

# SENATE BILL 637

J1, J5

2lr1432  
CF HB 935

---

By: **Senator Augustine**

Introduced and read first time: February 3, 2022

Assigned to: Finance

---

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 27, 2022

---

## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health and Health Insurance – Behavioral Health Services – Expansion**  
3 **(Behavioral Health System Modernization Act)**

4 FOR the purpose of requiring the ~~Maryland Medical Assistance Program to provide~~  
5 ~~reimbursement for certain behavioral health peer recovery, measurement based~~  
6 ~~care, and crisis response services, subject to certain limitations; requiring the~~  
7 ~~Maryland Department of Health to expand access to and provide reimbursement for~~  
8 ~~certain behavioral health collaborative care, case management, and wraparound~~  
9 ~~services; requiring the Governor to include in the annual budget bill certain~~  
10 ~~appropriations to fund certain behavioral health services and supports; requiring~~  
11 ~~certain insurers, nonprofit health service plans, and health maintenance~~  
12 ~~organizations to provide coverage and reimbursement for certain behavioral health~~  
13 ~~services~~ Maryland Department of Health to review and consider options for adopting  
14 existing programs or services to provide wraparound services to children and youth  
15 with primary substance use disorders and review and make recommendations  
16 regarding eligibility requirements for the 1915(i) waiver and mental health case  
17 management; requiring the Maryland Insurance Administration, in consultation  
18 with certain stakeholders, to study and make recommendations on certain issues  
19 related to commercial carrier reimbursement of behavioral health clinical peer  
20 specialists and crisis response services; and generally relating to the expansion of  
21 the provision, ~~funding,~~ and coverage of and eligibility for behavioral health services.

22 ~~BY adding to~~

23 ~~Article – Health – General~~

---

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.



~~Section 7.5-901 to be under the new subtitle “Subtitle 9. Funding for Wellness and Recovery Centers, Recovery Community Centers, and Peer Recovery Services”; 15-101(a-1), (a-2), and (c-1) and 15-103(a)(2)(xviii); and 15-1101 and 15-1102 to be under the new subtitle “Subtitle 11. Home and Community Based Services for Children and Youth”~~

~~Annotated Code of Maryland  
(2019 Replacement Volume and 2021 Supplement)~~

~~BY repealing and reenacting, without amendments,~~

~~Article Health General  
Section 15-101(a) and 15-103(a)(1)~~

~~Annotated Code of Maryland  
(2019 Replacement Volume and 2021 Supplement)~~

~~BY repealing and reenacting, with amendments,~~

~~Article Health General  
Section 15-101(a-1) and (a-2), 15-103(a)(2)(xvi) and (xvii), and 15-141.1~~

~~Annotated Code of Maryland  
(2019 Replacement Volume and 2021 Supplement)~~

~~BY adding to~~

~~Article Insurance  
Section 15-717 and 15-857  
Annotated Code of Maryland~~

~~(2017 Replacement Volume and 2021 Supplement)~~

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

~~Article Health General~~

~~SUBTITLE 9. FUNDING FOR WELLNESS AND RECOVERY CENTERS, RECOVERY  
COMMUNITY CENTERS, AND PEER RECOVERY SERVICES.~~

~~7.5-901.~~

~~THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL THE  
FOLLOWING AMOUNTS FOR WELLNESS AND RECOVERY CENTERS, RECOVERY  
COMMUNITY CENTERS, AND PEER RECOVERY SERVICES:~~

~~(1) \$15,000,000 FOR FISCAL YEAR 2024;~~

~~(2) \$18,000,000 FOR FISCAL YEAR 2025;~~

~~(3) \$21,000,000 FOR FISCAL YEAR 2026; AND~~

~~(4) \$24,000,000 FOR FISCAL YEAR 2027 AND EACH FISCAL YEAR THEREAFTER.~~

~~15-101.~~

~~(a) In this title the following words have the meanings indicated.~~

~~(A-1) "BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES" MEANS EVIDENCE-BASED RESOURCES DESIGNED TO SERVE INDIVIDUALS EXPERIENCING A MENTAL HEALTH OR SUBSTANCE USE EMERGENCY, INCLUDING:~~

~~(1) CRISIS CALL CENTERS AND HOTLINE SERVICES;~~

~~(2) MOBILE CRISIS SERVICES; AND~~

~~(3) CRISIS RECEIVING AND STABILIZATION SERVICES.~~

~~(A-2) "CERTIFIED PEER RECOVERY SPECIALIST" MEANS AN INDIVIDUAL WHO HAS BEEN CERTIFIED BY AN ENTITY APPROVED BY THE DEPARTMENT FOR THE PURPOSE OF PROVIDING PEER SUPPORT SERVICES, AS DEFINED UNDER § 7.5-101 OF THIS ARTICLE.~~

~~[(a-1)](A-3) "Dental managed care organization" means a pre-paid dental plan that receives fees to manage dental services.~~

~~[(a-2)](A-4) "Dental services" means diagnostic, emergency, preventive, and therapeutic services for oral diseases.~~

~~(E-1) "MEASUREMENT-BASED CARE" MEANS AN EVIDENCE-BASED PRACTICE THAT INVOLVES THE SYSTEMATIC COLLECTION OF DATA TO MONITOR TREATMENT PROGRESS, ASSESS OUTCOMES, AND GUIDE TREATMENT DECISIONS, FROM INITIAL SCREENING TO COMPLETION OF CARE, THAT IS USED TO EVALUATE:~~

~~(1) SYMPTOMS;~~

~~(2) FUNCTIONING AND SATISFACTION WITH LIFE;~~

~~(3) READINESS TO CHANGE; AND~~

~~(4) THE TREATMENT PROCESS.~~

~~15-103.~~

~~(a) (1) The Secretary shall administer the Maryland Medical Assistance Program.~~

1           ~~(2) The Program:~~

2                   ~~(xvi) Beginning on January 1, 2021, shall provide, subject to the~~  
 3 ~~limitations of the State budget and § 15-855(b)(2) of the Insurance Article, and as permitted~~  
 4 ~~by federal law, services for pediatric autoimmune neuropsychiatric disorders associated~~  
 5 ~~with streptococcal infections and pediatric acute onset neuropsychiatric syndrome,~~  
 6 ~~including the use of intravenous immunoglobulin therapy, for eligible Program recipients,~~  
 7 ~~if pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections~~  
 8 ~~and pediatric acute onset neuropsychiatric syndrome are coded for billing and diagnosis~~  
 9 ~~purposes in accordance with § 15-855(d) of the Insurance Article; [and]~~

10                   ~~(xvii) Beginning on January 1, 2022, may not include, subject to federal~~  
 11 ~~approval and limitations of the State budget, a frequency limitation on covered dental~~  
 12 ~~prophylaxis care or oral health exams that requires the dental prophylaxis care or oral~~  
 13 ~~health exams to be provided at an interval greater than 120 days within a plan year; AND~~

14                   ~~(XVIII) BEGINNING ON JANUARY 1, 2023, SHALL PROVIDE,~~  
 15 ~~SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET, AND AS PERMITTED BY~~  
 16 ~~FEDERAL LAW, REIMBURSEMENT FOR:~~

17                   ~~1. SERVICES PROVIDED BY CERTIFIED PEER RECOVERY~~  
 18 ~~SPECIALISTS;~~

19                   ~~2. MEASUREMENT BASED CARE PROVIDED IN~~  
 20 ~~BEHAVIORAL HEALTH SETTINGS, INCLUDING OUTPATIENT MENTAL HEALTH~~  
 21 ~~CENTERS; AND~~

22                   ~~3. BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES.~~

23 ~~15-141.1.~~

24           ~~(a) [(1)] In this section [the following words have the meanings indicated.~~

25                   ~~(2)], “Collaborative Care Model” means an evidence based approach for~~  
 26 ~~integrating somatic and behavioral health services in primary care settings that includes:~~

27                   ~~[(i)] (1) Care coordination and management;~~

28                   ~~[(ii)] (2) Regular, proactive outcome monitoring and treatment for~~  
 29 ~~outcome targets using standardized outcome measurement rating scales and electronic~~  
 30 ~~tools, such as patient tracking; and~~

31                   ~~[(iii)] (3) Regular systematic psychiatric and substance use disorder~~  
 32 ~~caseload reviews and consultation with a psychiatrist, an addiction medicine specialist, or~~

~~1 any other behavioral health medicine specialist as allowed under federal regulations  
2 governing the model.~~

~~3 [(3) "Pilot Program" means the Collaborative Care Pilot Program.]~~

~~4 (b) This section may not be construed to prohibit referrals from a primary care  
5 provider to a specialty behavioral health care provider.~~

~~6 [(c) There is a Collaborative Care Pilot Program in the Department.~~

~~7 (d) The purpose of the Pilot Program is to establish and implement a  
8 Collaborative Care Model in primary care settings in which health care services are  
9 provided to Program recipients enrolled in HealthChoice.~~

~~10 (e) The Department shall administer the Pilot Program.~~

~~11 (f) (1) The Department shall select up to three sites at which a Collaborative  
12 Care Model shall be established over a 4-year period.~~

~~13 (2) The sites selected by the Department shall be adult or pediatric  
14 nonspecialty medical practices or health systems that serve a significant number of  
15 Program recipients.~~

~~16 (3) To the extent practicable, one of the sites selected by the Department  
17 under paragraph (1) of this subsection shall be located in a rural area of the State.~~

~~18 (g) The sites selected by the Department under subsection (f) of this section shall  
19 ensure that treatment services, prescriptions, and care management that would be  
20 provided to an individual under the Pilot Program are not duplicative of specialty  
21 behavioral health care services being received by the individual.~~

~~22 (h) The Department shall provide funding to sites participating in the Pilot  
23 Program for:~~

~~24 (1) Infrastructure development, including the development of a patient  
25 registry and other monitoring, reporting, and billing tools required to implement a  
26 Collaborative Care Model;~~

~~27 (2) Training staff to implement the Collaborative Care Model;~~

~~28 (3) Staffing for care management and psychiatric consultation provided  
29 under the Collaborative Care Model; and~~

~~30 (4) Other purposes necessary to implement and evaluate the Collaborative  
31 Care Model.~~

~~32 (i) The Department shall:~~

1 ~~(1) Collaborate with stakeholders in the development, implementation,~~  
 2 ~~and outcome monitoring of the Pilot Program; and~~

3 ~~(2) Collect outcomes data on recipients of health care services under the~~  
 4 ~~Pilot Program to:~~

5 ~~(i) Evaluate the effectiveness of the Collaborative Care Model,~~  
 6 ~~including by evaluating the number of and outcomes for individuals who:~~

7 ~~1. Were not diagnosed as having a behavioral health~~  
 8 ~~condition before receiving treatment through the Pilot Program;~~

9 ~~2. Were not diagnosed as having a behavioral health~~  
 10 ~~condition before being referred to and treated by a specialty behavioral health provider;~~

11 ~~3. Received behavioral health services in a primary care~~  
 12 ~~setting before receiving treatment through the Pilot Program; and~~

13 ~~4. Received specialty behavioral health care services before~~  
 14 ~~being identified as eligible to receive treatment through the Pilot Program; and]~~

15 ~~[(i)] (c) [Determine whether to] THE DEPARTMENT SHALL~~  
 16 ~~implement AND PROVIDE REIMBURSEMENT FOR SERVICES PROVIDED IN~~  
 17 ~~ACCORDANCE WITH the Collaborative Care Model statewide in primary care settings that~~  
 18 ~~provide health care services to Program recipients.~~

19 ~~[(j) The Department shall apply to the Centers for Medicare and Medicaid~~  
 20 ~~Services for an amendment to the State's § 1115 HealthChoice Demonstration waiver if~~  
 21 ~~necessary to implement the Pilot Program.~~

22 ~~(k) For fiscal year 2020, fiscal year 2021, fiscal year 2022, and fiscal year 2023,~~  
 23 ~~the Governor shall include in the annual budget an appropriation of \$550,000 for the Pilot~~  
 24 ~~Program.~~

25 ~~(l) On or before November 1, 2023, the Department shall report to the Governor~~  
 26 ~~and, in accordance with § 2-1257 of the State Government Article, the General Assembly~~  
 27 ~~on the Department's findings and recommendations from the Pilot Program.]~~

28 ~~SUBTITLE 11. HOME AND COMMUNITY-BASED SERVICES FOR CHILDREN AND~~  
 29 ~~YOUTH.~~

30 ~~15-1101.~~

31 ~~(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS~~  
 32 ~~INDICATED.~~

1       ~~(B) "FAMILY-CENTERED TREATMENT" MEANS AN EVIDENCE-BASED~~  
2 ~~PRACTICE USED TO STABILIZE YOUTH IN THE HOME BY ADDRESSING UNDERLYING~~  
3 ~~FUNCTIONS OF BEHAVIOR IN ORDER TO REDUCE DISRUPTIONS IN THE HOME,~~  
4 ~~SCHOOL, AND COMMUNITY.~~

5       ~~(C) "FUNCTIONAL FAMILY THERAPY" MEANS A FAMILY-BASED~~  
6 ~~PREVENTION AND INTERVENTION PROGRAM FOR HIGH-RISK YOUTH THAT~~  
7 ~~ADDRESSES COMPLEX AND MULTIDIMENSIONAL PROBLEMS THROUGH CLINICAL~~  
8 ~~PRACTICE THAT IS FLEXIBLY STRUCTURED AND CULTURALLY SENSITIVE.~~

9       ~~(D) "MENTAL HEALTH CASE-MANAGEMENT PROGRAM" MEANS A PROGRAM~~  
10 ~~THAT PROVIDES AN IDENTIFIED SUBSET OF WRAPAROUND SERVICES.~~

11       ~~(E) "1915(I) MODEL" MEANS THE 1915(I) INTENSIVE BEHAVIORAL HEALTH~~  
12 ~~SERVICES FOR CHILDREN, YOUTH, AND FAMILIES PROGRAM ESTABLISHED UNDER~~  
13 ~~TITLE 10, SUBTITLE 9, CHAPTER 89 OF THE CODE OF MARYLAND REGULATIONS.~~

14       ~~(F) "WRAPAROUND SERVICES" MEANS SERVICES PROVIDED TO CHILDREN~~  
15 ~~AND YOUTH WITH INTENSIVE MENTAL HEALTH NEEDS AND THEIR FAMILIES IN~~  
16 ~~THEIR COMMUNITIES, INCLUDING:~~

17           ~~(1) INTENSIVE CARE COORDINATION;~~

18           ~~(2) CHILD AND FAMILY TEAM MEETINGS; AND~~

19           ~~(3) PLANS OF CARE THAT ARE INDIVIDUALIZED TO EACH FAMILY AND~~  
20 ~~INCLUDE:~~

21                   ~~(i) FORMAL SUPPORTS, INCLUDING INDIVIDUAL AND FAMILY~~  
22 ~~THERAPY; AND~~

23                   ~~(ii) INFORMAL SUPPORTS, INCLUDING INTENSIVE IN-HOME~~  
24 ~~SERVICES, RESPITE CARE, MOBILE CRISIS RESPONSE AND STABILIZATION, FAMILY~~  
25 ~~PEER SUPPORT, EXPERIENTIAL THERAPIES, AND FLEXIBLE FUNDS FOR GOODS AND~~  
26 ~~SERVICES THAT ARE IDENTIFIED IN THE PLAN OF CARE.~~

27 ~~15-1102.~~

28       ~~(A) THE DEPARTMENT SHALL ENSURE THAT CARE COORDINATORS~~  
29 ~~DELIVERING SERVICES UNDER THE 1915(I) MODEL OR A MENTAL HEALTH CASE~~  
30 ~~MANAGEMENT PROGRAM RECEIVE TRAINING IN THE DELIVERY OF WRAPAROUND~~  
31 ~~SERVICES.~~

~~(B) THE DEPARTMENT SHALL PROVIDE REIMBURSEMENT FOR:~~

~~(1) WRAPAROUND SERVICES DELIVERED BY CARE COORDINATORS UNDER THE 1915(I) MODEL OR A MENTAL HEALTH CASE MANAGEMENT PROGRAM THAT IS COMMENSURATE WITH INDUSTRY STANDARDS FOR THE REIMBURSEMENT OF THE DELIVERY OF WRAPAROUND SERVICES; AND~~

~~(2) INTENSIVE IN-HOME SERVICES DELIVERED BY PROVIDERS USING FAMILY-CENTERED TREATMENT, FUNCTIONAL FAMILY THERAPY, AND OTHER EVIDENCE-BASED PRACTICES UNDER THE 1915(I) MODEL THAT IS COMMENSURATE WITH INDUSTRY STANDARDS FOR THE REIMBURSEMENT OF THE DELIVERY OF FAMILY-CENTERED TREATMENT, FUNCTIONAL FAMILY THERAPY, AND OTHER EVIDENCE-BASED PRACTICES.~~

~~(C) BEGINNING IN FISCAL YEAR 2023, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL FUND 100 SLOTS IN THE MENTAL HEALTH CASE MANAGEMENT PROGRAM FOR CHILDREN OR YOUTH WHO ARE NOT ELIGIBLE FOR PROGRAM SERVICES AND AT RISK OF OUT-OF-HOME PLACEMENT.~~

~~(D) THE GOVERNOR SHALL INCLUDE IN THE ANNUAL OPERATING BUDGET BILL THE FOLLOWING AMOUNTS TO FUND CUSTOMIZED GOODS AND SERVICES FOR YOUTH RECEIVING SERVICES UNDER THE 1915(I) MODEL OR MENTAL HEALTH CASE MANAGEMENT PROGRAM:~~

~~(1) \$150,000 FOR FISCAL YEAR 2024;~~

~~(2) \$250,000 FOR FISCAL YEAR 2025; AND~~

~~(3) \$350,000 FOR FISCAL YEAR 2026 AND EACH FISCAL YEAR THEREAFTER.~~

#### ~~Article Insurance~~

~~15-717.~~

~~(A) IN THIS SECTION, "CERTIFIED PEER RECOVERY SPECIALIST" MEANS AN INDIVIDUAL WHO HAS BEEN CERTIFIED BY AN ENTITY APPROVED BY THE MARYLAND DEPARTMENT OF HEALTH FOR THE PURPOSE OF PROVIDING PEER SUPPORT SERVICES, AS DEFINED UNDER § 7.5-101 OF THE HEALTH GENERAL ARTICLE.~~

~~(B) THIS SECTION APPLIES TO:~~



1           ~~(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT~~  
2 ~~PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS~~  
3 ~~ON AN EXPENSE INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR~~  
4 ~~CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND~~

5           ~~(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE~~  
6 ~~HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER~~  
7 ~~CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.~~

8           ~~(C) IF A POLICY OR CONTRACT SUBJECT TO THIS SECTION PROVIDES FOR~~  
9 ~~REIMBURSEMENT FOR A SERVICE THAT IS WITHIN THE LAWFUL SCOPE OF~~  
10 ~~ACTIVITIES OF A CERTIFIED PEER RECOVERY SPECIALIST PROVIDING SERVICES~~  
11 ~~UNDER THE SUPERVISION OF A BEHAVIORAL HEALTH PROGRAM LICENSED BY THE~~  
12 ~~SECRETARY OF HEALTH UNDER § 7.5-401 OF THE HEALTH GENERAL ARTICLE,~~  
13 ~~THE INSURED OR ANY OTHER PERSON COVERED BY THE POLICY OR CONTRACT IS~~  
14 ~~ENTITLED TO REIMBURSEMENT FOR THE SERVICE.~~

15 ~~15-857.~~

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

18           ~~(2) "BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES" MEANS~~  
19 ~~EVIDENCE-BASED SERVICES DESIGNED TO SERVE INDIVIDUALS EXPERIENCING A~~  
20 ~~MENTAL HEALTH OR SUBSTANCE USE EMERGENCY, INCLUDING:~~

21                   ~~(I) CRISIS CALL CENTERS AND HOTLINE SERVICES;~~

22                   ~~(II) MOBILE CRISIS SERVICES; AND~~

23                   ~~(III) CRISIS RECEIVING AND STABILIZATION SERVICES.~~

24           ~~(3) "MEASUREMENT BASED CARE" MEANS AN EVIDENCE BASED~~  
25 ~~PRACTICE THAT INVOLVES THE SYSTEMATIC COLLECTION OF DATA TO MONITOR~~  
26 ~~TREATMENT PROGRESS, ASSESS OUTCOMES, AND GUIDE TREATMENT DECISIONS,~~  
27 ~~FROM INITIAL SCREENING TO COMPLETION OF CARE, THAT IS USED TO EVALUATE:~~

28                   ~~(I) SYMPTOMS;~~

29                   ~~(II) FUNCTIONING AND SATISFACTION WITH LIFE;~~

30                   ~~(III) READINESS TO CHANGE; AND~~

31                   ~~(IV) THE TREATMENT PROCESS.~~

1 ~~(b) THIS SECTION APPLIES TO:~~

2 ~~(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT ISSUE~~  
 3 ~~OR DELIVER HEALTH INSURANCE POLICIES OR CONTRACTS IN THE STATE; AND~~

4 ~~(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE~~  
 5 ~~COVERAGE TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR~~  
 6 ~~DELIVERED IN THE STATE.~~

7 ~~(c) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR:~~

8 ~~(1) BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES; AND~~

9 ~~(2) MEASUREMENT BASED CARE PROVIDED IN A BEHAVIORAL~~  
 10 ~~HEALTH SETTING.~~

11 ~~SECTION 2. AND BE IT FURTHER ENACTED, That:~~

12 ~~(a) (1) On or before December 1, 2022, the Maryland Department of Health~~  
 13 ~~shall obtain any federal authority necessary to implement a plan for the expansion of~~  
 14 ~~certified community behavioral health clinics in the State, including applying to the~~  
 15 ~~Centers for Medicare and Medicaid Services for an amendment to any of the State's 1115~~  
 16 ~~waivers or the State plan.~~

17 ~~(2) The Department's implementation plan shall ensure access to certified~~  
 18 ~~community behavioral health clinics in all counties in the State.~~

19 ~~(b) (a)~~ The Maryland Department of Health shall review and consider options for  
 20 ~~expanding the services provided under § 15-1102 of the Health General Article, as~~  
 21 ~~enacted by Section 1 of this Act, or adopting other existing programs or services to provide~~  
 22 wraparound services to children and youth with primary substance use disorders.

23 ~~(e) (b)~~ On or before December 1, 2023, the Maryland Department of Health shall  
 24 review current eligibility requirements for the model established under § 1915(i) of the  
 25 Social Security Act, and mental health case management generally, and submit  
 26 recommendations for expanding eligibility and enrollment in these programs to the General  
 27 Assembly, in accordance with § 2-1257 of the State Government Article.

28 ~~SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall apply to all~~  
 29 ~~policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or~~  
 30 ~~after January 1, 2023.~~

31 SECTION 2. AND BE IT FURTHER ENACTED, That:

1           (a) The Maryland Insurance Administration, in consultation with carriers,  
2 behavioral health providers, advocates, and other stakeholders, shall conduct a study on  
3 operational issues related to commercial carrier reimbursement of behavioral health  
4 clinical peer specialists and crisis response services and make recommendations for how to  
5 address these issues.

6           (b) On or before November 15, 2022, the Maryland Insurance Administration  
7 shall report the findings and recommendations of the study required under subsection (a)  
8 of this section to the General Assembly, in accordance with § 2-1257 of the State  
9 Government Article.

10           SECTION ~~4~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
11 ~~October~~ June 1, 2022.

Approved:

\_\_\_\_\_  
Governor.

\_\_\_\_\_  
President of the Senate.

\_\_\_\_\_  
Speaker of the House of Delegates.