

**SB0738\_MHAMD\_FAV.pdf**

Uploaded by: Ann Geddes

Position: FAV

**SB 738 – Maryland Medical Assistance Program and Health Insurance – Required Coverage –  
Mobile Crisis and Crisis Stabilization**

Senate Finance Committee

March 4, 2026

**Position: FAVORABLE**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of HB 738.

SB 738 requires Medicaid and certain private insurance carriers to provide coverage for mobile crisis and crisis stabilization services.

Crisis services are a key component of the behavioral health system of care and are needed now more than ever. Over the last decade, rates of suicidal ideation, self-harm, and severe depression have increased dramatically, which is reflected in a three-fold increase in emergency department visits related to mental health.<sup>1</sup>

Crisis stabilization services and mobile crisis services have been shown in multiple studies to reduce emergency department utilization and hospital admissions, as well as free up law enforcement officers and prevent criminal justice involvement.<sup>2</sup>

There are both economic reasons and humanitarian reasons to ensure that a continuum of behavioral health crisis services are available to the public – to anyone, anywhere, any time. They save lives and create healthy communities, just as other essential services such as police, fire, and emergency medical services do. Accordingly, access to behavioral health crisis services should be comparable to physical health crisis services and funded similarly – with public and commercial insurance, federal and state grants, and other sources of state and local funds.<sup>3</sup>

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<sup>1</sup> Tanner Bommersbach. National Trends in Emergency Department Visits for Suicide Attempts and Intentional Self-Harm. American Journal of Psychiatry (2024). <https://pubmed.ncbi.nlm.nih.gov/38831705/>

<sup>2</sup> Ashlyn Burns. Availability of behavioral health crisis care and associated changes in emergency department utilization. Health Services Research (2025). <https://pmc.ncbi.nlm.nih.gov/articles/PMC11911218/>

Andrew Anderson. Availability of Mobile Crisis Services in Mental Health Facilities. Journal of the American Medical Association Network Open (2025). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2830554>

<sup>3</sup> 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. SAMHSA (2025). <https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf>

SB 738 will ensure that public and commercial payers are meeting their parity obligations by appropriately funding behavioral health crisis services. For this reason, MHAMD supports HB 738 and urges a favorable report.

**SB 738.pdf**

Uploaded by: Ashley Clark

Position: FAV

# MARYLAND PSYCHIATRIC SOCIETY



February 17, 2026

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The Honorable Pamela Beidle  
Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

Support: SB 738: Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization

Dear Chairwoman Beidle & Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1200 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 738: Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization. Passage of this bill would require that insurers, nonprofit health service plans, and health maintenance organizations provide coverage for mobile crisis and crisis stabilization services. These services are critically needed when individuals are in crisis (e.g. agitation, suicidal thoughts). Mobile crisis providers assess individuals at their homes in order to address safety concerns and ensure that the individuals receive needed treatment. The provision of crisis services is an integral part of mental health treatment. As such, MPS and WPS ask the committee for a favorable report on SB 738.

If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at [lisa.jones@mdlobbyist.com](mailto:lisa.jones@mdlobbyist.com).

Respectfully Submitted,  
The Maryland Psychiatric Society & Washington Psychiatric Society  
Legislative Action Committee

# **SB 738, Maryland Medical Assistance Program and He**

Uploaded by: Carlos Orbe, Jr.

Position: FAV

March 2, 2026

The Honorable Pamela Beidle

Chair, Finance Committee

3 East Miller Senate Office Building

11 Bladen Street

Annapolis, Maryland 21401

RE: Support for SB 738, Maryland Medical Assistance Program and Health Insurance, Required Coverage, Mobile Crisis and Crisis Stabilization

Dear Chair Beidle,

Maryland Latinos Unidos (MLU) is honored to express our strong support for Senate Bill 738, Maryland Medical Assistance Program and Health Insurance, Required Coverage, Mobile Crisis and Crisis Stabilization. This legislation requires the Maryland Medical Assistance Program and certain insurers and health plans to provide coverage for mobile crisis and crisis stabilization services, and applies to policies and plans issued, delivered, or renewed on or after January 1, 2027.

Behavioral health crises do not wait for office hours, transportation, or a family's ability to pay out of pocket. Mobile crisis and crisis stabilization services are evidence informed tools that can de-escalate emergencies, connect people to care, and reduce avoidable emergency department use and unnecessary involvement with law enforcement. Requiring coverage makes these services real for families, not theoretical.

National federal guidance underscores the importance of crisis systems that provide timely, effective support and encourages communities to strengthen mobile crisis capacity. When services are covered and accessible, families can call for help earlier, before a crisis becomes an involuntary hospitalization, job loss, or school disruption.

This matters for Latino and immigrant families who face additional barriers such as limited provider availability, language access gaps, and fear of system contact. Maryland's Hispanic or Latino residents make up 13.3 percent of the population, and 16.6 percent of residents are foreign born. Coverage requirements paired with culturally responsive implementation can improve continuity of care, reduce stigma, and ensure families receive support in the community where they live.

Implications for Latino and immigrant Marylanders include fewer crises escalating into trauma, improved school stability for children in households facing behavioral health challenges, and greater access to services that meet families where they are. SB 738 advances a public health approach to crisis response that treats mental health with the same seriousness as physical health.

MLU urges the Senate Finance Committee to issue a favorable report on SB 738, expanding equitable access to crisis care across Maryland.

Sincerely,

Carlos Orbe, Jr.

Communications and Public Affairs Specialist

Maryland Latinos Unidos

[corbejr@mdlatinosunidos.org](mailto:corbejr@mdlatinosunidos.org)

**SB 738\_Crisis Services Coverage\_BHSB\_FAVORABLE.pdf**

Uploaded by: Dan Rabbitt

Position: FAV



March 4, 2026

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

*SB 738 Maryland Medical Assistance Program and Health Insurance - Required Coverage -  
Mobile Crisis and Crisis Stabilization*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**Behavioral Health System Baltimore supports SB 738 - Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization.** This bill will require both public and private insurers to cover mobile crisis teams (MCT) and crisis stabilization centers (CSC), improving the financial sustainability for these essential services.

Behavioral health crisis services are an essential component to the continuum of services available in the Public Behavioral Health System (PBHS). MCTs provide interventions in the community to provide a variety of services, such as crisis de-escalation and safety planning. MCTs can also save the system money, with each MCT dispatch costing much less than the average emergency department cost of \$1,236 per visit.<sup>1</sup> BHSB has spent years expanding and strengthening these services in Baltimore and can offer an excellent model of the efficacy of these services. These services have been essential to meeting the Baltimore City Police Department’s consent decree with the Department of Justice and to reducing unnecessary hospitalization. BHSB is proud to work with Baltimore Crisis Response Inc (BCRI), whose MCTs served 903 people in 2024.<sup>2</sup>

CSCs are another critical component to the crisis services system but have not been widely established in Maryland. These centers provide an alternative location to transport people who are experiencing a behavioral health crisis and may not be able to remain safe and stable in the community. These programs are much less expensive than emergency room visits and are designed to allow for ambulance and police drop offs of those in crisis. Prince George’s County attempted to establish a CSC in recent months but has been unable to maintain operations due to fiscal challenges. BHSB is not aware of any other CSCs in the state.

Requiring insurance companies to cover these services can make MCT and CSC operations both more sustainable and accessible, allowing their operators more financial security and reduced reliance on state funding.<sup>3</sup> Currently, Medicaid covers these services, but Medicaid reimbursement has not been sufficient to support MCT operations. A high proportion of

Baltimore residents are covered by Medicaid, but Medicaid reimbursement alone is still insufficient for BCRI to maintain its MCT services. It is even more challenging in other parts of the state where Medicaid coverage represents a smaller proportion of their residents. Including private insurance reimbursement along with Medicaid and continued grants would allow MCTs and eventually CSCs to expand at scale and serve the needs of Maryland’s diverse communities.

Crisis services are essential to Maryland’s behavioral health system and deserve a sustainable pathway to funding. **BHSB urges the Senate Finance Committee to support SB 738**

***For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142***

## **Endnotes:**

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<sup>1</sup> Recovery Innovations Inc, Baltimore County Crisis System Needs Analysis & Recommendations. Available at: <https://www.baltimorecountymd.gov/files/departments/health/documents/baltimorecountyreportrevisedfinal250609.pdf>

<sup>2</sup> Baltimore Crisis Response Inc, Annual Report 2024. Available at: <https://static1.squarespace.com/static/642f19adf3c8f24a883afcaa/t/690a2277086f5e34ced884d0/1762271863763/Annual+Report+FY2024+Final.pdf>

<sup>3</sup> Office of the Assistant Secretary for Planning and Evaluation, Crisis Services Billed to Medicaid: Lessons Learned from Eight States and Considerations for Future Analyses. Available at: <https://aspe.hhs.gov/sites/default/files/documents/d0fb1d2f56fa0fef289c711356929df7/crisis-services-billed-medicaid-brief.pdf>

**SB0738\_Testimony\_Cross.pdf**

Uploaded by: Dr Cashenna A Cross

Position: FAV

## TESTIMONY OF THE HONORABLE DR CASHENNA A CROSS

Councilwoman At Large City of Glenarden Maryland

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

Position Favorable

Determination

After careful review of Senate Bill 738 and weighing it against my experience in municipal governance community safety and resident wellbeing the strongest and most defensible position is Favorable.

Why

As a municipal leader responsible for responding to real time community needs I have witnessed firsthand that many public safety calls are rooted in behavioral health crises rather than criminal activity. Local governments often become the first line of response when residents experience mental health emergencies yet municipalities frequently lack the tools and coordinated medical support necessary to stabilize individuals safely. Senate Bill 738 strengthens the system by ensuring coverage for mobile crisis and crisis stabilization services which allows trained professionals to intervene early reduce escalation and protect both residents and first responders.

From a municipal perspective early intervention reduces strain on law enforcement emergency departments and local budgets while improving outcomes for families. Coverage requirements also create consistency across insurance carriers which is critical for equitable access particularly for vulnerable populations who rely on the Maryland Medical Assistance Program.

Municipal governments depend on strong partnerships with state systems to maintain safe stable communities. When crisis response resources are accessible residents receive care instead of incarceration and communities experience improved trust in public institutions.

Areas for Continued Attention

While the legislation is strong implementation should ensure coordination with local jurisdictions clear communication pathways between mobile crisis teams and municipal public

safety agencies and adequate workforce capacity so response times meet community expectations.

#### Conclusion

Senate Bill 738 represents a responsible and forward looking investment in community stability public safety and health equity. For these reasons I respectfully urge a favorable report.

Respectfully submitted

The Honorable Dr Cashenna A Cross

Councilwoman At Large City of Glenarden Maryland

# **SB 738 - Mobile Crisis and Crisis Stabilization -**

Uploaded by: Jane Krienke

Position: FAV



Maryland  
Hospital Association

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

**Position: *Support***

March 4, 2026

Senate Finance Committee

**MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 738.

One of the greatest challenges to solving and preventing pediatric hospital overstays is the lack of capacity and services across the behavioral health continuum, within child welfare, and under the purview of the Developmental Disabilities Administration. Mobile crisis and crisis stabilization services could help support children and youth without requiring them to cross the hospital threshold. Once in a hospital, especially for children and youth involved in the child welfare system, returning home or to the placement they were previously in can be challenging, if not impossible. This contributes to their length of stay. If the state could help facilitate meeting children, youth, and families where they are and providing services on demand, this could significantly decrease reliance on hospital emergency departments as the only option for youth in crisis.

The Maryland Department of Health committed to support the implementation of a mobile response and stabilization system that can serve children, youth and families.<sup>1,2</sup> [Mobile Response and Stabilization Services](#) (MRSS), a national best practice model, involves the rapid deployment of a specialized team that is available 24/7/365. In addition to the immediate support, services are also offered within 72 hours, and ongoing stabilization is available for up to eight weeks. This model has successfully diverted children and youth from utilizing the emergency department when they do not need emergency room care, while also demonstrating positive long-term outcomes. Several pilot programs are underway statewide, but to fully benefit, Maryland needs to expand mobile crisis and crisis stabilization services.

This model has had positive outcomes in other states, including decreased utilization of high-cost services like emergency departments, inpatient hospitals, and residential treatment centers.<sup>3</sup> Mobile crisis response is the cornerstone of the renowned New Jersey's Children's System of Care, which stabilizes 97% of children in their current living arrangement, virtually eliminating the hospital boarding crisis Maryland currently faces.

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<sup>1</sup> [Behavioral Health Administration 2020 - 2021 Strategic Plan](#)

<sup>2</sup> [MDH BH Roadmap for Children 2025.pdf](#)

<sup>3</sup> <https://dbh.ohio.gov/get-help/crisis-systems/mobile-response-and-stabilization-services-mrss/mrss-data>

SB 738 is a key component to bring statewide access to mobile crisis services to Maryland. This legislation requires Medicaid, commercial insurers, and managed care organizations to cover the cost of mobile crisis services and crisis stabilization.

Any costs to the state would show a positive return on investment. In Connecticut, over four years, 2,212 children served by MRSS were diverted from inpatient hospitalizations; 61% of those children were Medicaid enrolled, resulting in \$15,720,154 in savings.<sup>4</sup> In New Jersey, since 2015, 98% of young people who received a mobile response remained in their home.<sup>5</sup>

Expanding MRSS statewide could be a game-changer for Maryland's children, youth, and families. Not only can this investment prevent unnecessary hospitalizations, but it can result in the delivery of immediate interventions instead of our current system where children and youth languish in hospitals waiting for placements so they can receive the therapeutic treatment they need.

For these reasons, we request a favorable report on SB 738.

For more information, please contact:

Jane Krienke, Assistant Vice President, Government Affairs & Policy  
Jkrienke@mhaonline.org

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<sup>4</sup> [MRSS design and principles slides - August 27, 2024](#)

<sup>5</sup> Ibid.

**SB0738 CPMC FAV FIN.docx.pdf**

Uploaded by: Jennifer Stine

Position: FAV

## THE COALITION TO PROTECT MARYLAND'S CHILDREN

*Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect.*

*We strive to secure budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and wellbeing.*



CPMC  
COALITION TO PROTECT  
MARYLAND'S CHILDREN

### **SB0738 - Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization Senate Finance Committee**

#### **Position: SUPPORT**

The Coalition to Protect Maryland's Children is a consortium of organizations and individuals formed in 1992 who are concerned about the care of Maryland's most vulnerable children and work together to educate and promote meaningful child welfare reform. **CPMC urges a favorable report on SB0738 - Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization.**

Our coalition is in support of any expansion plans to provide sufficient mobile response and stabilization services across all of Maryland's jurisdictions. Our state has been in the midst of a foster care placement crisis, which has had decades of challenges with no sustainable solutions. Each year, children and youth with complex and high intensity behavioral health and/or developmental or medical complexity are left in limbo with nowhere to go, relying on long-term hospital and emergency room stays after discharge.

Access to mobile crisis and stabilization can help struggling families with children and youth with behavioral health issues avoid foster care. Directly providing the care at their homes reduces the number of out-of-home placements by providing access to emergency behavioral health professionals to respond to crisis situations and connect families to community resources to maintain stabilization efforts. This appears to be a crucial element in New Jersey's "system of care," which has moved from being one of the worst systems of care for children to one of the best and has sustained in recent years the lowest rate of children removed from their homes and placed in foster care in our nation. Providing these services directly to children and youth in their homes reduces instances in which families would otherwise rely upon emergency rooms and possible hospitalizations, which risk becoming out-of-home unlicensed settings if families feel they have no continuing support to keep children and youth with complex needs in their homes.

In New Jersey, the use of the mobile crisis and stabilization units is now an automatic response whenever a youth is placed in foster care. The trauma trained professionals respond immediately to provide counseling and support to both the child and foster caregivers, following up with the youth and foster family every week for a maximum of eight weeks. With this additional support directly provided at the foster care home, data has shown an over 90% success rate in keeping the youth stable and healthy in their placements. Both the youth and caregivers get the support they need, which has

resulted in fewer placement failures, instances of pediatric overstays, and the need for seeking further placements.

It is for these reasons that the Coalition to Protect Maryland's Children **urges a favorable report on SB0738 - Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization.**<sup>1</sup>

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<sup>1</sup> Members of CPMC represented by this written testimony include – The American Academy of Pediatrics - MD Chapter; Center for Hope; Child Justice; Court Appointed Special Advocates (Baltimore County); Maryland Association of Resources for Families and Youth (MARFY); Brigit VanGraafeiland

# **SB738 MD\_Mobile Crisis Coverage\_Inseparable Testim**

Uploaded by: Marianne Gibson

Position: FAV



409 7<sup>th</sup> St Northwest, Suite 305  
Washington, D.C. 20004  
March 4, 2026

Senate Finance Committee  
Maryland General Assembly  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

Via electronic submission

RE: SUPPORT FOR SB 738 (Maryland Medical Assistance and Health Insurance- Required Coverage-Mobile Crisis and Crisis Stabilization)

Dear Chair Beidle, Vice-Chair Hayes, and Members of the Committee:

On behalf of Inseparable, a national nonprofit organization focused on closing the treatment gap for individuals with mental health and substance use disorders, thank you for the opportunity to submit written testimony in **support of SB 738**. This bill strengthens Maryland's crisis response system by expanding insurance coverage for crisis services.

The behavioral health needs in Maryland are significant and well documented. One in five Marylanders has experienced a mental illness in the past year. In 2023 alone, more than 58,000 calls were made to 988 in our state<sup>1</sup>. These numbers underscore the urgent and ongoing need for a strong, responsive crisis system.

Mobile crisis and stabilization services are essential components of Maryland's behavioral health emergency response system. Mobile crisis teams respond directly in the community to individuals experiencing mental health emergencies and provide timely, clinically appropriate intervention. In many cases, mobile crisis teams are able to de-escalate situations and stabilize individuals without the need for emergency department visits or inpatient hospitalization.

This matters for several reasons. First, mobile crisis care and stabilization services are significantly less expensive than emergency department care and help reduce strain on already overcrowded emergency departments. Most importantly, it ensures that individuals receive care in the most appropriate and least restrictive setting for their needs.

However, Maryland's crisis system currently faces a structural challenge. Many crisis services are funded primarily through federal grants and state general funds. While these funding streams have been instrumental in building critical infrastructure, they are inherently vulnerable to budget pressures and

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<sup>1</sup> <https://www.nami.org/wp-content/uploads/2025/05/Maryland-GRPA-Data-Sheet-8.5-x-11-wide.pdf>

economic shifts. This makes long-term sustainability difficult and limits the system's ability to grow in response to demand.

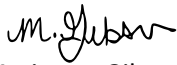
SB 738 takes a meaningful step forward by requiring both commercial insurers and Medicaid to cover crisis services delivered through mobile crisis teams and stabilization centers. Importantly, commercial insurers' members benefit from state-funded crisis services, yet insurers do not currently contribute to financing the system, even though they cover physical health emergency services.

By establishing insurance coverage, this bill would help diversify and stabilize funding for Maryland's crisis response system. It would reduce overreliance on grants and general funds and create a more sustainable, comprehensive financing structure.

Maryland has made strong progress in building out its crisis response framework. SB 738 ensures that the financing model keeps pace with that progress and supports a system that can meet the needs of Marylanders today and in the future.

Thank you for your thoughtful consideration and for your continued commitment to strengthening Maryland's behavioral health system. I urge your favorable support of SB 738.

Respectfully,



Marianne Gibson  
Vice President, Youth, Crisis & Workforce Policy

**SB738 - FIN - MDH - LOSWA (1).pdf**

Uploaded by: Meghan Lynch

Position: FWA



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 4, 2026

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: Senate Bill 738—Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization—Letter of Support with Amendments**

Dear Chair Beidle and Committee Members,

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 738 - Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization. Effective January 1, 2027, SB 738 would require commercial insurance carriers to provide coverage for mobile crisis and crisis stabilization services.

To clarify the definition of a mobile crisis response and stabilization service and ensure all components of the service are covered, and to ensure that benefit is in parity with the medical and surgical benefits contained in the coverage in accordance with the federal *Mental Health Parity and Addiction Equity Act of 2008*, 42 USC 300gg-26, the Department proposes the attached amendments for the Committee’s consideration. These amendments would (1) remove the reference to managed care organizations as these are the capitated plans that provide physical health services to Medicaid beneficiaries and are not responsible for behavioral health care under the State’s carve-out model; (2) amend the definition of mobile crisis and crisis stabilization services; (3) clarify the service includes initial crisis response and follow-up; and (4) add a subsection (D) to include language on parity.

Recent data on death related to behavioral health crisis from suicide or substance related disorder show significant gaps in individual’s ability to access urgent behavioral health services. Children and adults who do not receive such services are at risk of experiencing unnecessary involvement with law enforcement, lengthy emergency department wait times and boarding, involuntary admission, or institutional placement. Increasing access to and the sustainability of mobile crisis services for all Marylanders will prevent and address mental health and substance use-related crises, save lives, enable families to remain together, provide person-centered and

recovery-oriented care in the community, reserving high-intensity, expensive resources only when necessary.<sup>1</sup>

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at [meghan.lynch@maryland.gov](mailto:meghan.lynch@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', with a stylized flourish at the end.

Meena Seshamani, MD, PhD  
Secretary of Health

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<sup>1</sup> Substance Abuse and Mental Health Administration: 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. PEP24-01- 037: Substance Abuse and Mental Health Services Administration, 2025. <https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf>

AMENDMENTS TO SENATE BILL 738  
(First Reading File Bill)

AMENDMENT NO. 1

On page 2, strike lines 7 through 9 in their entirety.

*Rationale:* The language here refers to managed care organizations (MCOs). MCOs are the capitated health plans that provide physical health services for Medicaid beneficiaries; they do not cover behavioral health services under the State's carveout model.

AMENDMENT NO. 2

On page 2, strike beginning with "MEANS" in line 25 continuing through "STABILIZATION" in line 26 and substitute "**ARE DEFINED UNDER CODE OF MARYLAND REGULATIONS 10.63.03.20 AND 10.63.03.21.**"

AMENDMENT NO. 3

On page 3, line 7, after "MOBILE CRISIS" and before "AND CRISIS STABILIZATION SERVICES" insert "**INCLUDING THE INITIAL CRISIS RESPONSE AND FOLLOW-UP.**"

*Rationale for Amendments 2 & 3:* We suggest specifying exactly which services this bill applies by using the definition promulgated in the Code of Maryland Regulations.

AMENDMENT NO. 4

On page 3, line 7, after "AND CRISIS STABILIZATION SERVICES" insert: "**(D) SUCH BENEFITS SHALL BE IN PARITY WITH THE MEDICAL AND SURGICAL BENEFITS CONTAINED IN THE COVERAGE IN ACCORDANCE WITH THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008, 42 USC 300GG-26, EVEN WHERE THOSE REQUIREMENTS WOULD NOT OTHERWISE APPLY DIRECTLY. COVERAGE REQUIRED UNDER THIS SUBSECTION SHALL INCLUDE MOBILE CRISIS SERVICES AND CRISIS STABILIZATION SERVICES TO THE EXTENT THAT SUCH SERVICES ARE COVERED IN OTHER SETTINGS OR MODALITIES, REGARDLESS OF ANY DIFFERENCE IN BILLING CODES.**"

*Rationale:* Senator Augustine suggested the Behavioral Health Administration review similar legislation from Virginia. The above language largely replicates [Chapter 187, Virginia Laws of 2023](#). If there are concerns about achieving parity in FY2027, this provision could take effect at a later date such as FY2028 or FY2029, permitting commercial health insurance carriers time to achieve compliance.

**DOCS-#243404-v1-SB\_738\_OPPOSE\_Mandate\_Crisis\_Stabi**

Uploaded by: Matthew Celentano

Position: UNF



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