

# HOUSE BILL 908

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By: **Delegates Morhaim, Barron, Barve, Brooks, Cluster, Conaway, Fraser-Hidalgo, Frush, Haynes, Healey, Hettleman, Hill, Hixson, S. Howard, Jalisi, Jameson, Kelly, Lafferty, Lam, Luedtke, Pena-Melnyk, Stein, Sydnor, Turner, and P. Young**

Introduced and read first time: February 10, 2016

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Hospitals – Establishment of Substance Use Treatment Programs –**  
3 **Requirements**

4 FOR the purpose of requiring certain hospitals to establish a certain substance use  
5 treatment program; providing for the purpose of the program; requiring certain  
6 hospitals to operate or contract to operate certain treatment units; requiring the  
7 program to include a substance use treatment counselor who is available on a certain  
8 basis and provides certain services; requiring the Health Services Cost Review  
9 Commission to include sufficient amounts to fund certain costs of the substance use  
10 treatment programs established under certain provisions of this Act when  
11 establishing certain rate levels and rate increases; requiring the Commission, or an  
12 entity authorized by the Commission, to develop a certain methodology and conduct  
13 a certain analysis; and generally relating to substance use treatment programs in  
14 hospitals.

15 BY repealing and reenacting, with amendments,  
16 Article – Health – General  
17 Section 19–219  
18 Annotated Code of Maryland  
19 (2015 Replacement Volume)

20 BY adding to  
21 Article – Health – General  
22 Section 19–310.3  
23 Annotated Code of Maryland  
24 (2015 Replacement Volume)

25 Preamble

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, Individuals with substance use problems are seen routinely in  
2 hospitals, especially in emergency departments, for a variety of somatic, psychological,  
3 and substance use–related medical and surgical issues; and

4 WHEREAS, Hospitals are open 24 hours a day and 7 days a week, are often on  
5 public transportation routes, are situated throughout the State in known locations, have  
6 safety and security systems, and are accountable for quality and fiscal reviews; and

7 WHEREAS, Initiating treatment for individuals with substance use problems is  
8 best done in the moment and without delay; and

9 WHEREAS, Getting individuals with substance use problems into treatment  
10 programs has been shown to be very cost–effective, both in reducing health care costs and  
11 societal costs; and

12 WHEREAS, Treatment on demand and at need is essential to get individuals with  
13 substance use problems into treatment; now, therefore,

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
15 That the Laws of Maryland read as follows:

16 **Article – Health – General**

17 19–219.

18 (a) The Commission may review the costs, and rates, quality, and efficiency of  
19 facility services, and make any investigation that the Commission considers necessary to  
20 assure each purchaser of health care facility services that:

21 (1) The total costs of all hospital services offered by or through a facility  
22 are reasonable;

23 (2) The aggregate rates of the facility are related reasonably to the  
24 aggregate costs of the facility; and

25 (3) The rates are set equitably among all purchasers or classes of  
26 purchasers without undue discrimination or preference.

27 (b) (1) To carry out its powers under subsection (a) of this section, the  
28 Commission may review and approve or disapprove the reasonableness of any rate or  
29 amount of revenue that a facility sets or requests.

30 (2) A facility shall:

31 (i) Charge for services only at a rate set in accordance with this  
32 subtitle; and

1 (ii) Comply with the applicable terms and conditions of Maryland's  
2 all-payer model contract approved by the federal Center for Medicare and Medicaid  
3 Innovation.

4 (3) In determining the reasonableness of rates, the Commission may take  
5 into account objective standards of efficiency and effectiveness.

6 (c) Consistent with Maryland's all-payer model contract approved by the federal  
7 Center for Medicare and Medicaid Innovation, and notwithstanding any other provision of  
8 this subtitle, the Commission may:

9 (1) Establish hospital rate levels and rate increases in the aggregate or on  
10 a hospital-specific basis; and

11 (2) Promote and approve alternative methods of rate determination and  
12 payment of an experimental nature for the duration of the all-payer model contract.

13 **(D) THE AGGREGATE OR HOSPITAL-SPECIFIC RATE LEVELS AND RATE**  
14 **INCREASES ESTABLISHED UNDER SUBSECTION (C) OF THIS SECTION SHALL**  
15 **INCLUDE SUFFICIENT AMOUNTS TO FUND THE CAPITAL AND OPERATING COSTS OF**  
16 **THE SUBSTANCE USE PROGRAMS REQUIRED BY § 19-310.3 OF THIS TITLE.**

17 **19-310.3.**

18 **(A) EACH HOSPITAL SHALL ESTABLISH A SUBSTANCE USE TREATMENT**  
19 **PROGRAM.**

20 **(B) THE PURPOSE OF THE PROGRAM IS TO:**

21 **(1) IDENTIFY PATIENTS IN NEED OF SUBSTANCE USE TREATMENT;**  
22 **AND**

23 **(2) (I) ADMIT THE PATIENT TO THE APPROPRIATE SUBSTANCE USE**  
24 **TREATMENT SETTING; OR**

25 **(II) IF ADMISSION IS NOT REQUIRED, DIRECT THE PATIENT TO**  
26 **THE APPROPRIATE OUTPATIENT TREATMENT SETTING.**

27 **(C) EACH HOSPITAL SHALL:**

28 **(1) OPERATE AN INPATIENT AND OUTPATIENT SUBSTANCE USE**  
29 **TREATMENT UNIT; OR**

1           **(2) CONTRACT TO OPERATE AN INPATIENT AND OUTPATIENT**  
2 **SUBSTANCE USE TREATMENT UNIT WITHIN ITS HOSPITAL SYSTEM OR WITH AN**  
3 **OUTSIDE ENTITY.**

4           **(D) THE PROGRAM SHALL INCLUDE A SUBSTANCE USE TREATMENT**  
5 **COUNSELOR WHO IS AVAILABLE:**

6           **(1) 24 HOURS A DAY AND 7 DAYS A WEEK EITHER ON-SITE OR**  
7 **ON-CALL WITHIN 2 HOURS OF NOTIFICATION BY THE HOSPITAL;**

8           **(2) TO PROVIDE SCREENING, INTERVENTION, REFERRAL, AND**  
9 **TREATMENT FOR PATIENTS IN EMERGENCY DEPARTMENTS, OUTPATIENT CLINICS**  
10 **ON AN ON-DEMAND BASIS, AND INPATIENT UNITS WHEN DISCHARGE IS**  
11 **ANTICIPATED WITHIN 24 HOURS; AND**

12           **(3) TO EVALUATE PATIENTS AND DIRECT PATIENTS TO THE**  
13 **APPROPRIATE CARE SETTING THAT IS CONSISTENT WITH THE NEEDS OF THE**  
14 **PATIENT.**

15           **(E) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN § 19-219(D) OF THIS**  
16 **TITLE.**

17           **(F) THE HEALTH SERVICES COST REVIEW COMMISSION, OR AN ENTITY**  
18 **AUTHORIZED BY THE COMMISSION, SHALL DEVELOP A METHODOLOGY TO**  
19 **EVALUATE THE EFFECTIVENESS OF THE PROGRAM, INCLUDING AN ANALYSIS OF THE**  
20 **EFFECT OF THE PROGRAM ON HOSPITAL ADMISSIONS.**

21           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
22 October 1, 2016.