

**SB0441/166585/1**

BY: Health and Government Operations Committee

AMENDMENTS TO SENATE BILL 441  
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, after “Health –” insert “Confidentiality of Medical Records and”; strike beginning with “– Comprehensive” in line 2 down through the third “Centers” in line 3; in line 4, after the first “of” insert “altering the definition of “health care provider” for the purposes of certain provisions of law governing the confidentiality of medical records to include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers;”; in line 6, strike “and”; in the same line, after the second “centers” insert “, and outpatient mental health clinics; requiring the Department to develop a certain model program structure; requiring the Department to submit a certain report to the General Assembly on or before a certain date each year; prohibiting the Department from adding emergency facilities to a certain list before certain model facility standards are developed”; in line 8, strike “the list of emergency facilities published by the Maryland Department of Health” and substitute “mental health”; after line 8, insert:

“BY repealing and reenacting, without amendments,

Article - Health - General

Section 4-301(a) and 7.5-207

Annotated Code of Maryland

(2019 Replacement Volume)”;

and in line 11, after “Section” insert “4-301(h) and”.

AMENDMENT NO. 2

On page 1, after line 16, insert:

“4-301.

(Over)

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(a) In this subtitle the following words have the meanings indicated.

(h) (1) “Health care provider” means:

(i) A person who is licensed, certified, or otherwise authorized under the Health Occupations Article or § 13–516 of the Education Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program; or

(ii) A facility where health care is provided to patients or recipients, including a facility as defined in § 10–101(g) of this article, a hospital as defined in § 19–301 of this article, a related institution as defined in § 19–301 of this article, a health maintenance organization as defined in § 19–701(g) of this article, an outpatient clinic, [and] a medical laboratory, **A COMPREHENSIVE CRISIS RESPONSE CENTER, A CRISIS STABILIZATION CENTER, AND A CRISIS TREATMENT CENTER ESTABLISHED UNDER § 7.5–207 OF THIS ARTICLE.**

(2) “Health care provider” includes the agents, employees, officers, and directors of a facility and the agents and employees of a health care provider.

7.5–207.

(a) Subject to subsection (b) of this section, the Administration shall establish crisis treatment centers that provide individuals who are in a mental health or substance use disorder crisis with access to clinical staff who:

(1) Perform assessments and level of care determinations 24 hours a day and 7 days a week; and

(2) Connect the individuals to care immediately.

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(b) At least one crisis treatment center shall be established on or before June 1, 2018.

(c) The Administration shall establish the crisis treatment centers required under subsection (a) of this section in a manner that is consistent with the strategic plan developed by the Behavioral Health Advisory Council, as required by Chapters 405 and 406 of the Acts of the General Assembly of 2016.

(d) On or before September 1, 2017, and on or before September 1 each year thereafter until the Administration establishes the crisis treatment centers required under subsection (a) of this section, the Administration shall submit, in accordance with § 2–1257 of the State Government Article, a report on the status of the establishment of crisis treatment centers under this section to the Joint Committee on Behavioral Health and Opioid Use Disorders.”.

On page 2, in line 8, strike “AND”; in line 10, after “ARTICLE” insert “;AND”

(4) OUTPATIENT MENTAL HEALTH CLINICS”;

after line 10, insert:

“(C) BEFORE INCLUDING A FACILITY UNDER SUBSECTION (B) OF THIS SECTION IN THE LIST OF EMERGENCY FACILITIES, THE DEPARTMENT SHALL CONSULT WITH STAKEHOLDERS TO DEVELOP A MODEL PROGRAM STRUCTURE THAT ENSURES THAT A PROGRAM WISHING TO SERVE AS AN EMERGENCY FACILITY:

(1) IS ADEQUATELY STAFFED TO PROVIDE 24–HOUR EMERGENCY PETITION SERVICES;

(Over)

**(2) PROVIDES THE NECESSARY SERVICES REQUIRED FOR AN EMERGENCY PETITION;**

**(3) HAS WRITTEN PROCEDURES IN PLACE THAT PROVIDE FOR INVOLUNTARY ADMISSIONS, THROUGH AN EMERGENCY PETITION, INCLUDING TO A LICENSED HOSPITAL, AS NECESSARY;**

**(4) PROVIDES ADDITIONAL SUPPORT TO RESPECT THE DUE PROCESS RIGHTS OF PATIENTS RECEIVED THROUGH THE EMERGENCY PETITION PROCESS; AND**

**(5) COMPLIES WITH ADDITIONAL PROCEDURES AS OTHERWISE DETERMINED BY THE DEPARTMENT.**

**(D) ON OR BEFORE SEPTEMBER 30 EACH YEAR, THE DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON:**

**(1) THE NUMBER OF FACILITIES THAT HAVE SOUGHT TO BE DESIGNATED AN EMERGENCY FACILITY;**

**(2) THE NUMBER OF THE FACILITIES REPORTED UNDER ITEM (1) OF THIS SUBSECTION THAT HAVE ATTEMPTED TO MEET THE MODEL FACILITY STANDARDS DEVELOPED UNDER SUBSECTION (C) OF THIS SECTION;**

**(3) THE PROGRESS OF THE FACILITIES REPORTED UNDER ITEM (2) OF THIS SUBSECTION TOWARD MEETING THE MODEL FACILITY STANDARDS;**

**(4) THE DEVELOPMENT OF COLLABORATIVE MODELS BETWEEN STATE, LOCAL, AND PRIVATE ENTITIES; AND**

**(5) WHETHER THE DEPARTMENT, IN CONSULTATION WITH STAKEHOLDERS, HAS DETERMINED THAT ANY CHANGES TO THE MODEL FACILITY STANDARDS ARE NECESSARY.**

SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of Health may not add emergency facilities to the list published under § 10–621(a)(1), as amended by Section 1 of this Act, of the Health – General Article until the model facility standards required under § 10–621(c) of the Health – General Article, as enacted by Section 1 of this Act, have been developed.”;

and in line 11, strike “2.” and substitute “3.”.