

Department of Legislative Services
Maryland General Assembly
2020 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 332

(Delegate Bagnall, *et al.*)

Health and Government Operations

Finance

Mental Health – Confidentiality of Medical Records and Emergency Facilities
List

This bill authorizes the Maryland Department of Health (MDH), in the list of emergency facilities published annually related to emergency mental health evaluations, to include (1) comprehensive crisis response centers; (2) crisis stabilization centers; (3) crisis treatment centers; and (4) outpatient mental health clinics. MDH must give the list to each local behavioral health authority. Before including a facility on the list, MDH must consult with stakeholders to develop a model program structure that ensures that a program wishing to serve as an emergency facility meets specified requirements. MDH may not add an emergency facility to the list until the model facility standards have been developed. By September 30 each year, MDH must report to the General Assembly on emergency facilities and the model facility standards, as specified. The bill also alters the definition of “health care provider” as it pertains to the confidentiality of medical records to include a comprehensive crisis response center, a crisis stabilization center, and a crisis treatment center.

Fiscal Summary

State Effect: The bill is not anticipated to materially impact State finances or operations.

Local Effect: The bill is not anticipated to materially impact local government finances or operations.

Small Business Effect: None.

Analysis

Bill Summary: The model program structure developed by MDH must ensure that a program wishing to serve as an emergency facility:

- is adequately staffed to provide 24-hour emergency petition services;
- provides the necessary services required for an emergency petition;
- has written procedures in place that provide for involuntary admissions, through an emergency petition, including to a licensed hospital, as necessary;
- provides additional support to respect the due process rights of patients received through the emergency petition process; and
- complies with additional procedures as otherwise determined by MDH.

By September 30 each year, MDH must report to the General Assembly on (1) the number of facilities that have sought to be designated as an emergency facility; (2) the number of facilities that have attempted to meet the model facility standards; (3) the progress of the facilities toward meeting the model facility standards; (4) the development of collaborative models between State, local, and private entities; and (5) whether MDH, in consultation with stakeholders, has determined that any changes to the model facility standards are necessary.

Current Law: With respect to emergency mental health evaluations, at least once a year, MDH must (1) publish a list of emergency facilities and their addresses and (2) give the list to each health department, judge of a court, sheriff's office, police station, and Secret Service office in Maryland.

"Emergency facility" includes a licensed general hospital that has an emergency room, unless MDH, after consultation with the health officer, exempts the hospital.

A petition for emergency evaluation of an individual may be made only if the petitioner has reason to believe that the individual (1) has a mental disorder and (2) presents a danger to the life or safety of the individual or of others.

Background: As discussed in the Maryland Behavioral Health Advisory Council's November 2017 [*Strategic Plan: 24/7 Crisis Walk-in and Mobile Crisis Team Services*](#), crisis services are an essential component of any comprehensive system of behavioral health care. Crisis services significantly reduce preventable behavioral health crises and offer earlier intervention to stabilize crises more quickly and at the lowest level of care appropriate.

In 2015, there were more than 107,000 visits to emergency departments (EDs) in Maryland for behavioral health problems, of which 64% were mental health-related and 36% were substance use-related. Two jurisdictions (Howard and Montgomery counties) have relatively lower use of EDs, which may be due in part to having a more complete array of crisis services than most other jurisdictions.

Although local hospital EDs exist in all parts of Maryland, they are not always set up to optimally provide crisis treatment. Many times, EDs in more rural areas do not have the ideal physical space or personnel to adequately manage those in a behavioral health crisis.

Additional Information

Prior Introductions: None.

Designated Cross File: SB 441 (Senator Hayes, *et al.*) - Finance.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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