

**SB 774.pdf**

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Position: FAV

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February 20, 2026

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

Support: SB 774: Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)

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 Supports: SB 774: Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act). This bill requires health insurance carriers in Maryland to annually report detailed data on how they cover and pay for mental health and substance use disorder services, and to make that information publicly available in a consumer-friendly way. The goal of the bill is to increase transparency, accountability, and enforcement of mental health parity.

Marylanders who may seek mental health treatment need reliable information regarding insurance coverage to help pay for their care. Our patients often discover far too late, so for example, their insurance plan has an inadequate number of providers and they must wait for months to find an in-network provider. This may be due to inadequate reimbursement to providers for mental health care as compared to other health care. This bill would make this type of information publicly available, allowing consumers and purchasers of insurance coverage to make better informed choices regarding insurance coverage for mental health services. As such, we urge a favorable report on SB774.

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

**2026.03.04\_MD\_Testimony\_SB774\_TruthinMHCoverageAct**

Uploaded by: Caden Fabbi

Position: FAV

# inseparable

March 4, 2026

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

*Via electronic submission*

## **RE: Support for SB 774 (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)**

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

Thank you for the opportunity to submit written testimony. On behalf of Inseparable, a national nonprofit organization focused on closing the treatment gap for people with mental health and substance use conditions, I write in strong support of SB 774, the TRUTH in Mental Health Coverage Act.

### **Coverage on paper does not always mean care**

Across Maryland, families are told mental health and substance use services are “covered,” yet when they try to use their benefits they face delays, denials, and dead-end provider lists. Prior authorization requirements, narrow networks, and lower reimbursement for behavioral health make it harder to find in-network care. As a result, many people are pushed out-of-network — where they face far higher out-of-pocket costs — or they delay or go without treatment altogether.

The most recent Maryland-specific data (2021) from RTI International shows how often people had to leave their plan networks to get behavioral health care. Compared to physical health care, out-of-network use was **8.7 times higher** for outpatient behavioral health care and **20.8 times higher** for inpatient behavioral health care – among the 10 worst states nationally. That same year, in-network reimbursement for medical/surgical clinicians was 23% higher than for behavioral health clinicians, indexed to Medicare as an external benchmark. Together, these gaps show that mental health and substance use coverage does not function the same way as medical coverage.

### **Untreated behavioral health needs drive higher costs**

When people cannot access timely mental health or substance use care, the consequences spread across the health system. McKinsey & Company has found that individuals with behavioral health conditions incur two to four times higher total health care costs than those without such conditions. Separate Milliman analyses show total health care costs for individuals with behavioral health conditions can be 3.2 to 6.2 times higher, driven by their untreated behavioral health conditions that drive physical health costs higher. With inadequate

coverage, those higher costs often show up in crisis care and hospital settings, shifting more of the burden to Medicaid and taxpayers.

### **SB 774 brings transparency to how coverage works**

Despite these realities, families and employers cannot compare health plans based on how well they actually deliver mental health and substance use care. Insurers collect detailed data on denials, networks, and reimbursement, but almost none of it is standardized or public, and there is no ongoing reporting to track progress over time.

SB 774 addresses this gap by requiring insurers to report clear, consistent information showing whether people can actually get care — including delays and denials, how often patients must go out-of-network, provider payment levels, and network participation. The Maryland Insurance Administration (MIA) would publish downloadable data so Marylanders can compare plans side by side.

The MIA already collects much of this information, and we are grateful for the discussions we have had with the Administration. SB 774 builds on that work by standardizing and making the information public in ways that are meaningful to families, employers, and policymakers.

### **Focused on transparency, not new mandates**

The bill does not mandate new benefits or set reimbursement rates. It focuses on transparency so policymakers, employers, and families can see whether existing coverage actually translates into access to care.

Maryland families should not be left in the dark about whether “covered” means accessible. By exposing where coverage falls short and where it works, SB 774 promotes accountability and supports better access to care.

We respectfully urge the Committee to issue a favorable report on Senate Bill 774.

Sincerely,

A handwritten signature in blue ink that reads "David Lloyd". The signature is written in a cursive, flowing style.

David Lloyd  
Chief Policy Officer

**SB0774\_MHAMD\_FAV.pdf**

Uploaded by: Dan Martin

Position: FAV

**Senate Bill 774 Health Insurance - Plan Benefits and Coverage - Annual Reporting  
(Transparency, Reporting, Understanding, Timeliness, and Honesty  
(TRUTH) in Mental Health Coverage Act)**

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 (MH) and substance use disorders (SUD). We appreciate the opportunity to provide this testimony in support of Senate Bill 774.

SB 774 requires Maryland health insurers to publicly report standardized data on mental health and substance use coverage, allowing consumers and employers to compare access across carriers based on real-world information.

The Maryland General Assembly and the Maryland Insurance Administration have taken important steps over the years to address network adequacy concerns and improve access to treatment for individuals with mental health and substance use disorders. And while progress is being made, it is still not guaranteed that Marylanders with commercial insurance can access in-network behavioral health care when needed. According to an [independent national report](#)<sup>1</sup> published in April 2024, Marylanders are nearly nine times more likely to go out-of-network for behavioral health care versus primary care, a rate that is twice the national average and fourth worst in the nation.

This bill would empower Maryland consumers and employers with information they could use to compare and identify carriers offering strong coverage, value and in-network access to care. As determined by MIA, publicly available metrics could include the frequency that enrollees go out-of-network for behavioral health care, the number of non-active providers, and access to evidence-based care delivery models like the Collaborative Care Model. The data would be structured to allow for meaningful comparisons across populations, provider type, and more.

SB 774 supports consumer choice and builds upon Maryland's continuing efforts to ensure commercial carriers are meeting their parity obligations. For these reasons, MHAMD supports this bill and urges a favorable report.

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<sup>1</sup> Mark, T. L., & Parish, W. J. (2024). Behavioral health parity – Pervasive disparities in access to in-network care continue. RTI International.

*For more information, please contact Dan Martin at (410) 978-8865*

**SB 774\_TRUTH Act\_BHSB\_FAVORABLE.pdf**

Uploaded by: Dan Rabbitt

Position: FAV



March 4, 2026

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

*SB 774 - Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)*

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 support SB 774 - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act).**

This bill would create universal standards and expectations for insurance companies to report on behavioral health claims and coverage. This information would give the Maryland Insurance Commissioner greater power to enforce behavioral health parity and reduce the disparities between medical coverage and behavioral health coverage in Maryland.

Maryland ranks among the states with the greatest disparity between behavioral health and physical health coverage, where residents are 8.7 times as likely to need an out of network behavioral health provider compared to a medical provider.<sup>1</sup> This comes with consequences: lower in-network reimbursement rates disincentivize behavioral health providers from taking insurance. The lack of parity also leads to weaker provider networks, forcing more patients to go out of network and face higher costs. Maryland carriers have also been shown to impose more stringent prior authorization and utilization management policies for behavioral health services which directly impedes access to needed services.

HB 1157 can improve parity and promote affordable behavioral healthcare across the state. By creating standards for behavioral health claims reporting, Maryland would act on SAMSHA recommendations considered critical for successful parity monitoring and enforcement.<sup>2</sup> HB 1157 would also make this claims data publicly available, empowering Marylanders to accurately choose between insurance plans that address their unique needs and circumstances.

In the interests of promoting affordable behavioral health services across the states, BHSB strongly supports, **BHSB urges the Senate Finance Committee to support SB 774.**

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

## Endnotes:

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<sup>1</sup>RTI International, *Behavioral health parity – Pervasive disparities in access to in-network care continue*. Available at: <https://www.rti.org/publication/behavioral-health-parity-pervasive-disparities-access-network-care-continue>

<sup>2</sup> Substance Abuse and Mental Health Services Administration, *Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the States*. Available at: <https://library.samhsa.gov/sites/default/files/sma16-4983.pdf>

**LAC - SB774 - FAV.pdf**

Uploaded by: Deborah Steinberg

Position: FAV



SB 774: Health Insurance – Plan Benefits and Coverage – Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)  
Senate Finance Committee  
March 4, 2026  
Favorable

Thank you for the opportunity to submit testimony in favor of SB 774 – the TRUTH in Mental Health Coverage Act, and thank you Senator Augustine for introducing this important legislation.

The Legal Action Center (LAC) is a non-profit organization that fights discrimination, builds health equity, and restores opportunity for people with substance use disorders and mental health conditions, people with arrest and conviction records, and people living with HIV and AIDS. LAC convenes the Maryland Parity Coalition and advocates for consumer protections to improve equitable access to mental health and substance use disorder care.

Data collection and transparency is vital for improving access to mental health and substance use disorder care. Much of the data required under this legislation is already required or available, and thus it is a minimal burden for health plans with significant implications for consumers and employers to understand their coverage and take advantage of their rights. We support the Maryland Insurance Administration’s ongoing work to enforce the Mental Health Parity and Addiction Equity Act and our state’s network adequacy standards, and yet there are still transparency gaps that leave Maryland consumers and employers in the dark about their plans’ compliance with these laws. We believe greater transparency would improve accountability and, with it, access to mental health and substance use disorder care.

Thank you for considering our views. We urge a favorable report on SB 774.

Sincerely,  
Deborah Steinberg  
Senior Health Policy Attorney  
[dsteinberg@lac.org](mailto:dsteinberg@lac.org)

# **Testimony in support of SB0774 - TRUTH in Mental H**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0774\_RichardKaplowitz\_FAV

03/04/2026

Richard Keith Kaplowitz

Frederick, MD 21703

**TESTIMONY ON SB#0774- POSITION: FAVORABLE**

**Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

**FROM:** Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#0774, **Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)**

This bill will, for each type of provider of medical services, require reporting claims data sufficient to evaluate, for each facility type and provider type, access to and coverage of:

mental health services; substance use services; behavioral health services; medical or surgical services; youth and adult services, separately and combined; in-person and telehealth services, separately and combined; geographic area, as specified by the commissioner; whether the facility or professional health care provider is affiliated with, owned by, or under common control with the carrier, as specified by the commissioner; claims data, disaggregated by facility type, provider type, youth enrollees, adult enrollees, in-person visits, and telehealth visits

That data submitted shall be sufficient to determine:

network accuracy, availability, and participation, including whether providers listed as in-network are available to provide covered services to enrollees; network size and composition, including the size of carrier networks relative to the available supply of state-licensed health care providers; network admission and contracting practices, including practices relating to provider credentialing, contracting, and effective participation in carrier networks; in-network reimbursement, including in-network reimbursement levels and payment distributions for covered services; comparison to one or more external benchmarks, as determined by the commissioner; out-of-network utilization, including the extent to which covered services are furnished and reimbursed at out-of-network benefit levels; access to evidence-based behavioral health care delivery models, including access to and utilization of psychiatric collaborative care and other evidence-based models, as determined by the commissioner; any additional metrics the commissioner determines necessary for public comparison and oversight, including those related to access to timely, clinically appropriate care, utilization review, network adequacy, reimbursement equity, or compliance with federal or state

**SB0774\_RichardKaplowitz\_FAV**

Further, the bill will mandate creation and use of a template for the reporting of the required data plus methodology for sharing that data on a public website under certain safeguards.

This vital bill will require each carrier that provides a health benefit plan in the State to report certain data regarding claims and coverage to the Maryland Insurance Commissioner using a certain template; requiring the Commissioner to develop a template for carriers to report the data and make the data publicly available by posting certain data on a public website and developing and maintaining certain data dashboards; etc.

Health insurance coverage is essential to maintaining good health and dealing with personal medical issues affecting us and our loved ones. Providing data for both the state and patients to fully evaluate care options to select the best match for their needs can contribute to a healthier Maryland.

**I respectfully urge this committee to return a favorable report on SB#0774.**

**SB774\_MPA\_FAV**

Uploaded by: Taylor Dickerson

Position: FAV



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March 31, 2026

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Annapolis, MD 21401

**RE: SB 774 - Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act**

**Position: SUPPORT**

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

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the Senate Finance Committee to **report favorably on SB 774**.

SB 774 addresses a longstanding and critical gap in our health care system: the lack of meaningful, publicly available data regarding access to and coverage of behavioral health services. By requiring carriers to report detailed claims, network, and reimbursement data across provider types, service levels, and populations, SB 774 will provide the transparency necessary to evaluate whether mental health and substance use disorder services are truly accessible and equitably covered.

Importantly, SB 774 moves beyond general reporting and creates a framework for actionable oversight. The bill requires standardized data collection, independent certification of accuracy, and public-facing dashboards that allow comparisons across carriers and plans. This level of transparency will enable regulators, policymakers, clinicians, and consumers to identify disparities in network adequacy, reimbursement practices, utilization review, and access to timely, evidence-based care. In doing so, the bill operationalizes mental health parity by making it measurable and enforceable in practice—not merely aspirational in statute.

Finally, SB 774 will empower Maryland to lead nationally in behavioral health accountability and consumer protection. By making data publicly accessible and usable for independent analysis, the legislation supports informed decision-making by families and promotes system-wide improvements in care delivery. At a time when demand for mental health services continues to rise, this bill provides a critical tool to ensure that coverage translates into real access.

For these reasons, the Maryland Psychological Association respectfully urges a favorable report on Senate Bill 774. If we can be of any further assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Olarte, Ph.D. at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,

*Stephanie Wolf, JD, Ph.D.*  
Stephanie Wolf, JD, Ph.D.  
President

*Stephanie Olarte, Ph.D.*  
Stephanie Olarte, Ph.D.  
Chair, MPA Legislative Committee

cc: Barbara Brocato & Dan Shattuck, MPA Government Affairs

**SB774\_Testimony\_Cashenna\_Cross.pdf**

Uploaded by: Dr Cashenna A Cross

Position: FWA

## **Written Testimony of The Honorable Dr Cashenna A Cross**

Favorable With Amendments Senate Bill 774 Health Insurance Plan Benefits and Coverage Annual Reporting

Chair and Members of the Committee, I respectfully submit this testimony in support of Senate Bill 774 with amendments. My position is grounded in my municipal leadership experience serving residents who rely on clear access to health services, transparent systems, and accountable institutions. Local government leaders witness firsthand the consequences when mental health services are delayed, denied, or difficult for families to understand or access. The intent of this legislation to require standardized reporting and public transparency regarding behavioral health coverage is both timely and necessary. Communities across Maryland continue to face growing mental health needs among youth, veterans, working families, and seniors. Municipal leaders are often the first point of contact when residents cannot navigate insurance systems or when treatment access fails despite existing coverage. Transparency strengthens public trust. By requiring carriers to report claims data, network availability, reimbursement patterns, and access measures, the State will gain a clearer understanding of whether mental health coverage functions in practice as intended in law. Public dashboards and accessible reporting will allow policymakers, municipalities, and families to identify gaps and advocate for equitable care delivery. From a municipal perspective, stronger visibility into behavioral health access supports local public safety, housing stability, and community wellness efforts. When residents receive timely mental health services, cities experience reduced crisis response burdens and stronger family stability. This bill moves Maryland toward data driven oversight that aligns with responsible governance. However, amendments are necessary to ensure successful implementation. First, reporting requirements should be phased in to prevent administrative overload that could unintentionally increase costs passed to consumers. A staged implementation beginning with core access and network adequacy metrics would allow carriers and regulators to build reliable systems before expanding reporting categories. Second, the legislation should require clear consumer focused summaries alongside technical datasets. Public dashboards must be understandable to residents, not only analysts, so families can make informed decisions about coverage. Third, safeguards should ensure that new regulatory costs do not result in premium increases that reduce affordability for working families. Oversight of fee structures should include periodic legislative review. With these amendments, Senate Bill 774 will improve transparency while maintaining balance between accountability and affordability. Maryland has long led in advancing fairness in health coverage. This legislation represents an opportunity to ensure that mental health care receives the same clarity, honesty, and measurable accountability expected of all medical services. For these reasons, I respectfully urge a favorable with amendments report on Senate Bill 774. Respectfully submitted, The Honorable Dr Cashenna A Cross Councilwoman at Large City of Glenarden Maryland

**SB 774 - MIA - SWA.pdf**

Uploaded by: Marie Grant

Position: FWA

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ARUNA MILLER  
Lt. Governor



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Deputy Commissioner

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**Date:** March 4, 2026

**Bill # / Title:** Senate Bill 774 - Health Insurance - Plan Benefits and Coverage - Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)

**Committee:** Senate Finance Committee

**Position:** Support with Amendments

The Maryland Insurance Administration (“MIA”) appreciates the opportunity to provide support with amendments for Senate Bill 774.

The bill would establish new data reporting requirements and increase the transparency of health insurance coverage of treatment for mental health and substance use disorders. It would require carriers to submit additional data elements to the MIA including claims data to demonstrate sufficient access to these services and information related to network adequacy. Additionally, the bill would require the MIA to make this data publicly available through interactive virtual dashboards where consumers could compare displays of pediatric versus adult outcomes as well as coverage provided by different carriers across various plan types.

Senate Bill 774 would help increase the decision-making power of consumers, who now would be able to make more informed decisions on what plans would be best suited to aid them in seeking professional help for mental health and substance use disorders. Data would also be available to other stakeholders to see how health plans are performing in different areas.

The MIA has worked closely with the sponsor of the bill on amendments that would reduce the bill’s fiscal impact as well as enhance its overall feasibility and enforceability by the MIA. These amendments would give the Commissioner the discretion to specify which data elements should be examined and assess how that data should be shared with the public while still maintaining the bill’s intent.

For the reasons set forth above, the MIA recommends a favorable committee report with amendments on Senate Bill 774 and thanks the Committee for the opportunity to share its support.

**DOCS-#243698-v1-SB\_774\_League\_OPPOSE.pdf**

Uploaded by: Matthew Celentano

Position: UNF



The League of Life  
and Health Insurers  
of Maryland

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 774 – Health Insurance – Plan Benefits and Coverage – Annual Reporting  
(Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health  
Coverage Act)**

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 774 – Health Insurance – Plan Benefits and Coverage – Annual Reporting (Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in Mental Health Coverage Act)* and urges the committee to give the bill an unfavorable report.

While we share the sponsors' commitment to ensuring robust access to behavioral health services and transparency in coverage, League members believe this legislation creates a redundant, costly, and administrative reporting framework that duplicates existing federal and state requirements under the Mental Health Parity and Addiction Equity Act (MHPAEA).

The TRUTH Act seeks to mandate the collection of granular data regarding claims, network adequacy, and reimbursement practices. However, health carriers are already subject to extensive federal and state oversight designed to ensure mental health parity:

- **Comparative Analyses:** Under the Consolidated Appropriations Act of 2021, carriers must already perform and document exhaustive "Comparative Analyses" of Non-Quantitative Treatment Limitations (NQTLs). These analyses require the same data-driven rigor regarding reimbursement and network access that SB 774 seeks to codify.
- **Existing Maryland Oversight:** The Maryland Insurance Administration (MIA) already possesses the regulatory authority to request parity data and conduct market conduct examinations to ensure compliance with both federal and state parity laws.
- **Duplicate Standardized Templates:** SB 774 requires the Commissioner to develop a new "standardized template." Introducing a unique Maryland reporting template—separate from the

established federal NQTL reporting standards—will create a patchwork regulatory environment that increases costs without providing a corresponding benefit to patient care.

The administrative burden of SB 774 is substantial. Disaggregating data by facility type, provider type, age group, and geography on an annual basis requires significant diversion of resources away from clinical care and member services. Furthermore, the bill authorizes the Commissioner to impose new regulatory fees on carriers to fund the interactive dashboard, which directly impacts the affordability of premiums for Marylanders.

For these reasons, the League urges the committee to give Senate Bill 774 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