

HOUSE BILL 48

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(PRE-FILED)

3lr0899
CF SB 101

By: **Delegate Bagnall**

Requested: November 18, 2022

Introduced and read first time: January 11, 2023

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Collaborative Care Model Services –**
3 **Implementation and Reimbursement Expansion**

4 FOR the purpose of repealing the Collaborative Care Pilot Program; requiring the
5 Maryland Department of Health to implement and provide reimbursement for
6 services provided in accordance with the Collaborative Care Model under the
7 Maryland Medical Assistance Program; and generally relating to the provision and
8 reimbursement of somatic and behavioral health services in primary care settings
9 under the Maryland Medical Assistance Program.

10 BY repealing and reenacting, with amendments,
11 Article – Health – General
12 Section 15–141.1
13 Annotated Code of Maryland
14 (2019 Replacement Volume and 2022 Supplement)

15 BY repealing and reenacting, with amendments,
16 Chapter 683 of the Acts of the General Assembly of 2018
17 Section 2

18 BY repealing and reenacting, with amendments,
19 Chapter 684 of the Acts of the General Assembly of 2018
20 Section 2

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

23 **Article – Health – General**

24 15–141.1.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

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

4 [(i)] (1) Care coordination and management;

5 [(ii)] (2) Regular, proactive outcome monitoring and treatment for
6 outcome targets using standardized outcome measurement rating scales and electronic
7 tools, such as patient tracking; and

8 [(iii)] (3) Regular systematic psychiatric and substance use disorder
9 caseload reviews and consultation with a psychiatrist, an addiction medicine specialist, or
10 any other behavioral health medicine specialist as allowed under federal regulations
11 governing the model.

12 [(3) “Pilot Program” means the Collaborative Care Pilot Program.]

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

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

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

19 (e) The Department shall administer the Pilot Program.

20 (f) (1) The Department shall select up to three sites at which a Collaborative
21 Care Model shall be established over a 4–year period.

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

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

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

1 (h) The Department shall provide funding to sites participating in the Pilot
2 Program for:

3 (1) Infrastructure development, including the development of a patient
4 registry and other monitoring, reporting, and billing tools required to implement a
5 Collaborative Care Model;

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

7 (3) Staffing for care management and psychiatric consultation provided
8 under the Collaborative Care Model; and

9 (4) Other purposes necessary to implement and evaluate the Collaborative
10 Care Model.

11 (i) The Department shall:

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

14 (2) Collect outcomes data on recipients of health care services under the
15 Pilot Program to:

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

18 1. Were not diagnosed as having a behavioral health
19 condition before receiving treatment through the Pilot Program;

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

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

24 4. Received specialty behavioral health care services before
25 being identified as eligible to receive treatment through the Pilot Program; and

26 (ii) Determine whether to]

27 **(C) THE DEPARTMENT SHALL implement AND PROVIDE REIMBURSEMENT**
28 **FOR SERVICES PROVIDED IN ACCORDANCE WITH** the Collaborative Care Model
29 statewide in primary care settings that provide health care services to Program recipients.

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

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

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

7 **Chapter 683 of the Acts of 2018**

8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
9 1, 2018. [It shall remain effective for a period of 6 years and, at the end of June 30, 2024,
10 this Act, with no further action required by the General Assembly, shall be abrogated and
11 of no further force and effect.]

12 **Chapter 684 of the Acts of 2018**

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

17 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
18 October 1, 2023.