

SENATE BILL 835

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By: Senator Madaleno

Introduced and read first time: February 5, 2018

Assigned to: Finance

A BILL ENTITLED

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, collect certain data for
8 a certain purpose, apply to a certain federal agency for a certain waiver under a
9 certain circumstance, and report to the Governor and the General Assembly certain
10 findings and recommendations on or before a certain date; requiring the Governor to
11 include in the annual budget for certain fiscal years a certain appropriation for the
12 Pilot Program; defining certain terms; providing for the termination of this Act; and
13 generally relating to the Collaborative Care Pilot Program.

14 BY adding to

15 Article – Health – General

16 Section 15–140

17 Annotated Code of Maryland

18 (2015 Replacement Volume and 2017 Supplement)

19 Preamble

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

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

25 WHEREAS, Three decades of research and over 80 randomized control trials have
26 identified one model in particular, the Collaborative Care Model, as being effective in

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 delivering care for substance use and mental health treatment in primary care settings;
2 and

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

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

12 WHEREAS, The Centers for Medicare and Medicaid Services approved
13 reimbursement codes for the Collaborative Care Model in its 2017 Medicare Physician Fee
14 Schedule; and

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

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

22 **Article – Health – General**

23 **15–140.**

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

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

29 (I) CARE COORDINATION AND MANAGEMENT;

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

34 (III) REGULAR SYSTEMATIC PSYCHIATRIC CASELOAD REVIEWS

1 AND CONSULTATION WITH A PSYCHIATRIST OR ANY OTHER PSYCHIATRIC PROVIDER.

2 (3) "PILOT PROGRAM" MEANS THE COLLABORATIVE CARE PILOT
3 PROGRAM.

4 (B) THERE IS A COLLABORATIVE CARE PILOT PROGRAM IN THE
5 DEPARTMENT.

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

10 (D) THE DEPARTMENT SHALL ADMINISTER THE PILOT PROGRAM.

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

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

16 (F) THE DEPARTMENT SHALL PROVIDE FUNDING TO SITES PARTICIPATING
17 IN THE PILOT PROGRAM FOR:

18 (1) INFRASTRUCTURE DEVELOPMENT, INCLUDING THE
19 DEVELOPMENT OF A PATIENT REGISTRY AND OTHER MONITORING, REPORTING,
20 AND BILLING TOOLS REQUIRED TO IMPLEMENT A COLLABORATIVE CARE MODEL;

21 (2) TRAINING STAFF TO IMPLEMENT THE COLLABORATIVE CARE
22 MODEL;

23 (3) STAFFING FOR CARE MANAGEMENT AND PSYCHIATRIC
24 CONSULTATION PROVIDED UNDER THE COLLABORATIVE CARE MODEL; AND

25 (4) OTHER PURPOSES NECESSARY TO IMPLEMENT AND EVALUATE
26 THE COLLABORATIVE CARE MODEL.

27 (G) THE DEPARTMENT SHALL COLLECT OUTCOMES DATA ON RECIPIENTS
28 OF HEALTH CARE SERVICES UNDER THE PILOT PROGRAM TO:

29 (1) EVALUATE THE EFFECTIVENESS OF THE COLLABORATIVE CARE
30 MODEL; AND

4 (H) THE DEPARTMENT SHALL APPLY TO THE CENTERS FOR MEDICARE AND
5 MEDICAID SERVICES FOR AN AMENDMENT TO THE STATE'S 1115 HEALTHCHOICE
6 DEMONSTRATION WAIVER IF NECESSARY TO IMPLEMENT THE PILOT PROGRAM.

10 (J) ON OR BEFORE NOVEMBER 1, 2023, THE DEPARTMENT SHALL REPORT
11 TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE
12 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE DEPARTMENT'S
13 FINDINGS AND RECOMMENDATIONS FROM THE PILOT PROGRAM.

14 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
15 1, 2018. It shall remain effective for a period of 6 years and, at the end of June 30, 2024,
16 this Act, with no further action required by the General Assembly, shall be abrogated and
17 of no further force and effect.