Maryland General Assembly Legislative Session 2025 Report

Over the course of the 90-day legislative session, NAMI Maryland worked with Compass Advocacy to track over 150 bills dealing with mental health, parity, insurance, individuals deemed not criminally responsible, state hospitals, treatment programs, prescription drug costs, early intervention, substance use, and behavioral health, among other topics. Our annual virtual Advocacy Day had over 60 meetings with key members of the General Assembly. Action alerts sent by NAMI stakeholders, people living with mental health conditions, their families, and community allies saw 682 advocates generate 6,993 emails into legislator inboxes, being a catalyst for legislative action.

2025 Legislative Priorities and Outcomes

State Budget

The state faced an enormous budget deficit this session, which was the primary focus of both the legislature and advocates.

988 Funding

The budget originally released by the Governor did not include any line items about the 9-8-8 hotline. This was a surprise to many mental health advocates as we worked tirelessly last session to establish the $0.25 telecom fee to fund 9-8-8. After tireless efforts from many NAMI advocates and other organizations—including discussions with legislators who sit on the Appropriations committee, conversations with MDH BHA Deputy Secretary Alyssa Lord, email blasts to legislators conveying the importance of 988, and testimony from volunteer stakeholders—the Governor released a supplemental budget funding 9-8-8 at $26 million dollars next fiscal year. This was extremely important to have included in the final budget because crisis centers would be unable to operate without dedicated funding. ***9-8-8 funding is in the final budget.***

Consortium Funding

The Governor's budget bill cut the funding for the Consortium on Coordinated Community Supports by $90 million dollars, taking the funding levels from $130 million annually down to $40 million. NAMI Maryland's advocates made the case throughout the session that the Consortium funds are doing lifechanging work with youth access to mental health services and mental wellness. In the last few days of the session, Compass advocacy worked on NAMI's behalf with Senate leadership to ensure that their version of the Blueprint bill (SB429) did not include these cuts. Ultimately, the Senate version included $100 million for FY26 and each FY going forward. Though a $30 million cut, this is much more palatable than a $90 million cut. The House adopted the Senate's $100 million annual funding level and ***this is headed to the Governor's desk for signature.***

Fail First: HB382/SB111

This bill would prohibit private insurers and Medicaid from applying fail-first protocols for drugs that treat certain mental illnesses, including bipolar disorder, schizophrenia, major depression, post-traumatic stress disorder, or a medication-induced movement disorder associated with the treatment of mental illness. We worked extremely hard on this legislation this year with our partners in Annapolis. Due to the budget crisis, there was hesitance in mandating Medicaid spending. In order to address fiscal concerns, we decided to instead pursue a Medicaid study on fail-first protocols. Having hard data from the state on the use of fail-first protocols on patients with serious mental illness will allow us to advocate for a more accurate fiscal note in 2026 and alleviate the financial concerns in the House. ***The committee chair committed to requesting a report from both private insurers and Medicaid. The Chair's written request will go to MDH in the weeks ahead.***

Forensic Review Boards: HB32/SB43

People living with mental health conditions are sometimes committed to MDH as "not criminally responsible" and stay in those facilities until a Forensic Review Board (FRB) clears them for release. However, FRBs did not exist in statute, meaning the law currently provided no guidance on the process of release, leaving much discretion to each facility. This bill adds transparency to the review process by setting minimum standards for FRB proceedings, including sharing information with the individual and their families detailing the timeline for release and/or reasons why they are not being released. ***This bill is headed to the Governor's desk for signature.***

Other bills of interest…

Behavioral Health Crisis Response Grant Program Funding: SB599/HB1049

This bill requires the Governor to include a $5,000,000 appropriation in the budget for fiscal years 2027, 2028, and 2029 for Behavioral Health Crisis Response Grants. ***This is headed to the Governor's desk for signature.***

Behavioral Health Annual Visit Wellness Coverage: HB400/SB124

This bill would require private insurers and Medicaid to provide coverage/reimbursement for annual behavioral health wellness visits. ***This bill did not receive a vote in Committee in either Chamber, effectively killing the bill. However, we anticipate it will be re-introduced next session, and we will continue to work for its passage.***

Integration of 9–8–8 Suicide and Crisis Lifeline Network and Outcome Evaluations: HB1146/SB900

This bill alters reporting requirements of the Crisis Response System, including an evaluation of outcomes of services in each jurisdiction or region. The data derived from this must be collected, analyzed, and publicly reported annually. ***This bill is headed to the Governor's desk for signature.***