



15 School Street, Suite 200  
Annapolis, Maryland 21401  
410-269-1554

March 4, 2026

The Honorable Pam Beidle  
Chair, Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, MD 21401

**Senate Bill 738 – Maryland Medical Assistance and Health Insurance – Required Coverage –  
Mobile Crisis and Crisis Stabilization**

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 738 – Maryland Medical Assistance and Health Insurance – Required Coverage – Mobile Crisis and Crisis Stabilization* and urges the committee to give the bill an unfavorable report.

The League and our members are committed to furthering progress to ensure Marylanders, and especially ones in crisis, do not fall through the cracks of the complicated social service systems. Mobile crisis response often overlaps with public safety, social services, and community-based intervention, rather than medical diagnosis or treatment. Historically, insurers cover clinical medical care, while crisis response has been funded through state, county, or municipal systems, similar to emergency dispatch or social work. Requiring insurers to pay blurs the boundary between health insurance and public service funding, potentially expanding insurance mandates beyond their intended scope.

Many mobile crisis encounters are preventive, de-escalation, or social support-oriented, rather than treatment of a diagnosable medical condition. Insurance coverage typically hinges on a defined diagnosis, a licensed provider delivering a covered medical service, and a clear treatment plan. Mobile crisis services may involve peer specialists, social workers, or non-clinical staff, and may not result in billable medical treatment, making them misaligned with insurance reimbursement models.

Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 738 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano  
Executive Director

cc: Members, Senate Finance Committee