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By: Senators Benson, Klausmeier, and Hayes

Introduced and read first time: February 3, 2020

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

Health - Mobile Response and Stabilization System for Children and Families in Maryland - Study

4 FOR the purpose of requiring the Maryland Department of Health and the Governor's Commission to Study Mental and Behavioral Health in Maryland jointly to take certain actions in order to develop and implement a comprehensive mobile response and stabilization system for children and families in the State; requiring the Department and the Commission jointly to submit their findings and recommendations to certain committees in the General Assembly on or before a certain date; and generally relating to a study regarding a mobile response and stabilization system for children and families in Maryland.

Preamble 12

WHEREAS, The State of Maryland lacks a mobile response and stabilization system 13 14 for children and young adults; and

WHEREAS, Recent data from the Maryland Hospital Association indicates that some children with behavioral health needs have remained in general hospitals more than 100 days beyond what is medically necessary while they await transfer to a more appropriate setting; and

WHEREAS, A new nationwide study by Milliman, Inc. found that children with commercial insurance were ten times more likely to receive outpatient mental health care out-of-network compared to primary care visits, twice the disparity faced by adults; and

22WHEREAS, Behavioral health services for children and youth are particularly 23limited in rural neighborhoods; and

WHEREAS, An increasing number of residential programs are closing; and

WHEREAS, Maryland lacks an outpatient substance use program for youth at least 13 years old and under the age of 18 years; now, therefore,

- 3 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, 4 That:
- 5 (a) In order to develop and implement a comprehensive mobile response and 6 stabilization system for children and families in the State, the Maryland Department of 7 Health and the Governor's Commission to Study Mental and Behavioral Health in 8 Maryland jointly shall:
- 9 (1) review the data from the most recent annual report submitted under § 10 7.5–209 of the Health General Article;
- 11 (2) study the feasibility of applying for the Substance Abuse and Mental 12 Health Services Administration System of Care Grant in 2021 to build a mobile response 13 continuum in the State;
- 14 (3) develop a method for expanding and refining the current Target Case 15 Management Maryland Medical Assistance Program service to serve as a clinical 16 intervention for intensive care coordination implemented with high fidelity wraparound;
- 17 (4) study existing mobile response efforts and financing models;
- 18 (5) examine mechanisms for payer reimbursement for individuals who are 19 not in the Maryland Medical Assistance Program, but are commercially or otherwise 20 insured;
- 21 (6) examine responsible and parity complaint provisions for family 22 cost—sharing commensurate with usual and customary charges for other health services;
- 23 (7) identify the various models of creating a mobile response and 24 stabilization system that services children and youth;
- 25 (8) study the costs associated with building a mobile response and 26 stabilization system in each region in the State;
- 27 (9) study associated cost—savings of building a mobile response and stabilization system including cost savings related to the reduction in emergency department visits, inpatient stays, out—of—state placements, juvenile detentions, and foster 30 care;
- 31 (10) seek input from interested stakeholders, including the Children's 32 Behavioral Health Coalition and the University of Maryland Mobile Response and 33 Stabilization System collaborative to provide insight and inform policy recommendations; 34 and

$\frac{1}{2}$	(11) develop a plan to implement a comprehensive statewide Mobile Response and Stabilization System by July 1, 2022, that:			
3		(i)	includ	les:
4			1.	a 72-hour mobile response;
5			2.	an 8-week stabilization service; and
6			3.	intensive care coordination; and
7		(ii)	adher	res to:
8			1.	a system of care principles;
9			2.	national best practices and curriculum; and
10 11	tool.		3.	definitions for children, families, and single assessment
12 13 14 15 16	submit their findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee in accordance with $\S~2-1257$ of the			
17	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June			

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1, 2020.