

SENATE BILL 212

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(PRE-FILED)

4lr0153
CF HB 1048

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

Requested: September 13, 2023

Introduced and read first time: January 10, 2024

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: February 11, 2024

CHAPTER _____

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
8 continuation of the State’s behavioral health carve-out and the financing structure
9 and quality oversight necessary to integrate somatic and behavioral health services
10 and ensure compliance with the Mental Health Parity and Addiction Equity Act in
11 the Maryland Medical Assistance Program; and generally relating to the Behavioral
12 Health Advisory Council and the Commission on Behavioral Health Care Treatment
13 and Access.

14 BY repealing and reenacting, without amendments,
15 Article – Health – General
16 Section 7.5–301 and 13–4801(a) and (c)
17 Annotated Code of Maryland
18 (2023 Replacement Volume)

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

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.



(2023 Replacement Volume)

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

Article – Health – General

7.5–301.

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

7.5–303.

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

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

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

(iii) Five representatives of the Department, including:

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

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

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

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

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

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

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

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

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

- 1 (viii) The Secretary of Human Services, or the Secretary's designee;
- 2 (ix) The Secretary of Juvenile Services, or the Secretary's designee;
- 3 (x) The Secretary of Public Safety and Correctional Services, or the
4 Secretary's designee;
- 5 (xi) The [Deputy Director of the Division of Children and Youth of
6 the Governor's Office of Crime Prevention, Youth, and Victim Services, or the Deputy
7 Director's designee] **SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;**
- 8 (xii) The Executive Director of the Governor's Office of Crime
9 Prevention, Youth, and Victim Services, or the Executive Director's designee;
- 10 (xiii) The Executive Director of the Governor's Office of the Deaf and
11 Hard of Hearing, or the Executive Director's designee;
- 12 (xiv) The Public Defender of Maryland, or the Public Defender's
13 designee;
- 14 (xv) Two representatives of the State Superintendent of Schools, or
15 the Superintendent's designee, and the Assistant State Superintendent of the Division of
16 Rehabilitation Services, or the Assistant State Superintendent's designee;
- 17 (xvi) Two representatives of the Maryland Judiciary, a District Court
18 judge, and a circuit court judge, appointed by the Chief Justice of the Supreme Court of
19 Maryland;
- 20 (xvii) The [President of the Maryland Association of Core Service
21 Agencies, or the President's designee] **EXECUTIVE DIRECTOR OF THE MARYLAND
22 ASSOCIATION OF BEHAVIORAL HEALTH AUTHORITIES, OR THE EXECUTIVE
23 DIRECTOR'S DESIGNEE;**
- 24 (xviii) The President of the Maryland Association of County Health
25 Officers, or the President's designee;
- 26 (xix) Four representatives from county behavioral health advisory
27 councils, one from each region of the State;
- 28 (xx) One representative, appointed by the Secretary of Health, from
29 each of the following organizations:
- 30 1. Community Behavioral Health Association;

1 6. A youth with a behavioral health disorder who is between
2 the ages of 16 and 25 years; and

3 7. Individuals active in behavioral health issues within their
4 community.

5 (2) Additional representatives or individuals designated by the Council
6 shall be appointed by the Secretary.

7 (b) Members appointed by the Governor under subsection (a)(1)(xxi) of this
8 section shall be representative, to the extent practicable, of:

9 (1) Geographic regions of the State;

10 (2) At-risk populations;

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

12 (4) Balanced representation from areas of mental health and substance use
13 disorders.

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

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

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

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

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

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

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

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

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

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

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

3 **Article – Health – General**

4 7.5–305.

5 The Council shall:

6 (1) Promote and advocate for:

7 (i) Planning, policy, workforce development, and services to ensure
8 a coordinated, quality system of care that is outcome–guided and that integrates
9 prevention, recovery, evidence–based practices, and cost–effective strategies that enhance
10 behavioral health services across the State; and

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

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

19 13–4801.

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

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

23 13–4802.

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

26 13–4803.

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

30 13–4805.

1 The Commission shall:

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

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

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

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

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

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

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

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

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

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

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

32 (12) Make recommendations to ensure that behavioral health treatment is
33 provided in the appropriate setting, including methods to divert behavioral health patients
34 from emergency departments by using the Maryland Mental Health and Substance Use

1 Disorder Registry and Referral System established under § 7.5–802 of this article and
2 2–1–1;

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

5 (14) Examine methods to assist consumers in accessing behavioral health
6 services; AND

7 **(15) MAKE, IN COORDINATION WITH THE BEHAVIORAL HEALTH**
8 **ADVISORY COUNCIL, RECOMMENDATIONS REGARDING THE CONTINUATION OF THE**
9 **STATE’S BEHAVIORAL HEALTH CARVE-OUT AND THE FINANCING STRUCTURE AND**
10 **QUALITY OVERSIGHT NECESSARY TO INTEGRATE SOMATIC AND BEHAVIORAL**
11 **HEALTH SERVICES AND ENSURE COMPLIANCE WITH THE MENTAL HEALTH PARITY**
12 **AND ADDICTION EQUITY ACT IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM.**

13 13–4806.

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

15 (1) Geriatric behavioral health;

16 (2) Youth behavioral health, individuals with developmental disabilities,
17 and individuals with complex behavioral health needs;

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

19 (4) Behavioral health workforce development, infrastructure, coordination,
20 and financing.

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

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

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

30 13–4807.

31 (a) (1) On or before January 1 each year, beginning in 2024, the Commission,
32 **IN COORDINATION WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL**, shall

1 report to the Governor and, in accordance with § 2–1257 of the State Government Article,
2 the General Assembly on the Commission’s findings and recommendations, including
3 funding and legislative recommendations, that are consistent with providing appropriate,
4 accessible, and comprehensive behavioral health services that are available on demand to
5 individuals in the State across the behavioral health continuum.

6 (2) Any legislative recommendations included in the report required under
7 paragraph (1) of this subsection that require funding shall include an estimate of the
8 funding required to implement the recommendation and information that supports the
9 funding estimate.

10 (b) The report required on or before January 1, 2024, shall include the findings of
11 the needs assessments required under § 13–4805 of this subtitle.

12 (C) ~~THE REPORT REQUIRED ON ON OR BEFORE JANUARY 1, 2025, SHALL~~
13 ~~INCLUDE JULY 1, 2025, THE COMMISSION, IN COORDINATION WITH THE~~
14 ~~BEHAVIORAL HEALTH ADVISORY COUNCIL, SHALL REPORT TO THE GOVERNOR~~
15 ~~AND, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, THE~~
16 ~~GENERAL ASSEMBLY ON THE COMMISSION’S FINDINGS AND RECOMMENDATIONS~~
17 ~~REGARDING THE CONTINUATION OF THE STATE’S BEHAVIORAL HEALTH CARVE-OUT~~
18 ~~AND THE FINANCING STRUCTURE AND QUALITY OVERSIGHT NECESSARY TO~~
19 ~~INTEGRATE SOMATIC AND BEHAVIORAL HEALTH CARE SERVICES IN THE MARYLAND~~
20 ~~MEDICAL ASSISTANCE PROGRAM.~~

21 SECTION 3. AND BE IT FURTHER ENACTED, That it is the intent of the General
22 Assembly that the Maryland Department of Health shall:

23 (1) evaluate the Innovation in Behavioral Health Model announced by the
24 Centers for Medicare and Medicaid Services on January 18, 2024; and

25 (2) consider applying to the Centers for Medicare and Medicaid Services to
26 participate in the Innovation in Behavioral Health Model.

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