By: The President (By Request – Administration) and Senators Astle, Brochin, Currie, Della, Edwards, Frosh, Garagiola, Gladden, Kasemeyer, King, Klausmeier, Lenett, Madaleno, Peters, Rosapepe, and Stone Introduced and read first time: January 18, 2008

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

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Maryland Veterans Behavioral Health

3 FOR the purpose of establishing behavioral health service coordination among the 4 Department of Health and Mental Hygiene, the United States Department of 5 Veterans Affairs, the Maryland Department of Veterans Affairs, the Maryland 6 National Guard, and the Maryland Defense Force for certain veterans of the 7 Afghanistan or Iraq conflicts; requiring the provision of certain behavioral 8 health services under certain circumstances in certain areas of the State to veterans of the Afghanistan or Iraq conflicts; creating the Veterans Behavioral 9 Health Advisory Board; providing for the composition and chair of the Board; 10 11 providing for the staffing of the Board; prohibiting members of the Board from 12 receiving compensation but entitling members to reimbursement of certain expenses; establishing the duties of the Board; requiring the Board to submit 13 certain reports to the Governor and the General Assembly on or before certain 14 dates; providing for the termination of this Act; defining certain terms; and 1516 generally relating to the behavioral health needs of veterans and their families.

- 17 BY adding to
- 18 Article Health General
- 19Section 13–2701 through 13–2703 to be under the new subtitle "Subtitle 27.20Behavioral Health Services for Maryland Veterans of the Afghanistan21and Iraq Conflicts"
- 22 Annotated Code of Maryland
- 23 (2005 Replacement Volume and 2007 Supplement)

24 Preamble

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



J1

1 WHEREAS, Maryland has a long and proud history of commitment to military 2 service, with over 460,000 veterans who have served the nation in the armed forces; 3 and

4 WHEREAS, Maryland has over 10,000 veterans of the conflicts in Afghanistan 5 and Iraq, with 5,000 more projected to return by the end of 2008; and

6 WHEREAS, It is among the highest priorities of the State to ensure that 7 veterans returning from active service have the support, opportunities, and services 8 necessary to facilitate their smooth transition from military to civilian life, and to ease 9 that transition for their families; and

10 WHEREAS, Among the obstacles returning veterans often face are unmet 11 physical and behavioral health needs arising out of their service; and

12 WHEREAS, The psychological trauma of the war on terror, the 13 counterinsurgency, and the urban battlefield has put veterans returning from 14 Afghanistan and Iraq at particular risk of Post–Traumatic Stress Syndrome and 15 related conditions, which if untreated can lead to life–long struggles with depression, 16 substance abuse, unemployment, homelessness, and suicide; and

WHEREAS, Estimates are that more than half of veterans of the Afghanistan
and Iraq conflicts return from combat zones with behavioral health problems that
could compromise their successful adjustment to civilian life; and

WHEREAS, Gaps in the availability of behavioral health services and impediments to veterans' ability to access those services, particularly in the State's rural areas, may leave serious health problems untreated and exacerbate the difficulties returning veterans and their families must face; and

WHEREAS, The State is committed to identifying the behavioral health needs and gaps in services that may exist for returning veterans, and to collaborating with the United States Department of Veterans Affairs, veterans' organizations, and others to address those needs and ensure that veterans and their families receive the services they require and deserve; now, therefore,

29 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 30 MARYLAND, That the Laws of Maryland read as follows:

- 31 Article Health General
- SUBTITLE 27. BEHAVIORAL HEALTH SERVICES FOR MARYLAND VETERANS OF
 THE AFGHANISTAN AND IRAQ CONFLICTS.
- 34 **13–2701.**

35 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
 36 INDICATED.

1 (B) "ADJUTANT GENERAL" MEANS THE HEAD OF THE MARYLAND 2 MILITARY DEPARTMENT.

3 (C) "BEHAVIORAL HEALTH SERVICES" MEANS MENTAL HEALTH
 4 SERVICES OR ALCOHOL AND SUBSTANCE ABUSE SERVICES.

5 (D) "CRISIS SERVICES" MEANS TEMPORARY SERVICES DESIGNED TO 6 ADDRESS AND STABILIZE A SEVERE BEHAVIORAL HEALTH PROBLEM AND TO 7 AVOID AN EMERGENCY SITUATION, AND MAY INCLUDE HOTLINES, IN-HOME 8 SUPPORT, AND RESIDENTIAL CRISIS SERVICES.

9 (E) "MARYLAND DEFENSE FORCE" MEANS THE MILITARY FORCE 10 ESTABLISHED UNDER § 13–501 OF THE PUBLIC SAFETY ARTICLE.

11(f) "MARYLAND NATIONAL GUARD" MEANS THE MARYLAND ARMY12NATIONAL GUARD AND MARYLAND AIR NATIONAL GUARD.

13 (G) "SERVICE COORDINATION" MEANS A SERVICE DESIGNED TO
 14 COORDINATE AND PROVIDE ASSISTANCE IN OBTAINING ACCESS TO BEHAVIORAL
 15 HEALTH SERVICES.

16 (H) "SERVICE COORDINATOR" MEANS A PERSON EMPLOYED BY THE
 17 DEPARTMENT TO PROVIDE SERVICE COORDINATION TO VETERANS.

18 (I) "VETERAN" MEANS A MARYLAND RESIDENT WHO:

19(1)SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE20UNITED STATES, OTHER THAN FOR TRAINING, AND WAS DISCHARGED OR21RELEASED UNDER CONDITIONS OTHER THAN DISHONORABLE; AND

(2) (1) SERVED IN AFGHANISTAN OR CONTIGUOUS AIRSPACE,
 AS DEFINED IN FEDERAL REGULATIONS, ON OR AFTER OCTOBER 24, 2001, AND
 BEFORE A TERMINAL DATE TO BE PRESCRIBED BY THE UNITED STATES
 SECRETARY OF DEFENSE; OR

(II) SERVED IN IRAQ OR CONTIGUOUS WATERS OR
AIRSPACE, AS DEFINED IN FEDERAL REGULATIONS, ON OR AFTER MARCH 19,
2003, AND BEFORE A TERMINAL DATE TO BE PRESCRIBED BY THE UNITED
STATES SECRETARY OF DEFENSE.

30(J) "WEB-BASED RESOURCE PROGRAM" MEANS AN INTERACTIVE31WEB-BASED COMMUNICATION MEDIUM THAT:

(1) ALLOWS INDIVIDUALS TO ACCESS COMPREHENSIVE
 INFORMATION, ADVOCACY, AND OTHER RESOURCES REGARDING PUBLIC AND
 PRIVATE BEHAVIORAL HEALTH SERVICES, CRISIS AND EMERGENCY SERVICES,
 AND EARLY INTERVENTION AND PREVENTION PROGRAMS; AND

5 (2) ENABLES THE PUBLIC AND PRIVATE HEALTH CARE 6 COMMUNITIES TO WORK TOGETHER TO ADDRESS THE PROBLEMS RELATED TO 7 PROVIDING AND OBTAINING ACCESS TO BEHAVIORAL HEALTH SERVICES.

8 **13–2702.**

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(A) SUBJECT TO THE LIMITATIONS OF ITS BUDGET, THE DEPARTMENT:

10 (1) IN COLLABORATION WITH THE UNITED STATES DEPARTMENT 11 OF VETERANS AFFAIRS, THE MARYLAND DEPARTMENT OF VETERANS AFFAIRS, 12 THE MARYLAND NATIONAL GUARD, AND THE MARYLAND DEFENSE FORCE, 13 SHALL PROVIDE SERVICE COORDINATION FOR VETERANS IN ALL GEOGRAPHIC 14 REGIONS OF THE STATE TO CONNECT THEM TO BEHAVIORAL HEALTH SERVICES 15 WHICH MAY BE AVAILABLE THROUGH THE UNITED STATES DEPARTMENT OF 16 VETERANS AFFAIRS;

17(2) WHERE SERVICES ARE NOT YET AVAILABLE OR **(I)** 18 ACCESSIBLE THROUGH THE UNITED STATES DEPARTMENT OF VETERANS 19 AFFAIRS, SHALL PROVIDE SERVICE COORDINATION FOR VETERANS IN ALL 20GEOGRAPHIC REGIONS OF THE STATE TO CONNECT THEM TO BEHAVIORAL 21HEALTH SERVICES WHICH MAY BE AVAILABLE THROUGH THE MENTAL HYGIENE 22ADMINISTRATION OR THE ALCOHOL AND DRUG ABUSE ADMINISTRATION, 23UNTIL SUCH FEDERAL SERVICES CAN BE ACCESSED AND OBTAINED; AND

(II) THE PROVISION OF SERVICES THROUGH THE MENTAL
 HYGIENE ADMINISTRATION OR THE ALCOHOL AND DRUG ABUSE
 ADMINISTRATION SHALL BE BASED ON ELIGIBILITY AND MEDICAL NECESSITY
 CRITERIA ESTABLISHED BY THESE ADMINISTRATIONS; AND

28(3)SHALL PROVIDE VETERANS UP-TO-DATE INFORMATION29ABOUT BEHAVIORAL HEALTH SERVICES AND RESOURCES THROUGH A30WEB-BASED RESOURCE PROGRAM.

(B) SUBJECT TO THE LIMITATIONS OF ITS BUDGET AND IN ADDITION TO
 THE SERVICE COORDINATION PROVIDED UNDER SUBSECTION (A) OF THIS
 SECTION, THE DEPARTMENT SHALL PROVIDE OR FUND CERTAIN BEHAVIORAL
 HEALTH SERVICES FOR VETERANS WHO:

5

1 (1) MEET THE ELIGIBILITY AND MEDICAL NECESSITY CRITERIA 2 OF THE MENTAL HYGIENE ADMINISTRATION AND THE ALCOHOL AND DRUG 3 **ABUSE ADMINISTRATION; AND** 4 CANNOT OBTAIN IMMEDIATE ACCESS TO BEHAVIORAL **(2)** $\mathbf{5}$ HEALTH SERVICES THROUGH THE UNITED STATES DEPARTMENT OF VETERANS 6 **AFFAIRS.** 7 (C) (1) THE BEHAVIORAL HEALTH SERVICES PROVIDED UNDER 8 SUBSECTION (B) OF THIS SECTION MAY INCLUDE: 9 **(I) CRISIS SERVICES IN ALL GEOGRAPHIC REGIONS OF THE** 10 **STATE; AND** 11 **(II)** SHORT-TERM BEHAVIORAL HEALTH SERVICES IN 12RURAL AREAS OF THE STATE, WHERE EXISTING FEDERAL AND STATE 13 BEHAVIORAL HEALTH SERVICES ARE DETERMINED BY THE DEPARTMENT TO BE 14 **INADEQUATE OR INACCESSIBLE.** 15(2) THE SHORT–TERM BEHAVIORAL HEALTH SERVICES PROVIDED 16 UNDER PARAGRAPH (1) (II) OF THIS SUBSECTION: 17 **(I)** SHALL BE AVAILABLE ONLY UNTIL A VETERAN IS ABLE 18 TO ACCESS AND OBTAIN ADEQUATE BEHAVIORAL HEALTH SERVICES THROUGH THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS; AND 19 20 **(II) MAY INCLUDE:** 211. **SCREENING ASSESSMENTS:** 222. INDIVIDUAL, FAMILY, AND GROUP THERAPY; 233. SUBSTANCE ABUSE EARLY INTERVENTION AND 24**DETOXIFICATION SERVICES; AND** 25**4**. SUBSTANCE ABUSE **MEDICATION-ASSISTED** 26 TREATMENT. 2713-2703. 28THERE IS A VETERANS BEHAVIORAL HEALTH ADVISORY BOARD. (A) 29THE ADVISORY BOARD SHALL CONSIST OF THE FOLLOWING **(B)** 30 **MEMBERS:**

1 THE LIEUTENANT GOVERNOR; (1) $\mathbf{2}$ (2) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY 3 THE PRESIDENT OF THE SENATE; 4 ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY (3) 5THE SPEAKER OF THE HOUSE; 6 (4) THE SECRETARY OF THE MARYLAND DEPARTMENT OF $\mathbf{7}$ **VETERANS AFFAIRS, OR THE SECRETARY'S DESIGNEE;** 8 THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE (5) 9 **SECRETARY'S DESIGNEE;** 10 THE ADJUTANT GENERAL, OR THE ADJUTANT GENERAL'S (6) 11 **DESIGNEE;** 12(7) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR: 13 **(I) ONE REPRESENTATIVE OF A VETERANS SERVICE** 14 **ORGANIZATION:** 15**(II)** ONE REPRESENTATIVE OF LOCAL Α HEALTH 16 **DEPARTMENT;** 17(III) ONE REPRESENTATIVE OF A PRIVATE PROVIDER OF 18 **BEHAVIORAL HEALTH SERVICES:** 19 (IV) ONE VETERAN; AND 20 (V) **ONE FAMILY MEMBER OF A VETERAN.** 21**(C)** THE LIEUTENANT GOVERNOR SHALL BE THE CHAIR OF THE 22**ADVISORY BOARD.** 23THE DEPARTMENTS OF HEALTH AND MENTAL HYGIENE AND **(D)** 24VETERANS AFFAIRS SHALL PROVIDE STAFF FOR THE ADVISORY BOARD. 25A MEMBER OF THE ADVISORY BOARD MAY NOT RECEIVE **(E)** 26COMPENSATION AS A MEMBER OF THE ADVISORY BOARD, BUT IS ENTITLED TO 27REIMBURSEMENT EXPENSES UNDER THE STANDARD STATE TRAVEL 28**REGULATIONS, AS PROVIDED IN THE STATE BUDGET.**

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1 (F) A MAJORITY OF THE FULL MEMBERSHIP OF THE ADVISORY BOARD 2 SHALL CONSTITUTE A QUORUM.

3 (G) THE ADVISORY BOARD MAY ACT ON ANY MATTER WITH THE
 4 AUTHORIZATION OF A MAJORITY OF THE QUORUM PRESENT AND VOTING.

5 (H) THE ADVISORY BOARD SHALL:

6 (1) CONDUCT AN IMMEDIATE ANALYSIS OF THE BEHAVIORAL 7 HEALTH NEEDS OF VETERANS AND THEIR FAMILIES;

8 (2) IDENTIFY THE GAPS IN BEHAVIORAL HEALTH SERVICES 9 AVAILABLE TO VETERANS AND THEIR FAMILIES;

10(3)IDENTIFY IMPEDIMENTS TO THE ABILITY OF VETERANS AND11THEIR FAMILIES TO ACCESS THE BEHAVIORAL HEALTH SERVICES THAT ARE12AVAILABLE, PARTICULARLY IN THE STATE'S RURAL AREAS;

13(4)FACILITATE COLLABORATION AMONG ORGANIZATIONS AND14ENTITIES THAT PROVIDE BEHAVIORAL HEALTH SERVICES TO VETERANS AND15THEIR FAMILIES;

16 (5) MAKE RECOMMENDATIONS WITH RESPECT TO IMPROVING 17 OUTREACH TO VETERANS AND THEIR FAMILIES IN NEED OF BEHAVIORAL 18 HEALTH SERVICES;

19(6) PROMOTE FEDERAL AND STATE COLLABORATION TO20MAXIMIZE FUNDING AND ACCESS TO RESOURCES FOR THE BEHAVIORAL HEALTH21NEEDS OF VETERANS AND THEIR FAMILIES;

(7) MAKE RECOMMENDATIONS WITH RESPECT TO BUILDING
 PROVIDER CAPACITY AND INCREASING PROVIDER TRAINING TO MEET THE
 BEHAVIORAL HEALTH NEEDS OF VETERANS AND THEIR FAMILIES; AND

(8) Make recommendations with respect to improving
 THE COORDINATION OF BEHAVIORAL HEALTH SERVICES FOR VETERANS AND
 THEIR FAMILIES.

(I) THE ADVISORY BOARD SHALL SUBMIT AN INTERIM REPORT OF ITS
 FINDINGS ON OR BEFORE DECEMBER 1, 2009, AND A FINAL REPORT OF ITS
 FINDINGS AND RECOMMENDATIONS ON OR BEFORE DECEMBER 1, 2010, TO THE
 GOVERNOR AND, SUBJECT TO § 2–1246 OF THE STATE GOVERNMENT ARTICLE,
 THE GENERAL ASSEMBLY.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 2 June 1, 2008. It shall remain effective for a period of 3 years and, at the end of May 31, 3 2011, with no further action required by the General Assembly, this Act shall be 4 abrogated and of no further force and effect.