

SENATE BILL 1053

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0lr3698
CF HB 611

By: **Senator Klausmeier**

Introduced and read first time: February 21, 2020

Assigned to: Rules

Re-referred to: Finance, February 24, 2020

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 14, 2020

CHAPTER _____

1 AN ACT concerning

2 **Baltimore County – Behavioral Health – Hub and Spoke Pilot Program**

3 FOR the purpose of establishing the Baltimore County Hub and Spoke Pilot Program;
4 establishing the purpose and goals of the Program; requiring the Program to use a
5 certain model of care; requiring the Baltimore County Department of Health, in
6 consultation with the Behavioral Health Administration in the Maryland
7 Department of Health and certain stakeholders, to develop and implement the
8 Program in a certain manner; requiring the Baltimore County Department of Health
9 to report to the Opioid Operational Command Center and certain committees of the
10 General Assembly on or before a certain date on the results of the Program; providing
11 for the application of this Act; providing for the termination of this Act; defining
12 certain terms; and generally relating to the Baltimore County Hub and Spoke Pilot
13 Program.

14 BY adding to

15 Article – Health – General
16 Section 13–4101 through 13–4105 to be under the new subtitle “Subtitle 41.
17 Baltimore County Hub and Spoke Pilot Program”
18 Annotated Code of Maryland
19 (2019 Replacement Volume)

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

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.



1 Article – Health – General

2 SUBTITLE 41. BALTIMORE COUNTY HUB AND SPOKE PILOT PROGRAM.

3 13-4101.

4 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
5 INDICATED.

6 ~~(B) “COMMUNITY CARE PROVIDER” MEANS A PRIMARY CARE PROVIDER, AN~~
7 ~~INFECTIOUS DISEASE PHYSICIAN, A PSYCHIATRIST, OR ANY OTHER PROVIDER WHO~~
8 ~~IS:~~

9 ~~(1) WAIVERED TO PRESCRIBE BUPRENORPHINE; AND~~

10 ~~(2) KNOWLEDGEABLE OF THE DISEASE MODEL OF ADDICTION.~~

11 ~~(B)~~ (B) “MEDICATION” MEANS A DRUG APPROVED BY THE FEDERAL
12 FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE
13 DISORDER.

14 ~~(C)~~ (C) “MEDICATION-ASSISTED TREATMENT” MEANS THE USE OF
15 MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH
16 THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE
17 DISORDER.

18 ~~(D)~~ (D) “PROGRAM” MEANS THE BALTIMORE COUNTY HUB AND SPOKE
19 PILOT PROGRAM.

20 ~~(E)~~ (E) “SPOKE PROVIDER” MEANS A COMMUNITY CARE PROVIDER WHO
21 IS WILLING AND ABLE TO:

22 (1) PROVIDE ONGOING OPIOID USE DISORDER TREATMENT THAT IS
23 FULLY INTEGRATED WITH GENERAL HEALTH CARE AND WELLNESS SERVICES;

24 (2) WORK WITHIN THE INTEGRATIVE MODEL OF CARE ESTABLISHED
25 UNDER THE PROGRAM; AND

26 (3) MANAGE AND MONITOR THE ~~BUPRENORPHINE~~ TREATMENT OF AN
27 INDIVIDUAL.

28 13-4102.

29 THIS SUBTITLE APPLIES ONLY IN BALTIMORE COUNTY.

1 13-4103.

2 (A) THERE IS A HUB AND SPOKE PILOT PROGRAM IN BALTIMORE COUNTY.

3 (B) (1) THE PURPOSE OF THE PROGRAM IS TO INCREASE THE
4 AVAILABILITY OF ADDICTION TREATMENT THROUGH THE ESTABLISHMENT OF A
5 HUB AND SPOKE MODEL OF CARE FOR INDIVIDUALS WITH OPIOID USE DISORDER.

6 (2) THE GOALS OF THE PROGRAM ARE TO:

7 (I) OFFER AND PROVIDE TREATMENT ON DEMAND BY
8 MINIMIZING BARRIERS TO TREATMENT THROUGH A MODEL THAT OFFERS ONGOING
9 OPIOID USE DISORDER TREATMENT THAT IS FULLY INTEGRATED WITH GENERAL
10 HEALTH CARE AND WELLNESS SERVICES;

11 (II) USE AN INDIVIDUALIZED AND WHOLE PERSON APPROACH
12 TO OPIOID USE DISORDER TREATMENT, INCLUDING HEALTH INTEGRATION
13 PRINCIPLES, CASE MANAGEMENT, COUNSELING SERVICES, AND PEER SUPPORT;
14 AND

15 (III) INCREASE PARTICIPATION OF COMMUNITY-BASED SPOKE
16 PROVIDERS IN MANAGING AND MONITORING ~~BUPRENORPHINE~~
17 MEDICATION-ASSISTED TREATMENT FOR ONGOING MAINTENANCE.

18 13-4104.

19 THE PROGRAM SHALL USE A HUB AND SPOKE MODEL OF CARE THAT:

20 (1) IS AN EVIDENCE-BASED REGIONAL APPROACH FOR DELIVERING
21 MEDICATION-ASSISTED TREATMENT TO INDIVIDUALS WITH OPIOID USE DISORDER;

22 (2) ENABLES THE INITIATION OF TREATMENT AT A HUB SITE AT
23 WHICH PROVIDERS COLLABORATE WITH OTHER PROVIDERS AND SYSTEMS TO
24 COORDINATE CARE;

25 (3) OFFERS AT THE HUB SITE:

26 (I) DAILY MEDICATION AND THERAPEUTIC SUPPORT;

27 (II) ALL ELEMENTS OF MEDICATION-ASSISTED TREATMENT,
28 INCLUDING ASSESSMENT, MEDICATION DISPENSING, AND INDIVIDUAL AND GROUP
29 COUNSELING;

1 (III) PEER SUPPORT SERVICES FOR TREATMENT ENGAGEMENT,
2 COUNSELING, AND HEALTH INTEGRATION;

3 (IV) HEALTH HOME SUPPORTS, INCLUDING CASE MANAGEMENT,
4 CARE COORDINATION, MANAGEMENT OF TRANSITIONS OF CARE, FAMILY SUPPORT
5 SERVICES, HEALTH PROMOTION, AND REFERRAL TO COMMUNITY SERVICES; AND

6 (V) TRAININGS AND CONSULTATION TO SPOKE PROVIDERS;
7 AND

8 (4) REFERS TO TREATMENT BY A SPOKE PROVIDER INDIVIDUALS
9 WHO ARE DETERMINED TO BE STABLE AT THE HUB SITE.

10 13-4105.

11 (A) THE BALTIMORE COUNTY DEPARTMENT OF HEALTH, IN
12 CONSULTATION WITH ~~THE BEHAVIORAL HEALTH ADMINISTRATION IN THE~~
13 ~~DEPARTMENT AND~~ LOCAL STAKEHOLDERS AND AN ENTITY WITH EXPERIENCE IN
14 THE HUB AND SPOKE TREATMENT MODEL, SHALL DEVELOP AND IMPLEMENT THE
15 PROGRAM.

16 (B) THE DEVELOPMENT AND IMPLEMENTATION OF THE PROGRAM SHALL
17 INCLUDE:

18 (1) A DETERMINATION OF THE NUMBER OF HUB SITES AND SPOKE
19 PROVIDERS THAT CAN PARTICIPATE IN THE PROGRAM; AND

20 (2) THE SELECTION OF HUB SITES AND SPOKE PROVIDERS FOR
21 PARTICIPATION IN THE PROGRAM.

22 (C) ON OR BEFORE OCTOBER 1, 2023, THE BALTIMORE COUNTY
23 DEPARTMENT OF HEALTH SHALL REPORT TO THE SENATE FINANCE COMMITTEE
24 AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN
25 ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, AND THE
26 OPIOID OPERATIONAL COMMAND CENTER ON THE RESULTS OF THE BALTIMORE
27 COUNTY HUB AND SPOKE PILOT PROGRAM.

28 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
29 1, 2020. It shall remain effective for a period of 4 years and, at the end of June 30, 2024,
30 this Act, with no further action required by the General Assembly, shall be abrogated and
31 of no further force and effect.