

**Senate Bill 428 Maryland Medical Assistance Program and Health Insurance -
Collaborative Care Model - Cost Sharing Prohibition**

House Health Committee

March 26, 2026

Position: FAVORABLE WITH HOUSE AMENDMENTS

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 strong support of Senate Bill 428 with the House amendments.

As amended in the House of Delegates, the cross-filed companion to SB 428 (HB 746) prohibits Maryland Medicaid from imposing co-pays or other cost-sharing requirements on behavioral health care delivered in primary care settings via the Collaborative Care Model (CoCM). It also requires the Maryland Health Care Commission (MHCC) to examine the impact of eliminating cost-sharing in the commercial health insurance market.

The amended bill also requires commercial carriers to provide coverage for CoCM services as defined by §15–141.1 of the Health-General Article. This will expand access to the evidence-based CoCM model and ensure MHCC has consistent data when completing its cost impact report.

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings. The model has been validated in over 90 randomized controlled trials and shown to improve health outcomes, mitigate behavioral health workforce challenges, and reduce disparities in access to care. There is also mounting evidence that use of CoCM reduces total healthcare costs.¹

The Maryland General Assembly has taken steps in recent years to expand access to this model. Unfortunately, data shows a drop-off of CoCM billing after a patient's first visit, which defeats the purpose and negates the benefits of the model. The decline in billing after the initial appointment has been attributed to a reluctance among patients to pay additional out-of-pocket costs for the important follow-up visits. The elimination of out-of-pocket costs was recommended as a key CoCM expansion strategy in a new national report issued just last month.²

Increasing the uptake of CoCM across primary care providers is a critical strategy in Maryland's broader efforts to expand access to quality behavioral health care and reduce overall health care costs. **For these reasons, MHAMD supports SB 428 with the House amendments and urges a favorable report.**

¹ https://www.filesbfff.org/CoCM_Total_Healthcare_Costs_Issue_Brief.pdf

² https://filesmhtari.org/COCM_Progress_Report.pdf