



15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

April 2, 2026

The Honorable Heather Bagnall
Chair, House Health Committee
240 Taylor 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 Bagnall,

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 the League share the Maryland General Assembly’s commitment to improving access to behavioral health care for Marylanders, SB 774 imposes a sweeping and duplicative data reporting regime that will generate significant administrative costs, expose carriers to novel and disproportionate exposure, and ultimately harm the very consumers and markets the bill seeks to protect, all without meaningfully improving the quality, access, or affordability of mental health and substance use disorder services.

Critically, these concerns are amplified by the fact that the General Assembly has already passed Senate Bill 205 (*Health Insurance - Mental Health and Substance Use Disorders - Codification of Federal Requirements*) which will take effect July 1, 2026, and imposes a substantial new layer of parity compliance obligations on carriers. SB 774 would compound those burdens before carriers, regulators, or the market have had any opportunity to evaluate the effects of SB 205. Piling on a second, independent reporting mandate at this juncture is premature, poorly timed, and likely counterproductive.

Senate Bill 205 fundamentally restructures carriers’ parity compliance obligations under Insurance Article § 15-144. Effective July 1, 2026, carriers must collect and evaluate “relevant data in a manner reasonably designed to assess the impact of each nonquantitative treatment limitation” on access to mental health, substance use disorder, and medical/surgical benefits. Carriers must also conduct expanded comparative analyses addressing network composition in the aggregate, demonstrate that benefits are “meaningful” for every covered mental health condition and substance use disorder, and where data indicate material

access disparities, submit corrective action documentation to the Commissioner within 15 working days of request. These are not incremental refinements; they represent a comprehensive overhaul of carrier reporting and analysis obligations.

Against this backdrop, SB 774 would simultaneously require carriers to submit an entirely separate annual report beginning as early as March 1, 2027, just eight months after SB 205 takes effect disaggregating claims data by facility type, provider type, youth and adult enrollees, in-person and telehealth visits, and geographic area. The two reporting structures are not coordinated, do not share templates or definitions, and involve overlapping but non-identical data universes. Carriers would be left managing dual compliance tracks with no clear guidance on how one satisfies, informs, or interacts with the other. Once again, SB 774 provides no increased quality, access, or affordability of services to consumers. The bill as drafted is almost exclusively reporting for reporting sake, with no clear problem being addressed.

The Legislature should allow SB 205's data collection and reporting requirements to take effect, permit the Maryland Insurance Administration and carriers to develop the uniform definitions and methodology required under § 15-144(o), and evaluate whether additional reporting is necessary rather than layering a second, independent mandate on top of an infrastructure that does not yet exist.

These costs will not be absorbed without consequence. Regulatory compliance costs are ultimately reflected in premium rates filed with and approved by the Commissioner. Mandating significant administrative expenditure on duplicative reporting without a corresponding, evidence-based improvement in access or outcomes is a choice to raise premiums for Maryland families and small businesses. Absent these safeguards, publicly reported data may lack appropriate context regarding well-documented system constraints, including workforce shortages and provider participation challenges. Without that context, comparisons across carriers risk drawing incomplete conclusions about access and performance, rather than accurately reflecting the underlying dynamics of the behavioral health delivery system.

League members in Maryland are committed to meaningful compliance with parity requirements and to supporting Marylanders' access to behavioral health care. We are actively preparing to implement the significant new obligations imposed by Senate Bill 205. We respectfully submit that Senate Bill 774, as currently drafted, would impose duplicative, poorly timed, and disproportionate burdens on top of those obligations.

We urge the General Assembly to allow the SB 205 framework to take effect and to evaluate whether additional reporting is necessary before enacting SB 774. 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 line extending to the right.

Matthew Celentano
Executive Director

cc: Members, House Health Committee