

SENATE BILL 835

J1

(8lr3281)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by ~~Senator Madaleno~~ **Senators Madaleno, Astle, Benson, Feldman, Hershey, Jennings, Klausmeier, Mathias, Middleton, Reilly, and Rosapepe**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Collaborative Care Pilot Program**

3 FOR the purpose of establishing the Collaborative Care Pilot Program in the Maryland
4 Department of Health; providing for the purpose of the Pilot Program; requiring the
5 Department to administer the Pilot Program, select up to a certain number of sites
6 with certain characteristics to participate in the Pilot Program, provide funding to
7 sites participating in the Pilot Program for certain purposes, *collaborate with*
8 *stakeholders for certain purposes*, collect certain data for a certain purpose, apply to
9 a certain federal agency for a certain waiver under a certain circumstance, and report
10 to the Governor and the General Assembly certain findings and recommendations
11 on or before a certain date; *requiring certain sites to ensure that treatment services,*
12 *prescriptions, and care management that would be provided to certain individuals*
13 *are not duplicative of certain services*; requiring the Governor to include in the annual
14 budget for certain fiscal years a certain appropriation for the Pilot Program; defining

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~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 certain terms; *providing for the construction of this Act*; providing for the termination
2 of this Act; and generally relating to the Collaborative Care Pilot Program.

3 BY adding to

4 Article – Health – General

5 Section 15–140

6 Annotated Code of Maryland

7 (2015 Replacement Volume and 2017 Supplement)

8 Preamble

9 WHEREAS, One in five Americans experienced mental illness in the past year, but
10 only 25% of these individuals received effective mental health care; and

11 WHEREAS, Many of the individuals who experienced mental illness, but did not
12 receive effective mental health care, received care in primary care settings, which is the
13 usual setting in which a majority of individuals receive mental health care; and

14 WHEREAS, Three decades of research and over 80 randomized control trials have
15 identified one model in particular, the Collaborative Care Model, as being effective in
16 delivering care for substance use and mental health treatment in primary care settings;
17 and

18 WHEREAS, The Collaborative Care Model consists of three core elements delivered
19 in the primary care practice: care coordination and management; regular, proactive
20 outcome monitoring and treatment for outcome targets using standardized outcome
21 measurement rating scales and electronic tools, such as patient tracking; and regular
22 systematic psychiatric caseload reviews and consultation with a psychiatrist or other
23 psychiatric provider; and

24 WHEREAS, Economic studies demonstrate that the Collaborative Care Model saves
25 money, with a recent actuarial analysis estimating savings of 5% to 10% of total health care
26 costs for individuals with behavioral health conditions; and

27 WHEREAS, The Centers for Medicare and Medicaid Services approved
28 reimbursement codes for the Collaborative Care Model in its 2017 Medicare Physician Fee
29 Schedule; and

30 WHEREAS, Given the potential of the Collaborative Care Model to control costs,
31 improve access and clinical outcomes, and increase patient satisfaction, the Maryland
32 Department of Health indicated its interest in moving forward with a pilot program in its
33 January 2017 response to the Joint Chairmen’s Report on Opportunities to Adopt
34 Collaborative Care in the HealthChoice Program; now, therefore,

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

Article – Health – General

15-140.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “COLLABORATIVE CARE MODEL” MEANS AN EVIDENCE-BASED APPROACH FOR INTEGRATING SOMATIC AND BEHAVIORAL HEALTH SERVICES IN PRIMARY CARE SETTINGS THAT INCLUDES:

(I) CARE COORDINATION AND MANAGEMENT;

(II) REGULAR, PROACTIVE OUTCOME MONITORING AND TREATMENT FOR OUTCOME TARGETS USING STANDARDIZED OUTCOME MEASUREMENT RATING SCALES AND ELECTRONIC TOOLS, SUCH AS PATIENT TRACKING; AND

(III) REGULAR SYSTEMATIC PSYCHIATRIC AND SUBSTANCE USE DISORDER CASELOAD REVIEWS AND CONSULTATION WITH A PSYCHIATRIST OR ANY OTHER PSYCHIATRIC PROVIDER, AN ADDICTION MEDICINE SPECIALIST, OR ANY OTHER BEHAVIORAL HEALTH MEDICINE SPECIALIST AS ALLOWED UNDER FEDERAL REGULATIONS GOVERNING THE MODEL.

(3) “PILOT PROGRAM” MEANS THE COLLABORATIVE CARE PILOT PROGRAM.

(B) THIS SECTION MAY NOT BE CONSTRUED TO PROHIBIT REFERRALS FROM A PRIMARY CARE PROVIDER TO A SPECIALTY BEHAVIORAL HEALTH CARE PROVIDER.

~~(B)~~ (C) THERE IS A COLLABORATIVE CARE PILOT PROGRAM IN THE DEPARTMENT.

~~(C)~~ (D) THE PURPOSE OF THE PILOT PROGRAM IS TO ESTABLISH AND IMPLEMENT A COLLABORATIVE CARE MODEL IN PRIMARY CARE SETTINGS IN WHICH HEALTH CARE SERVICES ARE PROVIDED TO PROGRAM RECIPIENTS ENROLLED IN HEALTHCHOICE.

~~(D)~~ (E) THE DEPARTMENT SHALL ADMINISTER THE PILOT PROGRAM.

~~(E)~~ (F) (1) THE DEPARTMENT SHALL SELECT UP TO THREE SITES AT WHICH A COLLABORATIVE CARE MODEL SHALL BE ESTABLISHED OVER A 4-YEAR PERIOD.

1 **(2) THE SITES SELECTED BY THE DEPARTMENT SHALL BE ADULT OR**
2 **PEDIATRIC NONSPECIALTY MEDICAL PRACTICES OR HEALTH SYSTEMS THAT SERVE**
3 **A SIGNIFICANT NUMBER OF PROGRAM RECIPIENTS.**

4 **(3) TO THE EXTENT PRACTICABLE, ONE OF THE SITES SELECTED BY**
5 **THE DEPARTMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE**
6 **LOCATED IN A RURAL AREA OF THE STATE.**

7 **(G) THE SITES SELECTED BY THE DEPARTMENT UNDER SUBSECTION (F) OF**
8 **THIS SECTION SHALL ENSURE THAT TREATMENT SERVICES, PRESCRIPTIONS, AND**
9 **CARE MANAGEMENT THAT WOULD BE PROVIDED TO AN INDIVIDUAL UNDER THE**
10 **PILOT PROGRAM ARE NOT DUPLICATIVE OF SPECIALTY BEHAVIORAL HEALTH CARE**
11 **SERVICES BEING RECEIVED BY THE INDIVIDUAL.**

12 ~~**(F)**~~ **(H)** THE DEPARTMENT SHALL PROVIDE FUNDING TO SITES
13 PARTICIPATING IN THE PILOT PROGRAM FOR:

14 **(1) INFRASTRUCTURE DEVELOPMENT, INCLUDING THE**
15 **DEVELOPMENT OF A PATIENT REGISTRY AND OTHER MONITORING, REPORTING,**
16 **AND BILLING TOOLS REQUIRED TO IMPLEMENT A COLLABORATIVE CARE MODEL;**

17 **(2) TRAINING STAFF TO IMPLEMENT THE COLLABORATIVE CARE**
18 **MODEL;**

19 **(3) STAFFING FOR CARE MANAGEMENT AND PSYCHIATRIC**
20 **CONSULTATION PROVIDED UNDER THE COLLABORATIVE CARE MODEL; AND**

21 **(4) OTHER PURPOSES NECESSARY TO IMPLEMENT AND EVALUATE**
22 **THE COLLABORATIVE CARE MODEL.**

23 ~~**(G)**~~ **(I)** THE DEPARTMENT SHALL ~~COLLECT~~:

24 **(1) COLLABORATE WITH STAKEHOLDERS IN THE DEVELOPMENT,**
25 **IMPLEMENTATION, AND OUTCOME MONITORING OF THE PILOT PROGRAM; AND**

26 **(2) COLLECT** OUTCOMES DATA ON RECIPIENTS OF HEALTH CARE
27 **SERVICES UNDER THE PILOT PROGRAM TO:**

28 ~~**(4)**~~ **(I)** EVALUATE THE EFFECTIVENESS OF THE COLLABORATIVE
29 **CARE MODEL, INCLUDING BY EVALUATING THE NUMBER OF AND OUTCOMES FOR**
30 **INDIVIDUALS WHO:**

1 1. WERE NOT DIAGNOSED AS HAVING A BEHAVIORAL
2 HEALTH CONDITION BEFORE RECEIVING TREATMENT THROUGH THE PILOT
3 PROGRAM;

4 2. WERE NOT DIAGNOSED AS HAVING A BEHAVIORAL
5 HEALTH CONDITION BEFORE BEING REFERRED TO AND TREATED BY A SPECIALTY
6 BEHAVIORAL HEALTH PROVIDER;

7 3. RECEIVED BEHAVIORAL HEALTH SERVICES IN A
8 PRIMARY CARE SETTING BEFORE RECEIVING TREATMENT THROUGH THE PILOT
9 PROGRAM; AND

10 4. RECEIVED SPECIALTY BEHAVIORAL HEALTH CARE
11 SERVICES BEFORE BEING IDENTIFIED AS ELIGIBLE TO RECEIVE TREATMENT
12 THROUGH THE PILOT PROGRAM; AND

13 ~~(2)~~ (II) DETERMINE WHETHER TO IMPLEMENT THE
14 COLLABORATIVE CARE MODEL STATEWIDE IN PRIMARY CARE SETTINGS THAT
15 PROVIDE HEALTH CARE SERVICES TO PROGRAM RECIPIENTS.

16 ~~(H)~~ (J) THE DEPARTMENT SHALL APPLY TO THE CENTERS FOR
17 MEDICARE AND MEDICAID SERVICES FOR AN AMENDMENT TO THE STATE'S 1115
18 HEALTHCHOICE DEMONSTRATION WAIVER IF NECESSARY TO IMPLEMENT THE
19 PILOT PROGRAM.

20 ~~(I)~~ (K) FOR FISCAL YEAR 2020, FISCAL YEAR 2021, FISCAL YEAR 2022,
21 AND FISCAL YEAR 2023, THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET
22 AN APPROPRIATION OF \$550,000 FOR THE PILOT PROGRAM.

23 ~~(J)~~ (L) ON OR BEFORE NOVEMBER 1, 2023, THE DEPARTMENT SHALL
24 REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE
25 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE DEPARTMENT'S
26 FINDINGS AND RECOMMENDATIONS FROM THE PILOT PROGRAM.

27 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
28 1, 2018. It shall remain effective for a period of 6 years and, at the end of June 30, 2024,
29 this Act, with no further action required by the General Assembly, shall be abrogated and
30 of no further force and effect.