

SENATE BILL 527

E4

3lr1901

By: **Senators Waldstreicher and Smith**

Introduced and read first time: February 3, 2023

Assigned to: Judicial Proceedings

Committee Report: Favorable

Senate action: Adopted

Read second time: March 2, 2023

CHAPTER _____

1 AN ACT concerning

2 **Fire, Rescue, or Emergency Medical Services Entities – Peer Support Programs**

3 FOR the purpose of altering certain terminology and requirements for peer support
4 programs provided to fire, rescue, or emergency medical services members; and
5 generally relating to peer support programs for fire, rescue, or emergency medical
6 services members.

7 BY repealing and reenacting, with amendments,

8 Article – Public Safety

9 Section 7–404

10 Annotated Code of Maryland

11 (2022 Replacement Volume)

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

13 That the Laws of Maryland read as follows:

14 **Article – Public Safety**

15 7–404.

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

17 (2) “Peer support [counseling] program” means [a] **AN EVIDENCE–BASED**
18 program provided by a fire, rescue, or emergency medical services entity or the
19 International Association of Firefighters that provides [counseling services]

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 **EVIDENCE–BASED SUPPORT** from a peer support specialist to a member of a fire, rescue,
2 or emergency medical services entity.

3 (3) “Peer support specialist” means a member of a fire, rescue, or
4 emergency medical services entity or the International Association of Firefighters who:

5 (i) has received **EVIDENCE–BASED** training in peer support
6 [counseling and providing], **INCLUDING** emotional and moral support to members of fire,
7 rescue, or emergency medical services entities who have been involved in or exposed to an
8 emotionally traumatic experience in the course of duty as a member of a fire, rescue, or
9 emergency medical services entity; and

10 (ii) is designated by the fire, rescue, or emergency medical services
11 entity to provide the services described in item (i) of this paragraph.

12 (b) (1) Except as provided in paragraph (2) of this subsection, a peer support
13 specialist or peer support participant may not disclose the contents of any written or oral
14 communication regarding a peer support [counseling session] **INTERACTION**.

15 (2) Paragraph (1) of this subsection does not apply if:

16 (i) the communication contains:

17 1. an explicit threat of suicide, the disclosure of which the
18 peer support specialist believes is necessary to avoid a suicide attempt;

19 2. an explicit threat of imminent and serious bodily harm or
20 death to a clearly identified or identifiable individual;

21 3. information relating to the abuse or neglect of a child or
22 vulnerable adult, or abuse or neglect that is otherwise required to be reported by law; or

23 4. the admission of criminal conduct;

24 (ii) the disclosure is authorized by each peer support participant who
25 was a party to the communication; or

26 (iii) a court of competent jurisdiction issues an order or subpoena
27 requiring the disclosure of the communication.

28 (3) Before the initial peer support [counseling session] **INTERACTION** with
29 a peer support participant, a peer support specialist shall inform the peer support
30 participant in writing of the confidentiality provisions in this subsection.

31 (c) (1) On or before October 1, 2024, the Behavioral Health Administration, in
32 consultation with the Maryland Institute for Emergency Medical Services Systems, shall

1 develop a report on best practices and professional standards for **EVIDENCE–BASED** peer
2 support [counseling] programs, including:

3 (i) guidelines for establishing and operating peer support
4 [counseling] programs;

5 (ii) guidelines for training and certifying peer support specialists;

6 (iii) a code of ethics for peer support specialists;

7 (iv) recommendations for continuing education for peer support
8 specialists;

9 (v) suggestions on disclosing confidentiality rights to any potential
10 peer support participants;

11 (vi) information on the different types of peer support [counseling]
12 programs used by fire, rescue, or emergency medical services entities;

13 (vii) information regarding any differences in the types of peer
14 support [counseling] programs offered between each type of entity; and

15 (viii) information on the role of senior members of fire, rescue, or
16 emergency medical services entities in supporting access to mental health resources.

17 (2) Following the completion of the report required under paragraph (1) of
18 this subsection, the Behavioral Health Administration shall make the following
19 information publicly available on the Administration's website:

20 (i) the published report; and

21 (ii) a list of **EVIDENCE–BASED** peer support specialist training
22 programs.

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