



# 2026 MARYLAND GENERAL ASSEMBLY LEGISLATIVE SCORECARD

### LEGEND

- Favorable result
- Mixed Result
- Unfavorable result

Score	Bill Number & Title	Status	Impact
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## Maryland FY27 Budget Requests



### Public Behavioral Health System Rates and Grants

Adopt a 3% rate and grant increase

Not adopted

The Governor's budget, as introduced, included flat funding for behavioral health Medicaid rates and most other behavioral health grants. Advocates pushed for a modest increase in this funding, but no increase was included in the final budget. Rates for FY27 will remain flat—the second in a row without an increase.



### School Mental Health Services

Reverse cuts to the Consortium

Adopted

School mental health services funded by the Consortium on Coordinated Community Supports were cut by \$20 million in the Governor's proposed budget. This cut was restored by the General Assembly. This program will be funded at the full \$100 million in FY27.



### Certified Community Behavioral Health Clinics

Reverse proposed delay

Adopted

The General Assembly passed legislation several years ago directing the state to pursue federal opportunities to better establish Certified Community Behavioral Health Clinics (CCBHCs) in Maryland. The Governor's proposed budget sought to delay applying a CCBHC demonstration project to 2029, but the General Assembly rejected this change. Maryland is now in the process of applying for the 2026 demonstration, which would allow CCBHCs to bill Medicaid for the robust services they provide.



### Medicaid Enrollment Assistant

\$8 million to hire local navigators to assist in obtaining and maintaining Medicaid coverage

Partially adopted

Congress passed H.R. 1, the One Big Beautiful Bill Act, which will impose work requirements and other administrative burdens on Medicaid enrollees. Approximately 175,000 Marylanders are expected to lose coverage as a result, although most will still qualify. The Maryland Department of Health (MDH) is investing in IT systems to help the enrollment process, but many beneficiaries will also need in-person, direct support. Advocates requested \$8 million to hire local navigators who could provide in-person assistance. The General Assembly did not adopt the full request but did allocate an additional \$1 million for enrollment assistance through local navigators.



## BHSB Policy Priority: Promote high quality behavioral health services and provider accountability within the public behavioral health system



**HB0448/SB0878**  
Health Facilities - Certified Recovery Residences - Unannounced Inspections

Failed to advance

These bills would have required two unannounced inspections of certified recovery homes each year. They did not pass out of committee. The General Assembly intends to work with MDH to continue monitoring the quality of recovery residences.



**SB0876**  
Recovery Residences - Certification – Requirement

Failed to advance  
(policy will be included in regulation)

This bill passed the Senate but did not pass out of the House Health Committee. MDH pointed out that new draft COMAR 10.63 regulations include a requirement for recovery residences to be certified and contended the bill was unnecessary. The new regulation should provide MDH and local stakeholders with the authority needed to ensure certification and oversight of recovery residences in the state.



**HB1249**  
Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment – Prohibition

Passed

There have been reports of recovery residences requiring residents to stop taking medication assisted treatment (MAT) for opioid use disorder (OUD) to reside in their program. MAT is the most effective treatment for OUD and should not be discouraged. This bill will prohibit certified recovery residences from discriminating against people using MAT, an important policy that will allow more people to find safe housing while continuing to take effective medication to prevent relapse.

## BHSB Policy Priority: Ensure Marylanders continue to have access to the full range of behavioral health services through Maryland’s Medicaid program



**HB0808/SB0490**  
Maryland Medical Assistance Program - Step Therapy, Fail-First Protocols, and Prior Authorization - Prescription Drugs to Treat Serious Mental Illness

Failed to advance

These bills aimed to prohibit Medicaid from requiring step therapy, fail-first protocols or prior authorization for certain medications used to treat serious mental illness. These insurance practices are serious barriers to effective treatment for these illnesses. MDH contended that prohibiting them would be very costly, however, and the bills did not move forward.

**SB0987**

Corporate Income Tax - Addition Modification - Direct-to-Consumer Pharmaceutical Advertising

Failed to advance

This bill was expected to generate new revenue for Medicaid enrollment assistance by closing a tax break for pharmaceutical advertising. The bill did not advance, but leadership in the General Assembly did express interest in exploring this potential revenue source in the future.

**BHSB Policy Priority:**  
**Strengthen and expand the behavioral health workforce to ensure timely access to high-quality behavioral health care**

**HB0340/SB0238**

School Psychologist Interstate Licensure Compact

Passed

These bills enter Maryland into an interstate compact for school psychologists. This will make it easier for out-of-state school psychologists to work in Maryland schools, addressing a severe workforce shortage impacting behavioral health assessments for school-aged children.

**HB0769/SB0018**

State Board of Social Work Examiners - Conditional License to Practice Social Work – Revisions

Passed with significant amendments

These bills aimed to create a practice-based pathway to introductory level social work licenses. This licensure pathway was designed to help address significant racial disparities in licensure exam passage. The bills were heavily amended, however, and a new licensure option was excluded. The bills instead allow individuals to obtain a provisional license for up to 24 months without needing to pass the exam. This will allow recent social work graduates to start working jobs that require licensure, but the applicant will still need to pass the exam by the end of the provisional license period to become fully licensed.

**HB0722**

Behavioral Health Rate Methodology Modernization - Workgroup Establishment and Study

Passed

This bill directs the Maryland Health Care Commission to conduct a behavioral health rate study and requires MDH to implement the findings of the study. It also establishes a workgroup on behavioral health rate modernization. These initiatives should help Maryland develop adequate rates for behavioral health providers and help address the state's behavioral health workforce shortage.



## BHSB Policy Priority: Implement policies to reduce law enforcement and criminal justice interaction for people with behavioral health needs



**HB1014/SB0707**  
Mental Health Law - Danger to the Life or Safety of the Individual or of Others - Definition (Right to Treatment)

Passed with significant amendments  
  
(BHSB opposed)

These bills, as introduced, would have created a significantly expanded definition of dangerousness to be used when evaluating someone for involuntary psychiatric hospitalization. BHSB opposed this expansion and instead suggested that the state improve data collection and training as important first steps towards any reforms to involuntary commitment. The Senate significantly amended its bill to narrow the new dangerousness definition but still included a new component of dangerousness related to an inability to care for one's own basic needs due to psychiatric symptoms. The Senate bill was passed with this new definition and did not include any new reporting or training requirements.



**HB1060**  
Primary and Secondary Schools - Petitions for Emergency Evaluation - Requirement for Tracking and Reporting and Study

Failed to advance

This bill would have required new reporting on the use of emergency petitions for psychiatric evaluation in school settings. There was no opposition at the bill hearing, but the bill did not move forward.

## BHSB Policy Priority: Maximize the impact of state and local opioid restitution funds by investing in overdose prevention strategies, connections to treatment, and recovery support services



**HB0222**  
County Boards of Education - Opioid Overdose-Reversing Medications - Policy Requirements (Naloxone Access Act)

Failed to pass both chambers

This bill aimed to require public schools to develop a policy allowing trained high school students to carry and administer naloxone. The bill passed the House after considerable amendments. The Senate did not take it up until the last day and added other amendments to the bill prior to passage. The chambers did not pass the same version of the bill prior to Sine Die, so the bill failed to be adopted.



# 2026 MARYLAND GENERAL ASSEMBLY LEGISLATIVE SCORECARD



**HB0551/SB0327**  
Criminal Law - Drug Paraphernalia and Controlled Paraphernalia Prohibitions – Repeal

Failed to advance

These bills would have removed the prohibition on possession of drug paraphernalia, making it easier to participate in harm reduction programs such as syringe service programs (SSPs). Participants in SSP programs are exempt from criminal prosecution for drug paraphernalia, but law enforcement does not always abide by this exemption. Neither bill passed out of committee.



**HB0838/SB0562**  
State Board of Pharmacy - Prescriber-Pharmacist Agreements - Treatment of Opioid Use Disorders

Passed

These bills will allow prescribers and pharmacists to enter into collaborative agreements allowing pharmacists to manage medications for OUD more directly with patients. These agreements are already allowed for most other drug therapies for chronic conditions. Allowing these agreements for medications for OUD will help improve access and extend the reach of each prescriber.



**HB1386/SB0906**  
Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader’s Law)

Failed to advance  
  
(BHSB opposed)

These bills would have established a new enhanced criminal penalty of up to an additional 20 years in prison for those found liable for distributing drugs that led to an overdose. Such harsh penalties would discourage reporting potentially reversible overdoses while failing to deter drug use or drug distribution. Neither bill passed out of committee.

## Other significant behavioral health legislation



**HB0746/SB0428**  
Maryland Medical Assistance Program and Health Insurance - Collaborative Care Model - Cost Sharing Prohibition

Passed with significant amendments

These bills aimed to eliminate out of pocket costs for the collaborative care model, which provides behavioral health support to patients in primary care settings. However, there was concern that cost sharing policies were discouraging patients from using the service because of separate charges for the primary care visit and the behavioral health service. The bills were amended to instead study the cost sharing issue but also included a new requirement for all private insurers to cover the collaborative care model. They both passed as amended.



**SB0738**  
Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization

Failed to advance

This bill would have required private insurance to cover mobile crisis team services and behavioral health crisis stabilization center services. These are already covered by Medicaid but are not generally reimbursable through Maryland private insurance. The bill did not receive a committee vote.



# 2026 MARYLAND GENERAL ASSEMBLY LEGISLATIVE SCORECARD



## **HB1118/SB0891**

Health, Health Insurance, and Health Occupations - Perinatal Behavioral Health Conditions

Passed

These bills enact several important improvements to perinatal behavioral health care including new training requirements, improved perinatal behavioral health screening, and a required standing referral for behavioral health services within one year of pregnancy. There were considerable amendments, but the core of the bills remained the same.



## **HB1181**

Family Law - Children in Out-of-Home Placement - Voluntary Placement Agreements

Passed

The bill enacts several important reforms to the voluntary placement agreement (VPA) process used by families to access out-of-home intensive behavioral health care services for their children without giving up legal custody. The reforms include reducing the cost to families, lowering administrative and documentation barriers, and setting clear deadlines for the state to approve or deny VPA applications. This bill should help more families and children with serious mental health conditions access the care they need.



## **HB1485**

Public Health - Crisis Response System - Resources for Family Members and Trauma-Informed Care Training (Tierra's Law)

Failed to pass both chambers

This bill would have required health professionals and the office of the chief medical examiner to provide families with information on 988 when reporting that a relative experienced an overdose or other mental health crisis. The bill passed the House but did not receive a vote for final passage in the Senate prior to Sine Die.



## **HB1559**

Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement

Passed

This bill creates several new processes aimed at addressing pediatric hospital overstay and keeping children out of unlicensed settings while awaiting proper placement. One provision of note directs the state to develop a plan for statewide adoption of the mobile response and stabilization services (MRSS) model for children's crisis services.

Learn more about BHSB's advocacy work at

[www.bhsbaltimore.org/get-involved/advocate/](http://www.bhsbaltimore.org/get-involved/advocate/)