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Senate Finance Committee

January 28, 2026

Senate Bill 205 – *Health Insurance – Mental Health and Substance Use Disorders – Codification of Federal Requirements*

POSITION: SUPPORT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** *Senate Bill 205: Health Insurance – Mental Health and Substance Use Disorders – Codification of Federal Requirements*. This legislation has been introduced by the Maryland Insurance Administration (MIA) to align Maryland's mental health and substance use disorder parity law with the 2024 federal Final Rule.

On January 17, 2025, the ERISA Industry Committee filed *The ERISA Industry Committee v. United States Department of Health and Human Services et al.*, challenging the final Mental Health Parity and Addiction Equity Act rule published by the Departments of Labor, Treasury, and Health and Human Services (Departments) in September 2024. The complaint, filed in the United States District Court for the District of Columbia, asks the District Court to invalidate and prevent enforcement of the Final Rule. The Departments have requested that the litigation be held in abeyance while they reconsider the 2024 Final Rule, including whether to issue a notice of proposed rulemaking to rescind or modify the regulation through notice-and-comment rulemaking. The Departments have also stated that they will not enforce the 2024 Final Rule or pursue enforcement actions, based on a failure to comply that occurs prior to a final decision in the litigation, plus an additional 18 months.

Therefore, Senate Bill 205 will ensure that the protections put in place under the 2024 federal Final Rule will be enforceable in Maryland, regardless of whether the Final Rule is enforced at the federal level. Protections included in Senate Bill 205 require health plans to collect and evaluate relevant data to assess the impact on access to mental health and substance use disorder benefits, including an examination of network composition as a whole. This information must be included in the carrier's comparative analyses, along with an explanation of differences and what actions the carrier has taken to address them.

MedChi urges a favorable vote.

For more information call:

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