

# HOUSE BILL 611

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By: **Delegates P. Young, Brooks, Cardin, Ebersole, Feldmark, Forbes, Guyton, Hettleman, Hill, C. Jackson, Metzgar, Sample–Hughes, and Stein**

Introduced and read first time: January 29, 2020

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Baltimore County – Behavioral Health – Hub and Spoke Pilot Program**

3 FOR the purpose of establishing the Baltimore County Hub and Spoke Pilot Program;  
4 establishing the purpose and goals of the Program; requiring the Program to use a  
5 certain model of care; requiring the Baltimore County Department of Health, in  
6 consultation with the Behavioral Health Administration in the Maryland  
7 Department of Health and certain stakeholders, to develop and implement the  
8 Program in a certain manner; requiring the Baltimore County Department of Health  
9 to report to certain committees of the General Assembly on or before a certain date  
10 on the results of the Program; providing for the application of this Act; providing for  
11 the termination of this Act; defining certain terms; and generally relating to the  
12 Baltimore County Hub and Spoke Pilot Program.

13 BY adding to

14 Article – Health – General

15 Section 13–4101 through 13–4105 to be under the new subtitle “Subtitle 41.  
16 Baltimore County Hub and Spoke Pilot Program”

17 Annotated Code of Maryland

18 (2019 Replacement Volume)

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

21 **Article – Health – General**

22 **SUBTITLE 41. BALTIMORE COUNTY HUB AND SPOKE PILOT PROGRAM.**

23 **13–4101.**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

3 (B) "COMMUNITY CARE PROVIDER" MEANS A PRIMARY CARE PROVIDER, AN  
4 INFECTIOUS DISEASE PHYSICIAN, A PSYCHIATRIST, OR ANY OTHER PROVIDER WHO  
5 IS:

6 (1) WAIVERED TO PRESCRIBE BUPRENORPHINE; AND

7 (2) KNOWLEDGEABLE OF THE DISEASE MODEL OF ADDICTION.

8 (C) "MEDICATION" MEANS A DRUG APPROVED BY THE FEDERAL FOOD AND  
9 DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER.

10 (D) "MEDICATION-ASSISTED TREATMENT" MEANS THE USE OF  
11 MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH  
12 THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE  
13 DISORDER.

14 (E) "PROGRAM" MEANS THE BALTIMORE COUNTY HUB AND SPOKE PILOT  
15 PROGRAM.

16 (F) "SPOKE PROVIDER" MEANS A COMMUNITY CARE PROVIDER WHO IS  
17 WILLING AND ABLE TO:

18 (1) PROVIDE ONGOING OPIOID USE DISORDER TREATMENT THAT IS  
19 FULLY INTEGRATED WITH GENERAL HEALTH CARE AND WELLNESS SERVICES;

20 (2) WORK WITHIN THE INTEGRATIVE MODEL OF CARE ESTABLISHED  
21 UNDER THE PROGRAM; AND

22 (3) MANAGE AND MONITOR THE BUPRENORPHINE TREATMENT OF AN  
23 INDIVIDUAL.

24 13-4102.

25 THIS SUBTITLE APPLIES ONLY IN BALTIMORE COUNTY.

26 13-4103.

27 (A) THERE IS A HUB AND SPOKE PILOT PROGRAM IN BALTIMORE COUNTY.

28 (B) (1) THE PURPOSE OF THE PROGRAM IS TO INCREASE THE

1 AVAILABILITY OF ADDICTION TREATMENT THROUGH THE ESTABLISHMENT OF A  
2 HUB AND SPOKE MODEL OF CARE FOR INDIVIDUALS WITH OPIOID USE DISORDER.

3 (2) THE GOALS OF THE PROGRAM ARE TO:

4 (I) OFFER AND PROVIDE TREATMENT ON DEMAND BY  
5 MINIMIZING BARRIERS TO TREATMENT THROUGH A MODEL THAT OFFERS ONGOING  
6 OPIOID USE DISORDER TREATMENT THAT IS FULLY INTEGRATED WITH GENERAL  
7 HEALTH CARE AND WELLNESS SERVICES;

8 (II) USE AN INDIVIDUALIZED AND WHOLE PERSON APPROACH  
9 TO OPIOID USE DISORDER TREATMENT, INCLUDING HEALTH INTEGRATION  
10 PRINCIPLES, CASE MANAGEMENT, COUNSELING SERVICES, AND PEER SUPPORT;  
11 AND

12 (III) INCREASE PARTICIPATION OF COMMUNITY-BASED SPOKE  
13 PROVIDERS IN MANAGING AND MONITORING BUPRENORPHINE TREATMENT FOR  
14 ONGOING MAINTENANCE.

15 13-4104.

16 THE PROGRAM SHALL USE A HUB AND SPOKE MODEL OF CARE THAT:

17 (1) IS AN EVIDENCE-BASED REGIONAL APPROACH FOR DELIVERING  
18 MEDICATION-ASSISTED TREATMENT TO INDIVIDUALS WITH OPIOID USE DISORDER;

19 (2) ENABLES THE INITIATION OF TREATMENT AT A HUB SITE AT  
20 WHICH PROVIDERS COLLABORATE WITH OTHER PROVIDERS AND SYSTEMS TO  
21 COORDINATE CARE;

22 (3) OFFERS AT THE HUB SITE:

23 (I) DAILY MEDICATION AND THERAPEUTIC SUPPORT;

24 (II) ALL ELEMENTS OF MEDICATION-ASSISTED TREATMENT,  
25 INCLUDING ASSESSMENT, MEDICATION DISPENSING, AND INDIVIDUAL AND GROUP  
26 COUNSELING;

27 (III) PEER SUPPORT SERVICES FOR TREATMENT ENGAGEMENT,  
28 COUNSELING, AND HEALTH INTEGRATION;

29 (IV) HEALTH HOME SUPPORTS, INCLUDING CASE MANAGEMENT,  
30 CARE COORDINATION, MANAGEMENT OF TRANSITIONS OF CARE, FAMILY SUPPORT

1 SERVICES, HEALTH PROMOTION, AND REFERRAL TO COMMUNITY SERVICES; AND

2 (v) TRAININGS AND CONSULTATION TO SPOKE PROVIDERS;  
3 AND

4 (4) REFERS TO TREATMENT BY A SPOKE PROVIDER INDIVIDUALS  
5 WHO ARE DETERMINED TO BE STABLE AT THE HUB SITE.

6 13-4105.

7 (A) THE BALTIMORE COUNTY DEPARTMENT OF HEALTH, IN  
8 CONSULTATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE  
9 DEPARTMENT AND LOCAL STAKEHOLDERS, SHALL DEVELOP AND IMPLEMENT THE  
10 PROGRAM.

11 (B) THE DEVELOPMENT AND IMPLEMENTATION OF THE PROGRAM SHALL  
12 INCLUDE:

13 (1) A DETERMINATION OF THE NUMBER OF HUB SITES AND SPOKE  
14 PROVIDERS THAT CAN PARTICIPATE IN THE PROGRAM; AND

15 (2) THE SELECTION OF HUB SITES AND SPOKE PROVIDERS FOR  
16 PARTICIPATION IN THE PROGRAM.

17 (C) ON OR BEFORE OCTOBER 1, 2023, THE BALTIMORE COUNTY  
18 DEPARTMENT OF HEALTH SHALL REPORT TO THE SENATE FINANCE COMMITTEE  
19 AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN  
20 ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON THE  
21 RESULTS OF THE BALTIMORE COUNTY HUB AND SPOKE PILOT PROGRAM.

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
23 1, 2020. It shall remain effective for a period of 4 years and, at the end of June 30, 2024,  
24 this Act, with no further action required by the General Assembly, shall be abrogated and  
25 of no further force and effect.