

Department of Legislative Services  
Maryland General Assembly  
2026 Session

**FISCAL AND POLICY NOTE**  
**Third Reader - Revised**

Senate Bill 774  
Finance

(Senator Augustine)

Health

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**Health Insurance - Plan Benefits and Coverage - Annual Reporting  
(Transparency, Reporting, Understanding, Timeliness, and Honesty (TRUTH) in  
Mental Health Coverage Act)**

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This bill requires each carrier, by March 1, 2027, (and annually thereafter) to report certain data regarding claims and coverage to the Insurance Commissioner. The Commissioner must develop templates for carriers to report the data and, within five months of receiving data from carriers, make the data publicly available by posting it in an easily accessible, consumer-friendly manner on a public website. **The bill takes effect January 1, 2027.**

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**Fiscal Summary**

**State Effect:** The Maryland Insurance Administration (MIA) can implement the bill using existing budgeted resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** Each carrier must report to the Commissioner (using the templates developed by the Commissioner) all metrics the Commissioner determines necessary to evaluate:

- network accuracy, availability, and participation, including whether providers listed as in-network are available to provide services;

- network size and composition, including the size of carrier networks relative to the available supply for provider specialty types identified by the Commissioner;
- provider credentialing and contracting timelines by provider specialty type, as defined by the Commissioner;
- in-network reimbursement, including in-network reimbursement levels and payment distributions for covered services, and comparison to one or more external benchmarks, as determined by the Commissioner;
- out-of-network utilization, including the extent to which covered services are furnished and reimbursed at out-of-network benefit levels;
- access to evidence-based behavioral health care delivery models, including access to and utilization of psychiatric collaborative care and other evidence-based models, as determined by the Commissioner; and
- any additional metrics the Commissioner determines necessary for public comparison and oversight.

Each carrier must submit a certification signed by the carrier's chief financial officer under penalty of perjury stating that the reported data are complete and accurate and calculations follow the template definitions and instructions.

Reported data is not proprietary or confidential but is subject to federal Centers for Medicare and Medicaid Services cell suppression standards, including for purposes of making the data publicly available. The data required to be reported must be disaggregated by facility type, provider type, youth enrollees, and adult enrollees, as defined by the Commissioner.

The Commissioner must develop uniform templates for carriers to report the required information. In developing a template, the Commissioner must review and consider formats that are (1) used by insurance regulators in other states; (2) endorsed and used by one or more employer coalitions, human resources associations, or mental health nonprofit organizations; or (3) cited by the U.S. Department of Labor or the U.S. Department of Health and Human Services.

The Commissioner must ensure comparability across carriers by adopting uniform templates, definitions, audit procedures, and correction protocols. The Commissioner may refine, group, stratify, or not include diagnostic categories or conditions within mental health or substance use disorder (SUD) benefits to ensure meaningful, accurate, and comparable public reporting. The Commissioner may satisfy reporting requirements using data collected or maintained by MIA for other purposes, provided that the Commissioner makes the data used publicly available.

Within five months after receiving data from carriers, the Commissioner must make the data publicly available by posting the data in an easily accessible, consumer-friendly manner on a public website.

**Current Law:** Maryland's mental health parity law (§ 15-802 of the Insurance Article) prohibits discrimination against an individual with a mental illness, emotional disorder, or SUD by failing to provide benefits for the diagnosis and treatment of these illnesses under the same terms and conditions that apply for the diagnosis and treatment of physical illnesses. Carriers must submit a demonstration of mental health parity compliance when they submit their form filings in the individual, small group, or large group fully insured markets. Self-insured plans are not required to submit documentation to MIA but rather are subject to federal fines and penalties for failure to comply.

The federal Parity Act requires group health plans of large employers, as well as qualified health plans sold in health insurance exchanges and in the small group and individual markets, to equalize health benefits for addiction and mental health care and medical and surgical services in many fundamental ways. Group health plans may not impose separate or more restrictive financial requirements or treatment limitations on mental health/SUD benefits than those imposed on other general medical benefits. The Parity Act also imposes nondiscrimination standards on medical necessity determinations.

Under Maryland law, carriers must demonstrate compliance with the Parity Act (including any related regulations) through submission of a biennial compliance report to the Commissioner that includes specified information. Failure of a carrier to submit complete Parity Act compliance information constitutes noncompliance with the Parity Act.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** HB 1157 (Delegate Guzzone, *et al.*) - Health.

**Information Source(s):** Maryland Insurance Administration; Department of Legislative Services

**Fiscal Note History:**  
jg/ljm

First Reader - March 4, 2026

Third Reader - March 20, 2026

Revised - Amendment(s) - March 20, 2026

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