

HB1148/523827/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 1148
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Wilkins” and substitute “Wilkins, Alston, Bhandari, Chisholm, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, R. Lewis, Martinez, M. Morgan, Reilly, Rosenberg, Taveras, White, and Woods”; in line 6, after “services” insert “that are available on demand”; in line 7, strike “that are available on demand”; in line 11, strike “, on or before a certain date,”; strike beginning with “submit” in line 11 down through “clinics” in line 13 and substitute “apply for certain federal planning grant funds; requiring the Department to apply to participate in a certain demonstration program”; in line 18, after “organizations;” insert “requiring the Maryland Health Care Commission to study and make recommendations regarding the delivery of health care services through telehealth, including payment parity for the delivery of health care services through audiovisual and audio-only telehealth technologies;”; in line 23, after the semicolon insert “and”; and in line 25, strike “; and 15–141.5”.

AMENDMENT NO. 2

On page 3, in line 24, strike “AND” and substitute:

“(14) THE SECRETARY OF THE MARYLAND DEPARTMENT OF DISABILITIES, OR THE SECRETARY’S DESIGNEE;

(15) THE SECRETARY OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES, OR THE SECRETARY’S DESIGNEE;

(16) THE SPECIAL SECRETARY OF OPIOID RESPONSE, OR THE SPECIAL SECRETARY’S DESIGNEE; AND”;

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and in line 25, strike “(14)” and substitute “(17)”.

On page 5, in line 2, strike “AND”; in line 3, after “MARYLAND” insert “;

(XX) ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED HEALTH CENTER;

(XXI) ONE REPRESENTATIVE OF A LOCAL BEHAVIORAL HEALTH AUTHORITY; AND

(XXII) ONE INDIVIDUAL WITH AN INTELLECTUAL DISABILITY WHO USES SELF-DIRECTED BEHAVIORAL HEALTH SERVICES”;

in line 19, after “SERVICES” insert “THAT ARE AVAILABLE ON DEMAND”; and in line 20, strike “THAT ARE AVAILABLE ON DEMAND”.

On page 6, in line 8, after “ADEQUATE” insert “, CULTURALLY COMPETENT, AND DIVERSE”; in line 17, after “WITH” insert “DEVELOPMENTAL DISABILITIES AND”; and in line 28, strike “AND”.

On page 7, in line 2, after “2-1-1” insert “;

(13) EXAMINE AND REVIEW THE USE OF HARM REDUCTION STRATEGIES TO FACILITATE ACCESS TO CARE; AND

(14) EXAMINE METHODS TO ASSIST CONSUMERS IN ACCESSING BEHAVIORAL HEALTH SERVICES”;

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in line 6, after “HEALTH” insert “, INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES,”; in line 10, after “INFRASTRUCTURE,” insert “COORDINATION,”; and in line 25, after “RECOMMENDATIONS” insert “, THAT ARE CONSISTENT WITH PROVIDING APPROPRIATE, ACCESSIBLE, AND COMPREHENSIVE BEHAVIORAL HEALTH SERVICES THAT ARE AVAILABLE ON DEMAND TO INDIVIDUALS IN THE STATE ACROSS THE BEHAVIORAL HEALTH CONTINUUM”.

AMENDMENT NO. 3

On pages 14 through 16, strike in their entirety the lines beginning with line 12 on page 14 through line 9 on page 16, inclusive.

AMENDMENT NO. 4

On page 18, after line 27, insert:

“SECTION 4. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Care Commission shall study and make recommendations regarding the delivery of health care services through telehealth, including payment parity for the delivery of health care services through audiovisual and audio-only telehealth technologies.

(b) In conducting the study required under subsection (a) of this section, the Maryland Health Care Commission shall:

(1) determine whether it is more or less costly for health care providers to deliver health care services through telehealth;

(2) determine whether the delivery of health care services through telehealth requires more or less clinical effort on the part of the health care provider;

(Over)

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(3) to help inform the debate on payment parity, identify the aspects of telehealth that are subject to overuse or underuse or yield greater or lower value;

(4) assess the adequacy of reimbursement for behavioral health services delivered in person and by telehealth; and

(5) address any other issues related to telehealth as determined necessary by the Commission.

(c) On or before December 1, 2024, the Maryland Health Care Commission shall submit a report on its findings and recommendations to the General Assembly, in accordance with § 2-1257 of the State Government Article.

SECTION 5. AND BE IT FURTHER ENACTED, That the Maryland Department of Health shall apply to the Substance Abuse and Mental Health Services Administration at the Center for Mental Health Services for federal planning, development, and implementation grant funds related to certified community behavioral health clinics for fiscal year 2025.

SECTION 6. AND BE IT FURTHER ENACTED, That the Maryland Department of Health shall apply to the Substance Abuse and Mental Services Administration at the Center for Mental Health Services for inclusion in the state certified community behavioral health clinic demonstration program for fiscal year 2026.”;

in line 28, strike “4.” and substitute “7.”; in line 32, strike “5.” and substitute “8.”; and in line 33, strike “4” and substitute “7”.