

Maryland Mental Health and Aging Coalition

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SB 428 – Maryland Medical Assistance Program and Health Insurance – Collaborative Care Model – Cost Sharing Prohibition

Senate Finance Committee

February 18, 2026

Position: FAVORABLE

The Mental Health and Aging Coalition (MHAC) brings together a wide range of advocates from diverse professional backgrounds to focus on policy issues and concerns specific to older adults with behavioral health needs. We appreciate the opportunity to provide this testimony in support of SB 428.

SB 428 will improve uptake of the Collaborative Care Model (CoCM) by prohibiting Medicaid and commercial health insurers from imposing a co-pay, co-insurance, or deductible for services provided in accordance with the CoCM.

CoCM is an evidence-based approach for integrating physical and behavioral health care in primary care settings. The model includes:

1. care coordination
2. psychiatric consultation
3. measurement tracking

CoCM has been shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalizations and higher intensity levels of care.¹

SB 428 would provide critically needed assistance for older Marylanders. **Whereas all populations face barriers to accessing specialty behavioral health care, these challenges can be especially acute for older adults.** Stigma exists across all populations but is most prevalent among older Americans, who can be extremely averse to going to a specialty mental health provider. Limited mobility and access to transportation can also hinder getting to a mental health appointment. Finally cost, while a concern for all age groups, can be especially problematic for many older adults.

Yet older adults are not immune to behavioral health conditions. Nearly one in four adults over age 50 in 2024 had either a mental illness or substance use disorder, yet fewer than 50% received mental health treatment, and even fewer received substance use treatment.²

¹ Michael Yuhas et al. Mounting Evidence That Use of the Collaborative Care Model Reduces Total Healthcare Costs. The Bowman Family Foundation (2025). https://www.filesbff.org/CoCM_Total_Healthcare_Costs_Issue_Brief.pdf

² Olivia Dean et al. Barriers to Accessible and Affordable Mental Health and Substance Use Disorder Care for Older Adults. AARP (August 2025). <https://www.aarp.org/content/dam/aarp/ppi/topics/health/coverage-access/barriers-accessible-affordable-mental-health-substance-use-disorder-care-for-older-adults.doi.10.26419-2fppi.00377.001.pdf>

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On the other hand, often because of multiple somatic conditions, many older adults frequently visit their primary care provider. They build a strong relationship with a provider whom they come to trust and rely on for multiple concerns. This makes the CoCM a key intervention for this population.³ Recognizing the critical role the CoCM can play in helping older adults with behavioral health conditions, an adaptation of the model was developed specifically for the older population - Improving Mood: Providing Access to Collaborative Treatment (IMPACT), which showed outstanding results and significant cost savings over time.⁴

Despite efforts in Maryland to increase use of the CoCM, data shows a drop-off of CoCM billing after an initial visit, which has been attributed to a reluctance among patients to pay additional out of pocket costs for important follow up visits. **Cost can be a real concern for older adults.** SB 428 would eliminate those out-of-pocket costs, a strategy that is a key recommendation in a recently released CoCM national report.⁵

SB 428 will improve behavioral health outcomes, save money, and keep people out of crisis. For these reasons, the Mental Health and Aging Coalition urges a favorable report.

³ Pallavi Dham et al. Collaborative Care for Psychiatric Disorders in Older Adults: A Systemic Review. Can J Psychiatry (2017).

⁴ Jurgen Unutzer et al. Long-term cost effects of collaborative care for late-life depression. Am J Manag Care (2008). <https://pmc.ncbi.nlm.nih.gov/articles/PMC3810022/>

⁵ Michael Yuhas et al. (2025).