Maryland
INSURANCE ADMINISTRATION

MHPAEA Regulations Public Meeting

July 21, 2026

Mary Kwei
Associate Commissioner of Market Regulation and Professional Licensing

Sharon Fountain
Director, Mental Health Parity and Network Adequacy

Agenda

- Welcome
- Overview of Maryland Mental Health and Substance Use Disorder Law and Regulations
- Overview of Senate Bill 205/House Bill 280 (2026)
- Requirement for Regulations
- Questions for Consideration
- Public Comments from Registered Speakers
- Public Comments from Unregistered Speakers, as time allows
- Closing Remarks

Federal MHPAEA Legislative History

Mental Health Party Act of 1996 - Parity in the application of certain limits to mental health benefits

Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Act) - Provisions related to substance use disorder benefits and additional parity requirements.

21st Century Cures Act (2016) - Additional guidance required from federal agencies, including a compliance program document.

Consolidated Appropriations Act, 2021 (2020) - Group health plans required to perform and document comparative analyses of the design and application of NQTLs, which must be provided to federal departments and applicable State authorities upon request.

Federal Regulatory History

2013 Federal Regulations - Apply parity requirements to NQTLs as well as QTLs

2024 Federal Regulations -

- Plans and issuers required to collect and evaluate data and take reasonable actions, as necessary, to address material differences in access to mental health and substance use disorder benefits as compared to medical/surgical benefits that result from the application of NQTLs.
- DOL, HHS, and the Treasury suspended enforcement of the portions of the 2024 regulations that are new in relation to the 2013 final rule.
- Departments intend to issue a notice of proposed rulemaking by December 2026.

Maryland Parity Law

Insurance Article § 15-144 –

- Requires carriers to submit an NQTL comparative analysis every 2 years for each product offered by the carrier in the individual, small, and large group markets.
- Commissioner selects no fewer than 5 NQTLs to apply to a comparative analysis reporting period -
  - No more than 2 NQTLs may be for utilization review.
  - At least 1 must be for network composition, which can include reimbursement rate setting.

Overview of Amendments to Insurance Article §15-144

Maryland Senate Bill 205/House Bill 280 (2026), enacted April 14, 2026, effective July 1, 2026

Major additions and amendments to §15-144:

- Definitions
- Data Collection and Reporting and Relevant Data Evaluation Requirements
- Material Differences and Reasonable Action Standards
- Biased and Not Objective Information, Evidence, Sources, or Standards
- Meaningful Benefit Requirements
- Comparative Analysis Requirements

Definitions

“Core Treatment” – means a standard treatment or course of treatment, therapy, service, or intervention indicated by generally recognized independent standards of current medical practice.

Definitions, continued

(i) **"Mental health benefits"** means benefits with respect to items or services for mental health conditions that are defined under the terms of a health benefit plan and in accordance with applicable federal and state law, including requirements that:

1. Any condition defined under the terms of the health benefit plan as being or as not being a mental health condition be defined consistent with generally recognized independent standards of current medical practice and include all conditions, except for substance use disorders, covered under the health benefit plan that:

a. Fall under any of the diagnostic categories listed in the Mental, Behavioral, and Neurodevelopmental Disorders chapter, or equivalent chapter, of the most recent version of the World Health Organization's International Classification of Diseases adopted by the federal Department of Health and Human Services; or

b. Are listed in the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders; and

2. To the extent generally recognized independent standards of current medical practice do not address whether a condition is a mental health condition, the condition be defined in accordance with applicable federal and state law.

(ii) **"Mental health benefits"** does not include medical/surgical benefits or substance use disorder benefits.

Definitions, continued

(i) **"Substance use disorder benefits"** means benefits with respect to items or services for substance use disorders that are defined under the terms of a health benefit plan and in accordance with applicable federal and state law, including requirements that:

1. Any disorder defined under the terms of the health benefit plan as being or as not being a substance use disorder be defined consistent with generally recognized independent standards of current medical practice and include all disorders covered under the health benefit plan that:

a. Fall under any of the diagnostic categories listed as a mental or behavioral disorder due to psychoactive substance use, or equivalent category, in the Mental, Behavioral, and Neurodevelopmental Disorders chapter, or equivalent chapter, of the most recent version of the World Health Organization's International Classification of Diseases adopted by the federal Department of Health and Human Services; or

b. Are listed as a substance–related and addictive disorder, or equivalent category, in the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders; and

2. To the extent generally recognized independent standards of current medical practice do not address whether a disorder is a substance use disorder, the disorder shall be defined under the terms of the health benefit plan in accordance with applicable federal and state law.

(ii) **"Substance use disorder benefits"** does not include medical/surgical benefits or mental health benefits.

Data Collection and Reporting and Relevant Data Evaluation Requirements

Carriers must:

- Collect and evaluate **relevant data** in a manner reasonably designed to assess the impact of each NQTL on **relevant outcomes** related to access to mental health and substance use disorder benefits and medical/surgical benefits.
- For network composition NQTLs, collect and evaluate **relevant data** in a manner reasonably designed to assess the aggregate impact of all the NQTLs on access to mental health and substance use disorder benefits and medical/surgical benefits.
- Provide the comparative analysis, including the evaluation of **relevant data**, for each NQTL requested by the Commissioner within 15 working days after a written request or, if adopted by the federal government, less than 15 working days to align with the federal rule or regulation.
- Include the evaluation of **relevant data** in its biennial comparative analysis of the NQTLs chosen by the Commissioner and in the results of audits, reviews, and analyses performed on those NQTLs in operation.

Material Differences and Reasonable Action Standards

- If the evaluated **relevant data** indicate that the NQTL contributes to **material differences** in access to mental health and substance use disorder benefits as compared to medical/surgical benefits in a Parity Act classification, that will be considered a **strong indicator** of noncompliance.
- If **material differences** in access exist, the carrier must:
  - Submit documentation of reasonable actions that have been or are being taken to address the **material differences** to ensure compliance, in operation, with the Parity Act, within 15 working days of a request from the Commissioner.
  - In its comparative analysis, explain the differences and discuss the actions that have been or are being taken by the carrier to address the differences.

Biased and Not Objective Information, Evidence, Sources, or Standards

- General rule of § 15-144: A comparative analysis must demonstrate that the processes, strategies, evidentiary standards, or other factors used in designing and applying each selected NQTL to mental health and substance use disorder benefits in each Parity Act classification are comparable to, and are applied no more stringently than, those used in designing and applying each selected NQTL to medical/surgical benefits in the same classification.
- Section 15-144, as amended, requires:
  - Comparative analyses must demonstrate that none of the information, evidence, sources, or standards on which a factor or evidentiary standard is based are **biased or not objective** in a manner that discriminates against mental health or substance use disorder benefits as compared to medical/surgical benefits.

Meaningful Benefit Requirements

- A comparative analysis must demonstrate that the plan provides **meaningful benefits** for each covered mental health condition and substance use disorder in every Parity Act classification in which meaningful medical/surgical benefits are provided.
- Whether mental health and substance use disorder benefits provided are **meaningful** is determined by comparison to the benefits provided for medical conditions and surgical procedures in each Parity Act classification.
- Meaningful mental health and substance use disorder benefits require coverage of a **core treatment** for that condition or disorder in each Parity Act classification in which the carrier provides benefits for a **core treatment** for one or more medical conditions or surgical procedures.

Meaningful Benefit Requirements, continued

If there is no **core treatment** for a covered mental health condition or substance use disorder in a Parity Act classification, the carrier:

- Is not required to provide benefits for a **core treatment** for the covered mental health condition or a substance use disorder in that Parity Act classification.
- Is required to provide benefits for the covered mental health condition or substance use disorder in every Parity Act classification in which medical/surgical benefits are provided.

Comparative Analysis Requirements

- When identifying the factors used to determine that an NQTL will apply to a benefit, carriers are no longer required to report the factors that were considered but rejected.
- MIA did not include the other requirements of S.B. 205/H.B. 280 in the instructions for the 2026 reporting period.

Questions for Consideration

- Whether and how the proposed regulations should define “relevant data” and “relevant outcomes”? What types of data should be collected and evaluated with regard to network composition?
- Whether and how the proposed regulations should define “material differences” in access? How could the material difference standard be defined so that it could be translated into statistical analysis? What are useful metrics to determine parity of access? Should the proposed regulations include exceptions that would not be considered material?
- Whether and how the proposed regulations should define “bias” and “objective in a manner that discriminates”?
- Whether and how proposed regulations should define, clarify, and measure “meaningful benefits”? How should the proposed regulations implement the core treatment requirement? How should the proposed regulations define “standard treatment or course of treatment,” “therapy,” “service,” and “intervention”?

Comments

Questions?

Written Comments

Written comments will be accepted though **EOD Tuesday, August 4, 2026**, on the topics covered in today's meeting.

Those can be submitted via email to:

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Thank you