HB 1288

Department of Legislative Services

Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1288 (Delegate Rosenberg, *et al.*)
Health and Government Operations

Maryland Insurance Administration - Workgroup on the Provision and Coverage of Behavioral Health Crisis Services

This bill requires the Maryland Insurance Administration (MIA) to convene a workgroup of health insurance carrier representatives, community mental health and substance use disorder providers, and other interested stakeholders to identify barriers to the provision of specified behavioral health crisis services and coverage of such services by health insurance carriers. The workgroup may examine issues relating to credentialing of behavioral health crisis service providers, reimbursement rates, utilization review and medical necessity criteria, and the adequacy of provider networks. By December 1, 2017, MIA must report the workgroup's findings and recommendations to the General Assembly.

The bill takes effect June 1, 2017.

Fiscal Summary

State Effect: MIA can likely *convene* the workgroup using existing budgeted resources. However, given the six-month timeframe and the technical nature of the workgroup, MIA may need contractual assistance to support the examination of identified issues. Thus, MIA special fund expenditures may increase in FY 2018 only. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law/Background: Section 15-840 of the Insurance Article requires an insurer, a nonprofit health service plan, and a health maintenance organization (collectively known as carriers) to provide coverage for medically necessary residential crisis services. Such services may be delivered under a managed care system. "Residential crisis services" are defined as intensive mental health and support services that are (1) provided to a child or an adult with a mental illness who is experiencing or is at risk of a psychiatric crisis that would impair the individual's ability to function in the community; (2) designed to prevent a psychiatric inpatient admission, provide an alternative to psychiatric inpatient admission, or shorten the length of inpatient stay; (3) provided out of the individual's residence on a short-term basis in a community-based residential setting; and (4) provided by entities that are licensed by the Department of Health and Mental Hygiene to provide residential crisis services.

Chapters 405 and 406 of 2016 require the Behavioral Health Advisory Council, in consultation with local core service agencies, community behavioral health providers, and interested stakeholders, to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide and operating 24 hours a day and 7 days a week. The council must submit the strategic plan in its 2017 annual report, which is required by December 31, 2017.

Medically monitored inpatient withdrawal management 3.7–WM level of care is provided to an individual with severe withdrawal who needs 24-hour nursing care and physician visits and is unlikely to complete withdrawal management without medical monitoring.

According to the federal Substance Abuse and Mental Health Services Administration, medication-assisted treatment (MAT) has proven to be clinically effective and to significantly reduce the need for inpatient detoxification services for individuals with an opioid use disorder. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Substance Abuse and Mental Health Services Administration; Maryland Insurance Administration; Department of Legislative Services

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kb/ljm

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