SENATE BILL 835

J1 8lr3281
CF HB 1682

By: ~~**Senator Madaleno**~~ **Senators Madaleno, Astle, Benson, Feldman, Hershey, Jennings, Klausmeier, Mathias, Middleton, Reilly, and Rosapepe**
Introduced and read first time: February 5, 2018
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 13, 2018

CHAPTER _____

AN ACT concerning

Maryland Medical Assistance Program – Collaborative Care Pilot Program

FOR the purpose of establishing the Collaborative Care Pilot Program in the Maryland Department of Health; providing for the purpose of the Pilot Program; requiring the Department to administer the Pilot Program, select up to a certain number of sites with certain characteristics to participate in the Pilot Program, provide funding to sites participating in the Pilot Program for certain purposes, collect certain data for a certain purpose, apply to a certain federal agency for a certain waiver under a certain circumstance, and report to the Governor and the General Assembly certain findings and recommendations on or before a certain date; requiring the Governor to include in the annual budget for certain fiscal years a certain appropriation for the Pilot Program; defining certain terms; providing for the termination of this Act; and generally relating to the Collaborative Care Pilot Program.

BY adding to
Article – Health – General
Section 15–140
Annotated Code of Maryland
(2015 Replacement Volume and 2017 Supplement)

Preamble

WHEREAS, One in five Americans experienced mental illness in the past year, but only 25% of these individuals received effective mental health care; and

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

WHEREAS, Many of the individuals who experienced mental illness, but did not receive effective mental health care, received care in primary care settings, which is the usual setting in which a majority of individuals receive mental health care; and

WHEREAS, Three decades of research and over 80 randomized control trials have identified one model in particular, the Collaborative Care Model, as being effective in delivering care for substance use and mental health treatment in primary care settings; and

WHEREAS, The Collaborative Care Model consists of three core elements delivered in the primary care practice: care coordination and management; regular, proactive outcome monitoring and treatment for outcome targets using standardized outcome measurement rating scales and electronic tools, such as patient tracking; and regular systematic psychiatric caseload reviews and consultation with a psychiatrist or other psychiatric provider; and

WHEREAS, Economic studies demonstrate that the Collaborative Care Model saves money, with a recent actuarial analysis estimating savings of 5% to 10% of total health care costs for individuals with behavioral health conditions; and

WHEREAS, The Centers for Medicare and Medicaid Services approved reimbursement codes for the Collaborative Care Model in its 2017 Medicare Physician Fee Schedule; and

WHEREAS, Given the potential of the Collaborative Care Model to control costs, improve access and clinical outcomes, and increase patient satisfaction, the Maryland Department of Health indicated its interest in moving forward with a pilot program in its January 2017 response to the Joint Chairmen's Report on Opportunities to Adopt Collaborative Care in the HealthChoice Program; now, therefore,

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

Article – Health – General

15–140.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "COLLABORATIVE CARE MODEL" MEANS AN EVIDENCE–BASED APPROACH FOR INTEGRATING SOMATIC AND BEHAVIORAL HEALTH SERVICES IN PRIMARY CARE SETTINGS THAT INCLUDES:

(I) CARE COORDINATION AND MANAGEMENT;

(II) REGULAR, PROACTIVE OUTCOME MONITORING AND TREATMENT FOR OUTCOME TARGETS USING STANDARDIZED OUTCOME MEASUREMENT RATING SCALES AND ELECTRONIC TOOLS, SUCH AS PATIENT TRACKING; AND

(III) REGULAR SYSTEMATIC PSYCHIATRIC AND SUBSTANCE USE DISORDER CASELOAD REVIEWS AND CONSULTATION WITH A PSYCHIATRIST ~~OR ANY OTHER PSYCHIATRIC PROVIDER~~, AN ADDICTION MEDICINE SPECIALIST, OR ANY OTHER BEHAVIORAL HEALTH MEDICINE SPECIALIST AS ALLOWED UNDER FEDERAL REGULATIONS GOVERNING THE MODEL.

(3) "PILOT PROGRAM" MEANS THE COLLABORATIVE CARE PILOT PROGRAM.

(B) THERE IS A COLLABORATIVE CARE PILOT PROGRAM IN THE DEPARTMENT.

(C) THE PURPOSE OF THE PILOT PROGRAM IS TO ESTABLISH AND IMPLEMENT A COLLABORATIVE CARE MODEL IN PRIMARY CARE SETTINGS IN WHICH HEALTH CARE SERVICES ARE PROVIDED TO PROGRAM RECIPIENTS ENROLLED IN HEALTHCHOICE.

(D) THE DEPARTMENT SHALL ADMINISTER THE PILOT PROGRAM.

(E) (1) THE DEPARTMENT SHALL SELECT UP TO THREE SITES AT WHICH A COLLABORATIVE CARE MODEL SHALL BE ESTABLISHED OVER A 4–YEAR PERIOD.

(2) THE SITES SELECTED BY THE DEPARTMENT SHALL BE ADULT OR PEDIATRIC NONSPECIALTY MEDICAL PRACTICES OR HEALTH SYSTEMS THAT SERVE A SIGNIFICANT NUMBER OF PROGRAM RECIPIENTS.

(3) TO THE EXTENT PRACTICABLE, ONE OF THE SITES SELECTED BY THE DEPARTMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE LOCATED IN A RURAL AREA OF THE STATE.

(F) THE DEPARTMENT SHALL PROVIDE FUNDING TO SITES PARTICIPATING IN THE PILOT PROGRAM FOR:

(1) INFRASTRUCTURE DEVELOPMENT, INCLUDING THE DEVELOPMENT OF A PATIENT REGISTRY AND OTHER MONITORING, REPORTING, AND BILLING TOOLS REQUIRED TO IMPLEMENT A COLLABORATIVE CARE MODEL;

(2) TRAINING STAFF TO IMPLEMENT THE COLLABORATIVE CARE MODEL;

(3) STAFFING FOR CARE MANAGEMENT AND PSYCHIATRIC CONSULTATION PROVIDED UNDER THE COLLABORATIVE CARE MODEL; AND

(4) OTHER PURPOSES NECESSARY TO IMPLEMENT AND EVALUATE THE COLLABORATIVE CARE MODEL.

(G) THE DEPARTMENT SHALL COLLECT OUTCOMES DATA ON RECIPIENTS OF HEALTH CARE SERVICES UNDER THE PILOT PROGRAM TO:

(1) EVALUATE THE EFFECTIVENESS OF THE COLLABORATIVE CARE MODEL; AND

(2) DETERMINE WHETHER TO IMPLEMENT THE COLLABORATIVE CARE MODEL STATEWIDE IN PRIMARY CARE SETTINGS THAT PROVIDE HEALTH CARE SERVICES TO PROGRAM RECIPIENTS.

(H) THE DEPARTMENT SHALL APPLY TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR AN AMENDMENT TO THE STATE'S 1115 HEALTHCHOICE DEMONSTRATION WAIVER IF NECESSARY TO IMPLEMENT THE PILOT PROGRAM.

(I) FOR FISCAL YEAR 2020, FISCAL YEAR 2021, FISCAL YEAR 2022, AND FISCAL YEAR 2023, THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET AN APPROPRIATION OF $550,000 FOR THE PILOT PROGRAM.

(J) ON OR BEFORE NOVEMBER 1, 2023, THE DEPARTMENT SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE DEPARTMENT'S FINDINGS AND RECOMMENDATIONS FROM THE PILOT PROGRAM.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2018. It shall remain effective for a period of 6 years and, at the end of June 30, 2024, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.