

HOUSE BILL 1344

C3

8lr1947
CF SB 702

By: ~~Delegates Sample–Hughes, Angel, Barron, Bromwell, Hayes, Kipke, Morhaim, and Rosenberg~~ Rosenberg, Pendergrass, Cullison, Hill, Kelly, Krebs, McDonough, Metzgar, Miele, Morales, Morgan, Pena–Melnik, Szeliga, West, and K. Young

Introduced and read first time: February 9, 2018
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 25, 2018

CHAPTER _____

1 AN ACT concerning

2 ~~Health Insurance~~ Maryland Department of Health – Behavioral Health
3 Assessments, Services, and Treatment for Patients Provided Opioids – Coverage
4 Study

5 FOR the purpose of requiring ~~certain insurers, nonprofit health service plans, and health~~
6 ~~maintenance organizations that provide certain benefits to provide certain coverage~~
7 ~~for a certain behavioral health assessment and certain services provided by certain~~
8 ~~comprehensive pain management programs and certain substance use disorder~~
9 ~~treatment programs; requiring certain coverage for up to a certain number of~~
10 ~~sessions of a certain assessment if a certain provider orders the assessment for a~~
11 ~~certain policyholder or subscriber and the assessment is performed by a certain~~
12 ~~provider; requiring certain coverage for certain services if a certain assessment~~
13 ~~supports a certain determination by a certain provider and a certain provider refers~~
14 ~~a certain policyholder or subscriber to a certain comprehensive pain management~~
15 ~~program or substance use disorder treatment program; establishing certain~~
16 ~~requirements if a certain entity requires certain prior authorization; prohibiting a~~
17 ~~certain entity from requiring certain documentation if a certain entity requires~~
18 ~~certain prior authorization; defining certain terms; providing for the application of~~
19 ~~this Act; providing for a delayed effective date; the Maryland Department of Health,~~
20 in collaboration with certain entities, to study the use of certain existing behavioral
21 health assessments for a certain purpose and make recommendations on certain
22 policies and procedures; requiring the Department to submit a certain report to

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 certain committees of the General Assembly on or before a certain date; and
 2 generally relating to ~~health insurance and~~ behavioral health assessments for
 3 patients provided opioids.

4 ~~BY adding to~~

5 ~~Article — Insurance~~

6 ~~Section 15-853~~

7 ~~Annotated Code of Maryland~~

8 ~~(2017 Replacement Volume)~~

9 Preamble

10 WHEREAS, Opioid use for pain management is a clinically appropriate treatment
 11 modality; and

12 WHEREAS, A subset of patients using opioids for pain management are at high risk
 13 for serious adverse outcomes, including opioid misuse; and

14 WHEREAS, Providers prescribing opioids for pain, after a certain period of time,
 15 need to reevaluate a patient's risk for serious adverse outcomes, including opioid misuse;
 16 and

17 WHEREAS, A behavioral health assessment will assist the provider in referring a
 18 patient at risk for serious adverse outcomes, including opioid misuse, to appropriate
 19 comprehensive pain management or substance use disorder services; now, therefore,

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

22 (a) The Maryland Department of Health, in collaboration with providers,
 23 insurers, nonprofit health service plans, administrative service organizations, and health
 24 maintenance organizations, shall:

25 (1) study the use of existing behavioral health assessments to identify
 26 enrollees and insureds at risk for opioid misuse, abuse, or other adverse outcomes after
 27 completing an appropriate course of opioids for pain management; and

28 (2) make recommendations on policies and procedures to:

29 (i) increase the use of behavioral health assessments to identify
 30 enrollees and insureds at risk for opioid misuse, abuse, or other adverse outcomes after
 31 completing an appropriate course of opioids for pain management; and

32 (ii) use the behavioral health assessments as soon as an enrollee or
 33 an insured exhibits opioid dependence.

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

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

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

~~(1) A BEHAVIORAL HEALTH ASSESSMENT TO DETERMINE THE RISK FOR OPIOID MISUSE OR OPIOID USE DISORDER AS SPECIFIED IN SUBSECTION (D) OF THIS SECTION; AND~~

~~(2) SERVICES PROVIDED BY A COMPREHENSIVE PAIN MANAGEMENT PROGRAM FOR OPIOID WEANING OR A SUBSTANCE USE DISORDER TREATMENT PROGRAM AS SPECIFIED UNDER SUBSECTION (E) OF THIS SECTION.~~

~~(D) THE COVERAGE REQUIRED UNDER SUBSECTION (C)(1) OF THIS SECTION SHALL INCLUDE COVERAGE OF UP TO TWO SESSIONS OF A BEHAVIORAL HEALTH ASSESSMENT IF:~~

~~(1) AN ORDERING PROVIDER ORDERS A BEHAVIORAL HEALTH ASSESSMENT FOR A POLICYHOLDER OR SUBSCRIBER WHO:~~

~~(I) HAS TAKEN OPIOID MEDICATION FOR MORE THAN 3 MONTHS FOR AN INJURY OR A CONDITION THAT WAS ORIGINALLY DIAGNOSED AS ACUTE OR POSTSURGICAL;~~

~~(II) HAS TAKEN OPIOID MEDICATION FOR MORE THAN 6 MONTHS FOR AN INJURY OR A CONDITION THAT HAS BEEN DIAGNOSED AS CHRONIC;~~

~~(III) REPORTS POOR PAIN CONTROL AFTER AN INCREASE IN DOSE OR FREQUENCY OF ONE OR MORE OPIOIDS PRESCRIBED TO THE PATIENT;~~

~~(IV) EXHIBITS OPIOID SEEKING BEHAVIOR;~~

~~(V) HAS A HISTORY OF OPIOID OR OTHER SUBSTANCE MISUSE;~~
~~OR~~

~~(VI) HAS HAD A PREVIOUS DIAGNOSIS OF A MENTAL HEALTH DISORDER, AS DEFINED BY DSM, INCLUDING:~~

1 ~~1. MAJOR DEPRESSIVE DISORDER;~~

2 ~~2. GENERALIZED ANXIETY;~~

3 ~~3. BIPOLAR DISORDER; OR~~

4 ~~4. SCHIZOPHRENIA; AND~~

5 ~~(2) THE BEHAVIORAL HEALTH ASSESSMENT IS PERFORMED BY AN~~
6 ~~ASSESSMENT PROVIDER.~~

7 ~~(E) THE COVERAGE REQUIRED UNDER SUBSECTION (C)(2) OF THIS SECTION~~
8 ~~SHALL INCLUDE COVERAGE FOR SERVICES PROVIDED BY A COMPREHENSIVE PAIN~~
9 ~~MANAGEMENT PROGRAM FOR OPIOID WEANING OR BY A SUBSTANCE USE DISORDER~~
10 ~~TREATMENT PROGRAM IF:~~

11 ~~(1) A BEHAVIORAL HEALTH ASSESSMENT COVERED UNDER~~
12 ~~SUBSECTION (D) OF THIS SECTION SUPPORTS A DETERMINATION BY THE ORDERING~~
13 ~~PROVIDER THAT THE POLICYHOLDER OR SUBSCRIBER:~~

14 ~~(I) WOULD BENEFIT FROM A COMPREHENSIVE PAIN~~
15 ~~MANAGEMENT PROGRAM FOR OPIOID WEANING; OR~~

16 ~~(II) MEETS THE CRITERIA FOR A SUBSTANCE USE DISORDER AS~~
17 ~~DEFINED BY DSM; AND~~

18 ~~(2) THE ORDERING PROVIDER REFERS THE POLICYHOLDER OR~~
19 ~~SUBSCRIBER TO:~~

20 ~~(I) A COMPREHENSIVE PAIN MANAGEMENT PROGRAM FOR~~
21 ~~OPIOID WEANING; OR~~

22 ~~(II) A SUBSTANCE USE DISORDER TREATMENT PROGRAM.~~

23 ~~(F) IF AN ENTITY SUBJECT TO THIS SECTION REQUIRES PRIOR~~
24 ~~AUTHORIZATION:~~

25 ~~(1) FOR COVERAGE OF A BEHAVIORAL HEALTH ASSESSMENT AS~~
26 ~~SPECIFIED UNDER SUBSECTION (D) OF THIS SECTION, THE ENTITY:~~

27 ~~(I) SHALL PROVIDE THE PRIOR AUTHORIZATION WITHIN 3~~
28 ~~DAYS AFTER THE ORDER FOR THE ASSESSMENT IS PRESENTED BY THE PATIENT TO~~
29 ~~AN ASSESSMENT PROVIDER; AND~~

1 ~~(H) MAY NOT REQUIRE ANY DOCUMENTATION OTHER THAN THE~~
2 ~~ORDER FOR THE ASSESSMENT AS A CONDITION FOR THE PRIOR AUTHORIZATION;~~
3 ~~AND~~

4 ~~(2) FOR COVERAGE OF SERVICES PROVIDED BY A COMPREHENSIVE~~
5 ~~PAIN MANAGEMENT PROGRAM FOR OPIOID WEANING OR A SUBSTANCE USE~~
6 ~~DISORDER PROGRAM AS SPECIFIED IN SUBSECTION (E) OF THIS SECTION, THE~~
7 ~~ENTITY;~~

8 ~~(I) SHALL PROVIDE THE PRIOR AUTHORIZATION WITHIN 3~~
9 ~~DAYS AFTER THE ORDERING PROVIDER MAKES THE REFERRAL FOR THE SERVICES;~~
10 ~~AND~~

11 ~~(H) MAY NOT REQUIRE ANY DOCUMENTATION OTHER THAN THE~~
12 ~~REFERRAL AND THE RESULTS OF THE BEHAVIORAL HEALTH ASSESSMENT~~
13 ~~PERFORMED IN ACCORDANCE WITH SUBSECTION (D) OF THIS SECTION AS A~~
14 ~~CONDITION FOR THE PRIOR AUTHORIZATION.~~

15 ~~SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all~~
16 ~~policies, contracts, and health benefit plans subject to this Act that are issued, delivered,~~
17 ~~or renewed in the State on or after January 1, 2019.~~

18 ~~SECTION 2. 2. AND BE IT FURTHER ENACTED, That this Act shall take effect~~
19 ~~January 1, 2019 July 1, 2018.~~

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.