



**2024 SESSION
POSITION PAPER**

BILL: HB 576 – Mental Health – Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs
COMMITTEE: House Health and Government Operations Committee
POSITION: Letter of Support With Amendments
BILL ANALYSIS: HB 576 would require each county to establish an assisted outpatient treatment program to provide treatment for untreated seriously mentally ill individuals and provide the courts with a mechanism to mandate outpatient treatment for them.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submits a letter of support with amendments for HB 576. The bill proposes that Local Behavioral Health Authorities (LBHAs), which in most jurisdictions are in local public health departments (LHDs), would approve and oversee the assisted outpatient treatment (AOT) programs. LBHAs would be required to provide oversight of the care coordination teams tasked with developing a treatment plan for program participants. Further, many jurisdictions may look to their LHDs to provide technical assistance and staffing support with program planning and development.

The program will require significant investment and coordination among multiple agencies to establish an AOT by July 1, 2025. Given the scope of the initiative, this timeline may not be sufficient to fully develop and implement a program capable of providing the quality of care and necessary care coordination to ensure that individuals engaged in the program receive appropriate services. In some instances, it may take 18 months or more to establish a new program including identification of third-party vendors, securing location or space, hiring sufficient behavioral health staff given acknowledged professional shortages, completion of the credentialing process to allow billing for healthcare services, and to complete any needed agreements, including data sharing.

Staffing is anticipated to be difficult within the proposed timeline. HB 576 requires the inclusion of a psychiatrist on the care coordination team (page 7, line 7). Hiring behavioral health professionals is a significant challenge already, even for well-resourced entities and is more pronounced in the more rural jurisdictions in the state. This bill should allow a psychiatric nurse practitioner to fulfill the role. It is important to note that a psychiatrist cannot bill for court-related time, and this could have costly implications for local programs. The ability to have another trained professional who could provide services will provide more program efficiency and improve ability to bill.

MACHO supports this effort to better serve residents with serious mental illness. To ensure the successful development and implementation of AOT in MD, we recommend the following amendments:

1. Section 2: Amend the language of this section such that all psychiatrist references are changed to “psychiatrist or psychiatric nurse practitioner”
2. Section 3: Change the implementation date to July 1, 2026. Jurisdictions can move ahead sooner if they are ready. A July 1, 2026 date:
 - Accounts for the realities of capacity building, cross-agency coordination, hiring, and staff credentialing at the local level across Maryland
 - Provides time for the State to work with local jurisdictions to establish the program and ensure financial sustainability given:
 - The need to pay clinical staff for months prior to the ability bill for services
 - That billing revenue will cover only a small portion of mandated requirements
 - No means of independently generating revenue for LBHA oversight responsibilities

For these reasons, the Maryland Association of County Health Officers submits this letter of support with amendments for HB 576. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

