SENATE BILL 212

J1 (4lr0153)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by Chair, Finance Comm	nittee (By Request - Departmental - Health)
Read and E	xamined by Proofreaders:
	Proofreader.
	Proofreader.
Sealed with the Great Seal and pr	resented to the Governor, for his approval this
day of a	oʻclock,M.
	President.
CI	HAPTER
AN ACT concerning	
· · · · · · · · · · · · · · · · · · ·	uncil and Commission on Behavioral Health nt and Access – Alterations
Health Advisory Council; altering Health Care Treatment and Access to Care Treatment and Access to Commission, in coordination with the continuation of the State's structure and quality oversight a services and ensure compliance and in the Maryland Medical Act	mbership and terms of members of the Behavioral and the membership of the Commission on Behavioral Health to meet jointly with the Council; requiring the the the Council, to make recommendations regarding a behavioral health carve—out and the financing the hecessary to integrate somatic and behavioral health with the Mental Health Parity and Addiction Equity Assistance Program; and generally relating to the ancil and the Commission on Behavioral Health Care

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

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

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

Italics indicate opposite chamber/conference committee amendments.



1 2 3	BY repealing and reenacting, without amendments, Article – Health – General Section 7.5–301 and 13–4801(a) and (c)				
4 5	Annotated Code of Maryland (2023 Replacement Volume)				
6 7 8 9 10 11	BY repealing and reenacting, with amendments,				
12 13	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:				
14	Article – Health – General				
15	7.5–301.				
16	In this subtitle, "Council" means the Behavioral Health Advisory Council.				
17	7.5–303.				
18	(a) (1) The Council consists of the following members:				
19 20	(i) One member of the Senate of Maryland, appointed by the President of the Senate;				
21 22	(ii) One member of the House of Delegates, appointed by the Speaker of the House;				
23	(iii) Five representatives of the Department, including:				
24	1. The Secretary, or the Secretary's designee;				
25 26	2. The Deputy Secretary for Behavioral Health, or the Deputy Secretary's designee;				
27 28 29	3. The [Director of the Behavioral Health Administration, or the Director's designee] DEPUTY SECRETARY FOR DEVELOPMENTAL DISABILITIES, OR THE DEPUTY SECRETARY'S DESIGNEE ;				
30 31	4. The Executive Director of the Maryland Health Benefit Exchange, or the Executive Director's designee; and				

$\frac{1}{2}$	Deputy Secretary's	desig	5. The Deputy Secretary for Health Care Financing, or the nee;
3		(iv)	The Secretary of Aging, or the Secretary's designee;
4 5	designee;	(v)	The Secretary of Budget and Management, or the Secretary's
6		(vi)	The Secretary of Disabilities, or the Secretary's designee;
7 8	Secretary's designe	(vii) ee;	The Secretary of Housing and Community Development, or the
9		(viii)	The Secretary of Human Services, or the Secretary's designee;
10		(ix)	The Secretary of Juvenile Services, or the Secretary's designee;
11 12	Secretary's designe	(x) ee;	The Secretary of Public Safety and Correctional Services, or the
13 14 15			The [Deputy Director of the Division of Children and Youth of Crime Prevention, Youth, and Victim Services, or the Deputy RETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;
16 17	Prevention, Youth,	(xii) and V	The Executive Director of the Governor's Office of Crime Victim Services, or the Executive Director's designee;
18 19	Hard of Hearing, o	. ,	The Executive Director of the Governor's Office of the Deaf and Executive Director's designee;
20 21	designee;	(xiv)	The Public Defender of Maryland, or the Public Defender's
22 23 24	-		Two representatives of the State Superintendent of Schools, or signee, and the Assistant State Superintendent of the Division of or the Assistant State Superintendent's designee;
25 26 27	judge, and a circui Maryland;	, ,	Two representatives of the Maryland Judiciary, a District Court t judge, appointed by the Chief Justice of the Supreme Court of
28 29 30	=	Preside	The [President of the Maryland Association of Core Service ent's designee] EXECUTIVE DIRECTOR OF THE MARYLAND HAVIORAL HEALTH AUTHORITIES, OR THE EXECUTIVE

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DIRECTOR'S DESIGNEE;

1 2	(xviii) Officers, or the President		President of the Maryland Association of County Health gnee;
3 4	(xix) councils, one from each re		representatives from county behavioral health advisory of the State;
5 6	(xx) each of the following orga		representative, appointed by the Secretary of Health, from ons:
7		1.	Community Behavioral Health Association;
8 9 10	University of Maryland (PROBLEM GAMBLING;	2. Carey S	[Drug Policy and Public Health Strategies Clinic, School of Law] MARYLAND CENTER OF EXCELLENCE ON
11		3.	Maryland Addictions Director's Council;
12 13	Dependence;	4.	Maryland Association for the Treatment of Opioid
14		5.	Maryland Black Mental Health Alliance;
15		6.	Maryland Coalition of Families;
16 17	MARYLAND;	7.	[Maryland Disability Law Center] DISABILITY RIGHTS
18 19	Communities;	8.	Maryland Recovery Organization Connecting
20		9.	Mental Health Association of Maryland;
21		10.	National Alliance on Mental Illness of Maryland;
22 23	Maryland;	11.	National Council on Alcoholism and Drug Dependence of
24		12.	On Our Own of Maryland; and
25		13.	Maryland Association of Boards of Education; and
26 27	(xxi) use disorder treatment co		individuals representing the mental health and substance nity, appointed by the Governor from each of the following:
28 29	employees;	1.	Academic or research professionals who are not State

1			2.	Medical professionals;
2 3	health services	;	3.	Individuals formerly or currently in receipt of behavioral
4 5	substance use o	lisorders;	4.	Family members of individuals with mental health or
6			5.	A parent of a young child with behavioral health disorders;
7 8	the ages of 16 a	and 25 yea	6. ars; and	A youth with a behavioral health disorder who is between
9 10	community.		7.	Individuals active in behavioral health issues within their
11 12	shall be appoin			representatives or individuals designated by the Council tary.
13 14	` '			ed by the Governor under subsection (a)(1)(xxi) of this to the extent practicable, of:
15	(1)	Geog	raphic	regions of the State;
16	(2)) At–ri	sk pop	ulations;
17	(3)	Ethn	ic, gen	der, across–the–lifespan, and cultural diversity; and
18 19	disorders. (4)) Balaı	nced re	presentation from areas of mental health and substance use
20	(c) Th	ne Counci	shall	appoint a chair from among the membership of the Council.
21 22	(d) (1) section:) Mem	bers ap	opointed by the Governor under subsection (a)(1)(xxi) of this
23		(i)	Serve	e a [3-year] 4-YEAR term;
24		(ii)	May	serve for a maximum of two consecutive terms;
25 26	reappointed for	(iii) terms th		at least 6 years have passed since serving, may be ply with items (i) and (ii) of this paragraph;
27 28	appointed and	(iv) qualifies;		ne end of a term, continue to serve until a successor is

- 1 (v) If appointed after a term has begun, serve only for the rest of the 2 term and until a successor is appointed and qualifies.
- 3 (2) Ex officio members serve as long as the member holds the specified 4 office or designation.
- 5 (3) Notwithstanding any other provisions of this subsection, all members 6 serve at the pleasure of the Governor.
- 7 (e) With the consent of the Council, the chair may designate additional 8 individuals with relevant expertise to serve on a committee or task force.
- 9 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read 10 as follows:

11 Article - Health - General

12 7.5–305.

- The Council shall:
- 14 (1) Promote and advocate for:
- 15 (i) Planning, policy, workforce development, and services to ensure 16 a coordinated, quality system of care that is outcome—guided and that integrates 17 prevention, recovery, evidence—based practices, and cost—effective strategies that enhance 18 behavioral health services across the State; and
- (ii) A culturally competent and comprehensive approach to publicly funded prevention, early intervention, treatment and recovery services that support and foster wellness, recovery, resiliency, and health for individuals who have behavioral health disorders and their family members; and
- 23 (2) Submit, IN COORDINATION WITH THE COMMISSION ON BEHAVIORAL HEALTH CARE TREATMENT AND ACCESS, an annual report to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly on or before December 31 of each year.
- 27 13-4801.
- 28 (a) In this subtitle the following words have the meanings indicated.
- 29 (c) "Commission" means the Commission on Behavioral Health Care Treatment 30 and Access.
- 31 13–4802.

			SENATE BILL 212
1 2			Commission on Behavioral Health Care Treatment and Access, WHICH NTLY WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL.
3	13–4803.		
4	<u>(a)</u>	The C	Commission consists of the following members:
5 6	the Senate;	<u>(1)</u>	One member of the Senate of Maryland, appointed by the President of
7 8	<u>House;</u>	<u>(2)</u>	One member of the House of Delegates, appointed by the Speaker of the
9		<u>(3)</u>	One representative of Maryland's Congressional Delegation;
10		<u>(4)</u>	The Secretary of Health, or the Secretary's designee;
11		<u>(5)</u>	The Secretary of Human Services, or the Secretary's designee;
12		<u>(6)</u>	The Secretary of Juvenile Services, or the Secretary's designee;
13 14	<u>designee;</u>	<u>(7)</u>	The Deputy Secretary for Behavioral Health, or the Deputy Secretary's
15 16	designee;	<u>(8)</u>	The Maryland Insurance Commissioner, or the Commissioner's
17 18	or the Execu	<u>(9)</u> utive Di	The Executive Director of the Health Services Cost Review Commission, irector's designee;
19 20	Executive D	<u>(10)</u> irector	The Executive Director of the Maryland Health Care Commission, or the 's designee;
$\frac{21}{22}$	Commission	(11) a, or th	The Executive Director of the Maryland Community Health Resources e Executive Director's designee;
$\frac{23}{24}$	exchange, or	<u>(12)</u> r the Es	The Executive Director of the State-designated health information xecutive Director's designee;
25 26	Youth, and	<u>(13)</u> Victim	The Executive Director of the Governor's Office of Crime Prevention, Services, or the Executive Director's designee;
27 28	Secretary's o	<u>(14)</u> designe	The Secretary of the Maryland Department of Disabilities, or the ee;

29 (15) The Secretary of the Department of Public Safety and Correctional 30 Services, or the Secretary's designee;

$\frac{1}{2}$	(16) designee; [and]	The S	Special Secretary of Opioid Response, or the Special Secretary's
3	<u>(17)</u>	THE S	SECRETARY OF AGING, OR THE SECRETARY'S DESIGNEE; AND
4	<u>[(17)]</u>	<u>(18)</u>	The following members appointed by the Governor:
5		<u>(i)</u>	$\underline{One\ representative\ of\ the\ Mental\ Health\ Association\ of\ Maryland;}$
6		<u>(ii)</u>	One representative of the National Alliance on Mental Illness;
7 8	Association of Mar	<u>(iii)</u> yland;	One representative of the Community Behavioral Health
9 10	services;	<u>(iv)</u>	One representative of a provider of residential behavioral health
11		<u>(v)</u>	One representative of an acute care hospital;
12		<u>(vi)</u>	One representative of an inpatient psychiatric hospital;
13 14	health services;	<u>(vii)</u>	One individual with experience as a consumer of behavioral
15 16	consumer of behave	<u>(viii)</u> ioral h	One family member of an individual with experience as a ealth services;
17 18	services;	<u>(ix)</u>	One representative of a provider of substance use treatment
19		<u>(x)</u>	One representative of a school-based health center;
20		<u>(xi)</u>	One individual with expertise in social determinants of health;
21		(xii)	One individual with expertise in health economics;
22		(xiii)	One representative of a health insurance carrier;
23		<u>(xiv)</u>	One representative of a managed care organization;
24		<u>(xv)</u>	One representative from the Office of the Public Defender;
25		<u>(xvi)</u>	One representative of the Developmental Disability Coalition;

$\frac{1}{2}$	(xvii) One representative of the Maryland Chapter of the National Council on Alcoholism and Drug Dependence;
3	(xviii) One representative of the Maryland Psychological Association;
4	(xix) One representative of Disability Rights Maryland;
5	(xx) One representative of a Federally Qualified Health Center;
6	(xxi) One representative of a local behavioral health authority; [and]
7 8	(xxii) One individual with an intellectual disability who uses self-directed behavioral health services; AND
9 10	(XXIII) ONE REPRESENTATIVE OF THE MARYLAND STATE'S ATTORNEYS' ASSOCIATION.
11 12 13	(f) The Commission shall meet at least three times per year at the times and places determined JOINTLY by the Commission AND THE BEHAVIORAL HEALTH ADVISORY COUNCIL.
14	13–4805.
15	The Commission shall:
16 17 18	(1) Conduct an assessment of behavioral health services in the State to identify needs and gaps in services across the continuum, including community—based outpatient and support services, crisis response, and inpatient care;
19 20 21	(2) Examine the methods for reimbursing behavioral health care services in the State and make recommendations on the most effective forms of reimbursement to maximize service delivery;
22 23	(3) Compile findings of State-specific needs assessments related to behavioral health care services;
$\begin{array}{c} 24 \\ 25 \end{array}$	(4) Review recommendations and reports of State commissions, workgroups, or task forces related to behavioral health care services;
26 27 28	(5) Conduct a needs assessment on the State's behavioral health care workforce to identify gaps and make recommendations to ensure an adequate, culturally competent, and diverse workforce across the behavioral health care continuum;
29	(6) Review trends and best practices from other states regarding policy and

reimbursement strategies that support access to a comprehensive array of services and

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ensure quality of care;

- 1 (7) Examine and make recommendations related to the behavioral health 2 of the geriatric and youth populations in the State;
- 3 (8) Examine and make recommendations to provide appropriate and 4 adequate behavioral health services to individuals with developmental disabilities and 5 complex behavioral health needs, specifically youth;
- 6 (9) Assess the health infrastructure, facilities, personnel, and services 7 available for the State's forensic population and identify deficiencies in resources and 8 policies needed to prioritize health outcomes, increase public safety, and reduce recidivism;
- 9 (10) Make recommendations on expanding behavioral health treatment 10 access for the State's court—ordered population;
- 11 (11) Make recommendations on action plans regarding the behavioral 12 health care system's capacity to prepare for and respond to future challenges affecting the 13 entire State or particular regions or populations in the State, including pandemics and 14 extreme weather events;
- 15 (12) Make recommendations to ensure that behavioral health treatment is 16 provided in the appropriate setting, including methods to divert behavioral health patients 17 from emergency departments by using the Maryland Mental Health and Substance Use 18 Disorder Registry and Referral System established under § 7.5–802 of this article and 19 2–1–1;
- 20 (13) Examine and review the use of harm reduction strategies to facilitate 21 access to care; [and]
- 22 (14) Examine methods to assist consumers in accessing behavioral health 23 services; AND
- 24 (15) Make, in coordination with the Behavioral Health Advisory Council, recommendations regarding the continuation of the State's behavioral health carve—out and the financing structure and Quality oversight necessary to integrate somatic and behavioral health services and ensure compliance with the Mental Health Parity And Addiction Equity Act in the Maryland Medical Assistance Program.
- 30 13-4806.
- 31 (a) The Commission shall establish the following workgroups:
- 32 (1) Geriatric behavioral health;

- 1 (2) Youth behavioral health, individuals with developmental disabilities, 2 and individuals with complex behavioral health needs;
- 3 (3) Criminal justice—involved behavioral health; and
- 4 (4) Behavioral health workforce development, infrastructure, coordination, 5 and financing.
- 6 (b) The workgroups established under subsection (a) of this section shall meet at 7 least two times per year at the times and places determined by the workgroup.
- 8 (c) The workgroups established under subsection (a) of this section shall include 9 members of the Commission and may include individuals invited by the Commission **OR** 10 **THE BEHAVIORAL HEALTH ADVISORY COUNCIL** to serve on the workgroup.
- 11 (d) On or before [December] JULY 1 each year, beginning in [2023] 2024, the 12 workgroups established under subsection (a) of this section shall report and make 13 recommendations to the Commission AND THE BEHAVIORAL HEALTH ADVISORY 14 COUNCIL.
- 15 13-4807.
- 16 (a) (1) On or before January 1 each year, beginning in 2024, the Commission, IN COORDINATION WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL, shall 17 report to the Governor and, in accordance with § 2–1257 of the State Government Article, 18 the General Assembly on the Commission's findings and recommendations, including 19 20 funding and legislative recommendations, that are consistent with providing appropriate, 21accessible, and comprehensive behavioral health services that are available on demand to 22individuals in the State across the behavioral health continuum.
- 23 (2) Any legislative recommendations included in the report required under 24 paragraph (1) of this subsection that require funding shall include an estimate of the 25 funding required to implement the recommendation and information that supports the 26 funding estimate.
- 27 (b) The report required on or before January 1, 2024, shall include the findings of the needs assessments required under § 13–4805 of this subtitle.
- (c) The report required on On or before January 1, 2025, shall include July 1, 2025, the Commission, in coordination with the Behavioral Health Advisory Council, shall report to the Governor And, in accordance with § 2–1257 of the State Government Article, the General Assembly on the Commission's findings and recommendations regarding the continuation of the State's behavioral health carve—out And the financing structure and quality oversight necessary to

$1\\2$	INTEGRATE SOMATIC AND BEHAVIORAL HEALTH CARE SERVICES IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM.
3 4	SECTION 3. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that the Maryland Department of Health shall:
5 6	(1) evaluate the Innovation in Behavioral Health Model announced by the Centers for Medicare and Medicaid Services on January 18, 2024; and
7 8	(2) consider applying to the Centers for Medicare and Medicaid Services to participate in the Innovation in Behavioral Health Model.
	Approved:
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.