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February 19, 2026

The Honorable Heather Bagnall  
Chair, House Health Committee  
240 Taylor Office Building  
Annapolis, MD 21401

**House Bill 886 – Certified Peer Recovery Specialists – Coverage Under the Maryland Medical Assistance Program and Health Insurance and Workgroup on Certification**

Dear Chair Bagnall,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *House Bill 886 – Certified Peer Recovery Specialists – Coverage Under the Maryland Medical Assistance Program and Health Insurance and Workgroup on Certification* and urges the committee to give the bill an unfavorable report.

League members are concerned with the limited and inconsistent clinical evidence around coverage for certified peer recovery specialists. As committee members know, insurance coverage is usually tied to demonstrable medical necessity and strong evidence of effectiveness. While peer recovery support can be meaningful and effective for some individuals, the research is mixed. Carriers see wide variations in quality and outcomes, variability in programs, and measures are often tied to engagement or satisfaction rather than clinical improvement. Certified peer recovery services are non-clinical by design. They don't diagnose or provide traditional medical treatment. From a health insurer's perspective, mandating coverage without consistent, high-quality evidence undermines evidence-based reimbursement standards.

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 House Bill 886 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, House Health Committee