

# SENATE BILL 212

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(PRE-FILED)

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CF 4r0154

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By: **Chair, Finance Committee (By Request – Departmental – Health)**

Requested: September 13, 2023

Introduced and read first time: January 10, 2024

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Behavioral Health Advisory Council and Commission on Behavioral Health**  
3 **Care Treatment and Access – Alterations**

4 FOR the purpose of altering the membership and terms of members of the Behavioral  
5 Health Advisory Council; requiring the Commission on Behavioral Health Care  
6 Treatment and Access to meet jointly with the Council; requiring the Commission,  
7 in coordination with the Council, to make recommendations regarding the financing  
8 structure and quality oversight necessary to integrate somatic and behavioral health  
9 services in the Maryland Medical Assistance Program; and generally relating to the  
10 Behavioral Health Advisory Council and the Commission on Behavioral Health Care  
11 Treatment and Access.

12 BY repealing and reenacting, without amendments,  
13 Article – Health – General  
14 Section 7.5–301 and 13–4801(a) and (c)  
15 Annotated Code of Maryland  
16 (2023 Replacement Volume)

17 BY repealing and reenacting, with amendments,  
18 Article – Health – General  
19 Section 7.5–303, 7.5–305, 13–4802, 13–4803(f), 13–4805, 13–4806, and 13–4807  
20 Annotated Code of Maryland  
21 (2023 Replacement Volume)

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

24 **Article – Health – General**

25 7.5–301.

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 In this subtitle, “Council” means the Behavioral Health Advisory Council.

2 7.5–303.

3 (a) (1) The Council consists of the following members:

4 (i) One member of the Senate of Maryland, appointed by the  
5 President of the Senate;

6 (ii) One member of the House of Delegates, appointed by the Speaker  
7 of the House;

8 (iii) Five representatives of the Department, including:

9 1. The Secretary, or the Secretary’s designee;

10 2. The Deputy Secretary for Behavioral Health, or the  
11 Deputy Secretary’s designee;

12 3. The [Director of the Behavioral Health Administration, or  
13 the Director’s designee] **DEPUTY SECRETARY FOR DEVELOPMENTAL DISABILITIES,**  
14 **OR THE DEPUTY SECRETARY’S DESIGNEE;**

15 4. The Executive Director of the Maryland Health Benefit  
16 Exchange, or the Executive Director’s designee; and

17 5. The Deputy Secretary for Health Care Financing, or the  
18 Deputy Secretary’s designee;

19 (iv) The Secretary of Aging, or the Secretary’s designee;

20 (v) The Secretary of Budget and Management, or the Secretary’s  
21 designee;

22 (vi) The Secretary of Disabilities, or the Secretary’s designee;

23 (vii) The Secretary of Housing and Community Development, or the  
24 Secretary’s designee;

25 (viii) The Secretary of Human Services, or the Secretary’s designee;

26 (ix) The Secretary of Juvenile Services, or the Secretary’s designee;

27 (x) The Secretary of Public Safety and Correctional Services, or the  
28 Secretary’s designee;

1 (xi) The [Deputy Director of the Division of Children and Youth of  
2 the Governor's Office of Crime Prevention, Youth, and Victim Services, or the Deputy  
3 Director's designee] **SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;**

4 (xii) The Executive Director of the Governor's Office of Crime  
5 Prevention, Youth, and Victim Services, or the Executive Director's designee;

6 (xiii) The Executive Director of the Governor's Office of the Deaf and  
7 Hard of Hearing, or the Executive Director's designee;

8 (xiv) The Public Defender of Maryland, or the Public Defender's  
9 designee;

10 (xv) Two representatives of the State Superintendent of Schools, or  
11 the Superintendent's designee, and the Assistant State Superintendent of the Division of  
12 Rehabilitation Services, or the Assistant State Superintendent's designee;

13 (xvi) Two representatives of the Maryland Judiciary, a District Court  
14 judge, and a circuit court judge, appointed by the Chief Justice of the Supreme Court of  
15 Maryland;

16 (xvii) The [President of the Maryland Association of Core Service  
17 Agencies, or the President's designee] **EXECUTIVE DIRECTOR OF THE MARYLAND  
18 ASSOCIATION OF BEHAVIORAL HEALTH AUTHORITIES, OR THE EXECUTIVE  
19 DIRECTOR'S DESIGNEE;**

20 (xviii) The President of the Maryland Association of County Health  
21 Officers, or the President's designee;

22 (xix) Four representatives from county behavioral health advisory  
23 councils, one from each region of the State;

24 (xx) One representative, appointed by the Secretary of Health, from  
25 each of the following organizations:

26 1. Community Behavioral Health Association;

27 2. [Drug Policy and Public Health Strategies Clinic,  
28 University of Maryland Carey School of Law] **MARYLAND CENTER OF EXCELLENCE ON  
29 PROBLEM GAMBLING;**

30 3. Maryland Addictions Director's Council;

31 4. Maryland Association for the Treatment of Opioid  
32 Dependence;

- 1 5. Maryland Black Mental Health Alliance;
- 2 6. Maryland Coalition of Families;
- 3 7. [Maryland Disability Law Center] **DISABILITY RIGHTS**
- 4 **MARYLAND**;
- 5 8. Maryland Recovery Organization Connecting
- 6 Communities;
- 7 9. Mental Health Association of Maryland;
- 8 10. National Alliance on Mental Illness of Maryland;
- 9 11. National Council on Alcoholism and Drug Dependence of
- 10 Maryland;
- 11 12. On Our Own of Maryland; and
- 12 13. Maryland Association of Boards of Education; and

13 (xxi) Two individuals representing the mental health and substance

14 use disorder treatment community, appointed by the Governor from each of the following:

- 15 1. Academic or research professionals who are not State
- 16 employees;
- 17 2. Medical professionals;
- 18 3. Individuals formerly or currently in receipt of behavioral
- 19 health services;
- 20 4. Family members of individuals with mental health or
- 21 substance use disorders;
- 22 5. A parent of a young child with behavioral health disorders;
- 23 6. A youth with a behavioral health disorder who is between
- 24 the ages of 16 and 25 years; and
- 25 7. Individuals active in behavioral health issues within their
- 26 community.

27 (2) Additional representatives or individuals designated by the Council

28 shall be appointed by the Secretary.

29 (b) Members appointed by the Governor under subsection (a)(1)(xxi) of this

1 section shall be representative, to the extent practicable, of:

2 (1) Geographic regions of the State;

3 (2) At-risk populations;

4 (3) Ethnic, gender, across-the-lifespan, and cultural diversity; and

5 (4) Balanced representation from areas of mental health and substance use  
6 disorders.

7 (c) The Council shall appoint a chair from among the membership of the Council.

8 (d) (1) Members appointed by the Governor under subsection (a)(1)(xxi) of this  
9 section:

10 (i) Serve a [~~3-year~~] **4-YEAR** term;

11 (ii) May serve for a maximum of two consecutive terms;

12 (iii) After at least 6 years have passed since serving, may be  
13 reappointed for terms that comply with items (i) and (ii) of this paragraph;

14 (iv) At the end of a term, continue to serve until a successor is  
15 appointed and qualifies; and

16 (v) If appointed after a term has begun, serve only for the rest of the  
17 term and until a successor is appointed and qualifies.

18 (2) Ex officio members serve as long as the member holds the specified  
19 office or designation.

20 (3) Notwithstanding any other provisions of this subsection, all members  
21 serve at the pleasure of the Governor.

22 (e) With the consent of the Council, the chair may designate additional  
23 individuals with relevant expertise to serve on a committee or task force.

24 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read  
25 as follows:

26 **Article – Health – General**

27 7.5–305.

28 The Council shall:

1 (1) Promote and advocate for:

2 (i) Planning, policy, workforce development, and services to ensure  
3 a coordinated, quality system of care that is outcome-guided and that integrates  
4 prevention, recovery, evidence-based practices, and cost-effective strategies that enhance  
5 behavioral health services across the State; and

6 (ii) A culturally competent and comprehensive approach to publicly  
7 funded prevention, early intervention, treatment and recovery services that support and  
8 foster wellness, recovery, resiliency, and health for individuals who have behavioral health  
9 disorders and their family members; and

10 (2) Submit, **IN COORDINATION WITH THE COMMISSION ON**  
11 **BEHAVIORAL HEALTH CARE TREATMENT AND ACCESS**, an annual report to the  
12 Governor and, in accordance with § 2-1257 of the State Government Article, the General  
13 Assembly on or before December 31 of each year.

14 13-4801.

15 (a) In this subtitle the following words have the meanings indicated.

16 (c) “Commission” means the Commission on Behavioral Health Care Treatment  
17 and Access.

18 13-4802.

19 There is a Commission on Behavioral Health Care Treatment and Access, **WHICH**  
20 **SHALL MEET JOINTLY WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL.**

21 13-4803.

22 (f) The Commission shall meet at least three times per year at the times and  
23 places determined **JOINTLY** by the Commission **AND THE BEHAVIORAL HEALTH**  
24 **ADVISORY COUNCIL.**

25 13-4805.

26 The Commission shall:

27 (1) Conduct an assessment of behavioral health services in the State to  
28 identify needs and gaps in services across the continuum, including community-based  
29 outpatient and support services, crisis response, and inpatient care;

30 (2) Examine the methods for reimbursing behavioral health care services  
31 in the State and make recommendations on the most effective forms of reimbursement to  
32 maximize service delivery;

1 (3) Compile findings of State-specific needs assessments related to  
2 behavioral health care services;

3 (4) Review recommendations and reports of State commissions,  
4 workgroups, or task forces related to behavioral health care services;

5 (5) Conduct a needs assessment on the State's behavioral health care  
6 workforce to identify gaps and make recommendations to ensure an adequate, culturally  
7 competent, and diverse workforce across the behavioral health care continuum;

8 (6) Review trends and best practices from other states regarding policy and  
9 reimbursement strategies that support access to a comprehensive array of services and  
10 ensure quality of care;

11 (7) Examine and make recommendations related to the behavioral health  
12 of the geriatric and youth populations in the State;

13 (8) Examine and make recommendations to provide appropriate and  
14 adequate behavioral health services to individuals with developmental disabilities and  
15 complex behavioral health needs, specifically youth;

16 (9) Assess the health infrastructure, facilities, personnel, and services  
17 available for the State's forensic population and identify deficiencies in resources and  
18 policies needed to prioritize health outcomes, increase public safety, and reduce recidivism;

19 (10) Make recommendations on expanding behavioral health treatment  
20 access for the State's court-ordered population;

21 (11) Make recommendations on action plans regarding the behavioral  
22 health care system's capacity to prepare for and respond to future challenges affecting the  
23 entire State or particular regions or populations in the State, including pandemics and  
24 extreme weather events;

25 (12) Make recommendations to ensure that behavioral health treatment is  
26 provided in the appropriate setting, including methods to divert behavioral health patients  
27 from emergency departments by using the Maryland Mental Health and Substance Use  
28 Disorder Registry and Referral System established under § 7.5-802 of this article and  
29 2-1-1;

30 (13) Examine and review the use of harm reduction strategies to facilitate  
31 access to care; [and]

32 (14) Examine methods to assist consumers in accessing behavioral health  
33 services; **AND**

34 **(15) MAKE, IN COORDINATION WITH THE BEHAVIORAL HEALTH**

1 **ADVISORY COUNCIL, RECOMMENDATIONS REGARDING THE FINANCING STRUCTURE**  
2 **AND QUALITY OVERSIGHT NECESSARY TO INTEGRATE SOMATIC AND BEHAVIORAL**  
3 **HEALTH SERVICES IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM.**

4 13–4806.

5 (a) The Commission shall establish the following workgroups:

6 (1) Geriatric behavioral health;

7 (2) Youth behavioral health, individuals with developmental disabilities,  
8 and individuals with complex behavioral health needs;

9 (3) Criminal justice–involved behavioral health; and

10 (4) Behavioral health workforce development, infrastructure, coordination,  
11 and financing.

12 (b) The workgroups established under subsection (a) of this section shall meet at  
13 least two times per year at the times and places determined by the workgroup.

14 (c) The workgroups established under subsection (a) of this section shall include  
15 members of the Commission and may include individuals invited by the Commission **OR**  
16 **THE BEHAVIORAL HEALTH ADVISORY COUNCIL** to serve on the workgroup.

17 (d) On or before [December] **JULY** 1 each year, beginning in [2023] **2024**, the  
18 workgroups established under subsection (a) of this section shall report and make  
19 recommendations to the Commission **AND THE BEHAVIORAL HEALTH ADVISORY**  
20 **COUNCIL**.

21 13–4807.

22 (a) (1) On or before January 1 each year, beginning in 2024, the Commission,  
23 **IN COORDINATION WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL**, shall  
24 report to the Governor and, in accordance with § 2–1257 of the State Government Article,  
25 the General Assembly on the Commission’s findings and recommendations, including  
26 funding and legislative recommendations, that are consistent with providing appropriate,  
27 accessible, and comprehensive behavioral health services that are available on demand to  
28 individuals in the State across the behavioral health continuum.

29 (2) Any legislative recommendations included in the report required under  
30 paragraph (1) of this subsection that require funding shall include an estimate of the  
31 funding required to implement the recommendation and information that supports the  
32 funding estimate.

33 (b) The report required on or before January 1, 2024, shall include the findings of



1 the needs assessments required under § 13–4805 of this subtitle.

2 **(C) THE REPORT REQUIRED ON OR BEFORE JANUARY 1, 2025, SHALL**  
3 **INCLUDE THE COMMISSION’S FINDINGS AND RECOMMENDATIONS REGARDING THE**  
4 **FINANCING STRUCTURE AND QUALITY OVERSIGHT NECESSARY TO INTEGRATE**  
5 **SOMATIC AND BEHAVIORAL HEALTH CARE SERVICES IN THE MARYLAND MEDICAL**  
6 **ASSISTANCE PROGRAM.**

7 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
8 1, 2024. Section 2 of this Act shall remain effective until the taking effect of the termination  
9 provision specified in Section 8 of Chapters 290 and 291 of the Acts of the General Assembly  
10 of 2023. If that termination provision takes effect, Section 2 of this Act, with no further  
11 action required by the General Assembly, shall be abrogated and of no further force and  
12 effect. Section 2 of this Act may not be interpreted to have any effect on that termination  
13 provision.