



Testimony of:

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TO: Members of the Maryland House Health Committee

My name is Joseph Feldman and I am the President and Founder of [Cover My Mental Health](#) NFP, an Illinois-based not-for-profit supporting patients, families, and clinicians with actionable resources toward overcoming obstacles to mental health and substance use disorder (MH/SUD) care. Our resources support individuals in all States.

I am submitting this testimony in support of Maryland HB808: Medical Assistance Program - Step Therapy, Fail-First Protocols, and Prior Authorization - Prescription Drugs to Treat Serious Mental Illness

By eliminating unnecessary prior authorizations and of “step therapy,” this legislation will:

- Place the treating clinician clearly in charge of a patient’s treatment plan, based on their training, practice, and the application of standards of care;
- Preclude establishment and imposition of proprietary “standards” by a Medicaid payer on both patient and the treating clinician for evaluating reimbursable care; and
- Remove unnecessary prior authorization for medications that function to delay access to care and to second-guess competent clinicians regarding their patient’s treatment plan.

The passage of both state and federal laws (such as the 2008 Mental Health Parity and Addiction Equity Act) have fostered expectations of improved access to mental health care. However, health insurers and the administrators of Medicaid programs continue to offer inadequate clinician networks, improperly deny care as “not medically necessary,” raise process barriers such as unnecessary or complex prior authorizations, and utilize opaque processes for resolving disputes. Among these obstacles are the imposition of administrative steps such as seemingly-routine prior authorizations and so-called “step therapy.”

Legislation such as HB808 properly addresses certain limitations in past legislation and potential regulatory enforcement, particularly related to these two obstacles.

An estimated 50% of mental health patients and 75% of substance use disorder patients do not have access to care according to SAMHSA¹. A survey by the American Psychiatric Association Foundation found that 51% of adults thought treatment would cost too much and 35% thought insurance would not contribute enough to make treatment affordable.² According to Cover My

¹ <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>

² American Psychiatric Association Foundation, Stop Stigma Together presentation, 2024

Mental Health, an estimated 15 – 22 million mental health claims are denied by private insurers each year³.

The passage of HB808 would strengthen protections for Marylanders against barriers to care that are well-known to Cover My Mental Health and a focus of our support, specifically:

- Improving visibility and therefore enforcement potential for regulators into the practices related to “step therapy” that effectively diminish access to care.

Step therapy impositions prompt unnecessary delays in care and burdens on clinicians, potentially *observed in a wide range of claims adjudications processes*, such as prior authorizations, clinical reviews, utilization reviews, and other practices that delay, deny, and limit care.

Among the most valuable resources of Cover My Mental Health are (a) guidance and templates for clinicians to document their determination of medically-necessary care, (b) guidance to train clinicians in the conduct of peer-to-peer reviews, and (c) introduction to steps such a formal complaint to the health plan to address disputes before legalistic and time-consuming appeals. Such documentation is important when plans impose their own clinical standards.

- Eliminating prior authorizations for medications to treat certain serious mental illnesses in adults.

As a general matter, we applaud this restriction on prior authorization in claims adjudication processes that serves to delay, deny, and limit care.

We encourage the Maryland legislature to recognize that claims adjudication processes may unnecessarily delay, deny, and limit care *in other processes beyond prior authorization* (e.g., mid-treatment clinical reviews, other utilization reviews). Legislative and regulatory oversight of the full range of claims adjudication processes may be appropriate if health plan market practices so dictate.

The use of prior authorizations to delay, deny, and limit care for these serious mental illnesses also merits attention for non-adult patients.

HB808 has the potential to temper the need for our resources, which we would applaud.

Thank you for the opportunity to submit this testimony and for your commitment to improving the mental health of Marylanders.

Sincerely,



Joseph Feldman

³ Internal Cover My Mental Health estimate