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HB 280

Health Insurance – Mental Health and Substance Use Disorders – Codification of Federal Requirements Hearing of the House Health Committee

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FAVORABLE

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. **PJC strongly supports HB 280**, which codifies existing federal parity requirements for mental health and substance use disorder treatment.

Parity fosters access to holistic care for all Marylanders and brings us closer to eliminating health inequities. We thank the Maryland General Assembly for its tremendous work in passing the Mental Health Parity and Addiction Equity Act (Parity) Act, which was signed into law by the Governor, in 2024. Similarly, the MGA has done significant work over the last 10 years to increase health equity and access to maternal health, telehealth, affordable prescription drugs, care without copays for several lifesaving treatments, and many more reforms to our healthcare system. Federal and state parity laws prohibit financial requirements and treatment limits for mental health and SUD benefits if they are more restrictive than similar criteria for medical and surgical benefits. Similarly, mental health and SUD benefits must have standards for utilization management, including prior authorization, review of medical necessity, that are comparable to and no more stringent than those for somatic benefits.

Federal protections are at risk of being stripped by the current federal administration, threatening long-term recovery for our neighbors in crisis. Racial and ethnic disparities in mental health treatment access are well documented nationally. For adults with any mental health condition, Hispanic (44%), Black (39%), and Asian (33%) adults were less likely to receive mental health treatment than their White (58%) counterparts.¹ In

¹ Nambi Ndugga, et al., *Key Data on Health & Health Care by Race and Ethnicity*, Kaiser Family Foundation (December 16, 2025), <https://www.kff.org/racial-equity-and-health-policy/key-data-on-health-and-health-care-by-race-and-ethnicity/?entry=executive-summary-key-takeaways>.

Maryland, roughly 1,056,000 adults experience a mental health condition each year and 105,000 adolescents struggle with a major depressive episode each year.² And more than 1,500,000 Marylanders live in communities that are mental health deserts - areas with too few mental health professionals to meet the needs.³ In addition to geography, cost is the most cited barrier to accessing mental health treatment for 314,000 adults in Maryland.⁴ Leaving our state open to unpredictable and harmful changes at the federal level to mental health and SUD parity will deepen the existing disparities in access to treatment by forcing residents to go without necessary and timely care for which they are entitled to similar coverage for in somatic care.

Mental health and SUD treatment saves lives. Embedding parity protections in Maryland's law is urgently needed to insulate Marylander's right to access to mental health and SUD treatment from changes at the federal level. For the foregoing reasons, the **PJC SUPPORTS HB 280** and urges a **FAVORABLE** report. Should you have any questions, please contact Ashley Woolard at (410) 625-9409, ext. 224 or woolarda@publicjustice.org.

² National Alliance on Mental Illness, *Mental Health in Maryland* (last accessed January 26, 2026), <https://www.nami.org/wp-content/uploads/2025/05/Maryland-GRPA-Data-Sheet-8.5-x-11-wide.pdf>.

³ *Id.*

⁴ *Id.*