

## House Bill 1121 – Maryland Mental Health and Substance Use Disorder Registry and Referral System

Position: Support as Amended in the House
March 17, 2020
Senate Finance Committee

## **MHA Position**

Maryland's 61 nonprofit hospitals and health systems care for millions of people each year and are on the front lines of the state's behavioral health crisis. Hospitals and their partners improved access to the most appropriate level of care for Marylanders overall, but for the one in five living with a mental health or substance use disorder, the emergency department (ED) often remains the only door to access treatment.

To ensure access across the care continuum, coordination is essential, but **implementing a** workable, statewide bed registry system has proven difficult both in Maryland and across the country. The Maryland Institute for Emergency Medical Services System (MIEMSS) launched an initiative to create a registry of inpatient psychiatric beds across the state. However, this was not successful, and despite the hard work of MIEMSS and the hospitals involved, the pilot never progressed to scale.

House Bill 1121 would use Maryland's unique statewide health information exchange, CRISP, to establish the Maryland Mental Health and Substance Use Disorder Registry and Referral System. **This legislation offers an opportunity for Maryland to build from previous experience and to develop a successful bed registry.** CRISP's existing infrastructure will enhance the likelihood of success and may present the opportunity to draw down federal matching funds as they have done on other projects.

Hospitals appreciated the opportunity to be part of the process that led to the introduction of this bill. The House adopted an amendment, with MHA's support, that directs CRISP to build a technology infrastructure that considers existing locally driven investment in registry and referral systems and processes. However, it is preferable that a representative of the Maryland Hospital Association is enumerated as a member of the advisory committee. Additionally, we believe that the hospital staffing requirement in HB 1121 should be aligned with existing state law and federal policy to ensure that hospitals have the flexibility they need to operate efficiently.

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