network providers are just too costly, even for those who may have more resources. It should not be this hard to find a provider for behavioral health treatment. It is too important for people of all demographics.



This bill does the following:

- Prohibit the use of discriminatory information, evidence, sources, and standards in the design and application of treatment limitations;
- Require coverage of meaningful benefits – core treatments – of MH/SUD in every classification in which meaningful benefits are covered for medical and surgical conditions; and
- Clarify the Maryland Insurance Administration’s (MIA) authority to enforce parity protections based on state regulations, in addition to the federal law.

This bill will allow Maryland to preserve current parity protections so we don’t exacerbate access to MH/SUD care. This bill will allow Marylanders to have better access to the care that they need - on a level that matches their access to medical and surgical conditions. We know that mental health IS part of physical health. The two go hand in hand and cannot be supported at different levels of care - there is just too much interaction between them.

Please support the MIA’s bill, S.B. 205: Health Insurance – Mental Health and Substance Use Disorders – Codification of Federal Requirements.