

# HOUSE BILL 941

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By: **Delegate Rosenberg**

Introduced and read first time: February 8, 2019

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Public Behavioral Health System – Implementation Plans to Improve Efficiency,**  
3 **Accountability, and Outcomes – Workgroup**

4 FOR the purpose of requiring the Secretary of Health to convene a stakeholder workgroup  
5 to develop certain implementation plans to improve efficiency, accountability, and  
6 outcomes of certain behavioral health services; requiring the workgroup to include  
7 certain representatives; requiring the workgroup to develop certain implementation  
8 plans; requiring that certain implementation plans include certain recommendations  
9 for a certain timeline and certain necessary steps to achieve certain outcomes;  
10 requiring the Secretary to submit certain reports to the Governor and the General  
11 Assembly on or before certain dates; and generally relating to implementation plans  
12 to improve efficiency, accountability, and outcomes for the public behavioral health  
13 system.

14 Preamble

15 WHEREAS, The General Assembly authorized in 1996 the creation of a system of  
16 managed care organizations for the delivery of health care to Medicaid enrollees; and

17 WHEREAS, The General Assembly recognized then and on multiple occasions since  
18 that the unique needs of Medicaid enrollees living with serious mental illness are best  
19 addressed through a specialty mental health service delivery system; and

20 WHEREAS, The specialty mental health service delivery system has proven an  
21 effective model for delivering a wide array of quality, accessible, and cost-effective mental  
22 health treatment services; and

23 WHEREAS, In 2011, the Maryland Department of Health began a multiyear,  
24 multiphase stakeholder process to integrate the delivery of specialty mental health and  
25 substance use disorder services, resulting in a recommendation that these services be  
26 provided through a combined specialty behavioral health service delivery system; and

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, The third and final phase of the stakeholder process was expected to  
2 improve system efficiency, accountability, and outcomes; and

3 WHEREAS, The third and final phase of the stakeholder process has yet to occur;  
4 and

5 WHEREAS, The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)  
6 created new accountability standards for providers and health systems, tied to flexible  
7 payment mechanisms; and

8 WHEREAS, In 2017, the Centers for Medicaid and Medicare Services established  
9 payment codes for the implementation of measurement-based care in the delivery of  
10 behavioral health services in primary care settings; and

11 WHEREAS, Implementation of these new accountability standards can improve  
12 outcomes for Maryland residents receiving public behavioral health services; now,  
13 therefore,

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
15 That:

16 (a) The Secretary of Health shall convene a stakeholder workgroup to develop  
17 implementation plans to improve efficiency, accountability, and outcomes of  
18 publicly funded behavioral health services.

19 (b) The workgroup convened under subsection (a) of this section shall include  
20 representatives of the Maryland Department of Health, behavioral health providers,  
21 advocacy organizations, local behavioral health authorities, and other interested  
22 stakeholders.

23 (c) The workgroup shall develop implementation plans for uniform and  
24 system-wide adoption of measurement-based care standards for mental health and  
25 substance use disorder services delivered:

26 (1) to recipients in the specialty community behavioral health system;

27 (2) by Medicaid managed care organizations to their members in primary  
28 care settings; and

29 (3) in State-run psychiatric facilities and any publicly funded behavioral  
30 health service settings not included in items (1) and (2) of this subsection.

31 (d) The implementation plans developed under subsection (c) of this section shall  
32 include recommendations for a timeline and necessary steps to achieve:

33 (1) system-wide adoption of measurement-based care using reliable,

1 standardized, quantifiable, and valid symptom and severity rating tools for mental illness  
2 and substance use disorders that comply with Joint Commission requirements for  
3 behavioral health providers;

4 (2) the establishment of risk-adjusted norms on availability of adequate  
5 annual data;

6 (3) adoption of value-based purchasing tied to patient outcomes;

7 (4) a reduction of unnecessary administrative burden; and

8 (5) the provision of adequate training and infrastructure support to ensure  
9 successful implementation.

10 (e) The Secretary of Health shall submit to the Governor and, in accordance with  
11 § 2-1246 of the State Government Article, the General Assembly:

12 (1) on or before December 1, 2019, a report on the implementation plans  
13 developed under subsection (c)(1) and (2) of this section; and

14 (2) on or before December 1, 2020, a report on the implementation plan  
15 developed under subsection (c)(3) of this section.

16 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
17 October 1, 2019.