J1 8lr2760 CF SB 765

By: Delegates Hayes, Morales, Ali, Cullison, Kelly, Platt, and Rosenberg

Introduced and read first time: February 1, 2018 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 13, 2018

CHAPTER

1 AN ACT concerning

2

3

4

18

Maryland Medical Assistance Program Department of Health - Clinical Reimbursement for Services Provided by Certified Peer Recovery Specialists - Workgroup and Report

5 FOR the purpose of authorizing the Maryland Medical Assistance Program to provide. 6 subject to certain limitations, clinical services provided by certified peer recovery 7 specialists to individuals with substance use disorders or mental health disorders: requiring the Secretary of Health, under certain circumstances, to develop certain 8 9 regulations with input from certain entities; and generally relating to Maryland 10 Medical Assistance Program services provided by requiring the Secretary of Health 11 to convene a stakeholder workgroup to make findings and recommendations on issues related to the reimbursement of certified peer recovery specialists; requiring 12 the workgroup to include representatives of certain persons; requiring the Secretary 13 to submit a certain report to the Governor and the General Assembly on or before a 14 certain date; providing for the termination of this Act; and generally relating to a 15 workgroup to study and report on the reimbursement of certified peer recovery 16 specialists. 17

BY repealing and reenacting, with amendments,

19 Article - Health - General

20 Section 15-103(a)

21 Annotated Code of Maryland

22 (2015 Replacement Volume and 2017 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



$\frac{1}{2}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:				
3 4 5	findings and recommendations on issues related to the reimbursement of certified peer				
6	(1) whether statutory or regulatory changes are required; and				
7 8	(2) whether an amendment to the State plan or waiver under the federal Social Security Act is required.				
9 10 11 12	representatives of the Maryland Department of Health, behavioral health providers, certified peer recovery specialists, advocacy organizations, and other interested				
13 14 15 16	on the findings and recommendations of the workgroup convened under subsection (a) of this section to the Governor and, in accordance with § 2–1246 of the State Government				
17	Article - Health - General				
18	15–103.				
19 20	(a) (1) The Secretary shall administer the Maryland Medical Assistance Program.				
21	(2) The Program:				
22 23 24	(i) Subject to the limitations of the State budget, shall provide medical and other health care services for indigent individuals or medically indigent individuals or both;				
25 26 27 28	(ii) Shall provide, subject to the limitations of the State budget, comprehensive medical and other health care services for all eligible pregnant women whose family income is at or below 250 percent of the poverty level, as permitted by the federal law;				
29 30	(iii) Shall provide, subject to the limitations of the State budget, comprehensive medical and other health care services for all eligible children currently				
31	under the age of 1 whose family income falls below 185 percent of the poverty level, as				
32	permitted by federal law;				

1	(iv) Beginning on January 1, 2012, shall provide, subject to the				
2	limitations of the State budget, family planning services to all women whose family income				
3	is at or below 200 percent of the poverty level, as permitted by federal law;				
4	(v) Shall provide, subject to the limitations of the State budget,				
5	comprehensive medical and other health care services for all children from the age of 1 year				
6	up through and including the age of 5 years whose family income falls below 133 percent of				
7	the poverty level, as permitted by the federal law;				
8	(vi) Beginning on January 1, 2014, shall provide, subject to the				
9	limitations of the State budget, comprehensive medical care and other health care services				
10	for all children who are at least 6 years of age but are under 19 years of age whose family				
11	income falls below 133 percent of the poverty level, as permitted by federal law;				
12	(vii) Shall provide, subject to the limitations of the State budget,				
13	comprehensive medical care and other health care services for all legal immigrants who				
14	meet Program eligibility standards and who arrived in the United States before August 22,				
15	1996, the effective date of the federal Personal Responsibility and Work Opportunity				
16	Reconciliation Act, as permitted by federal law;				
17	(viii) Shall provide, subject to the limitations of the State budget and				
18	any other requirements imposed by the State, comprehensive medical care and other health				
19	care services for all legal immigrant children under the age of 18 years and pregnant women				
20	who meet Program eligibility standards and who arrived in the United States on or after				
21	August 22, 1996, the effective date of the federal Personal Responsibility and Work				
22	Opportunity Reconciliation Act;				
23	(ix) Beginning on January 1, 2014, shall provide, subject to the				
24	limitations of the State budget, and as permitted by federal law, medical care and other				
25	health care services for adults whose annual household income is at or below 133 percent				
26	of the poverty level;				
27	(x) Subject to the limitations of the State budget, and as permitted				
28	by federal law:				
	·				
29	1. Shall provide comprehensive medical care and other				
30	health care services for former foster care adolescents who, on their 18th birthday, were in				
31	foster care under the responsibility of the State and are not otherwise eligible for Program				
32	benefits;				
33	2. May provide comprehensive medical care and other health				
34	eare services for former foster care adolescents who, on their 18th birthday, were in foster				
35	care under the responsibility of any other state or the District of Columbia; and				

3. May provide comprehensive dental care for former foster care adolescents who, on their 18th birthday, were in foster care under the responsibility of the State;

1 2	[and]	(xi)	May include bedside nursing care for eligible Program recipients;		
3 4	included in the an	` /	Shall provide services in accordance with funding restrictions tate budget bill; AND		
5		(XIII)	BEGINNING ON JANUARY 1, 2020, MAY PROVIDE, SUBJECT		
6	TO THE LIMITATI	IONS C	F THE STATE BUDGET, AND AS ALLOWED BY FEDERAL LAW,		
7	CLINICAL SERVICES PROVIDED BY CERTIFIED PEER RECOVERY SPECIALISTS TO				
8	INDIVIDUALS WIT	FH SUI	STANCE USE DISORDERS OR MENTAL HEALTH DISORDERS.		
9	(3)	Subje	et to restrictions in federal law or waivers, the Department may:		
10		(i)	Impose cost-sharing on Program recipients; and		
11		(ii)	For adults who do not meet requirements for a federal category		
12	of eligibility for Me	edicaid	· · · · · · · · · · · · · · · · · · ·		
13			1. Cap enrollment; and		
14			2. Limit the benefit package.		
15	(4)	Subje	ct to the limitations of the State budget, the Department shall		
16	implement the pro	vision	s of Title II of the federal Patient Protection and Affordable Care		
17	,	y the f	Gederal Health Care and Education Reconciliation Act of 2010, to		
18	include:				
19		(i)	Parents and caretaker relatives who have a dependent child		
20	living in the paren	i ts^{',} or c	aretaker relatives' home; and		
21		(;;)	Adults who do not meet requirements, such as age, disability, or		
22	navant ar agratalza	(ii) or role:	tive of a dependent child, for a federal category of eligibility for		
23			et enrolled in the federal Medicare program, as enacted by Title		
$\frac{1}{24}$	XVII of the Social		1 0 /		
25			BE IT FURTHER ENACTED, That if the Secretary of Health		
26			implement the provisions of § 15–103(a)(2)(xiii) of the		
27			, as enacted by Section 1 of this Act, the Secretary of Health shall		
28			with input from the Behavioral Health Administration, the Health		
29 30			of the Maryland Department of Health, community-based		
3 U	benavioral nealth	provid(ers, certified peer recovery specialists, and other stakeholders.		
31	SECTION {	}. 2. Al	ND BE IT FURTHER ENACTED, That this Act shall take effect		
32		·	shall remain effective for a period of 6 months and, at the end of		

December 31, 2018, this Act, with no further a	action required by the General Assembly, shall
be abrogated and of no further force and effect	<u>ct.</u>
Annewade	
Approved:	
	Governor.
	Speaker of the House of Delegates.
	President of the Senate.