

# SENATE BILL 281

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By: **Senators Middleton, Astle, and Klausmeier**

Introduced and read first time: February 5, 2015

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Blue Ribbon Commission to Study Maryland's Behavioral Health System**

3 FOR the purpose of establishing the Blue Ribbon Commission to Study Maryland's  
4 Behavioral Health System; providing for the composition, chair, and staffing of the  
5 Commission; requiring, to the extent practicable, the membership of the Commission  
6 to reflect a certain diversity; prohibiting a member of the Commission from receiving  
7 certain compensation, but authorizing the reimbursement of certain expenses;  
8 requiring the Commission to study and make certain recommendations; requiring  
9 the Commission to submit certain reports to the Governor and the General Assembly  
10 on or before certain dates; providing for the termination of this Act; and generally  
11 relating to the Blue Ribbon Commission to Study Maryland's Behavioral Health  
12 System.

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

15 (a) There is a Blue Ribbon Commission to Study Maryland's Behavioral Health  
16 System.

17 (b) The Commission consists of the following members:

18 (1) one member of the Senate of Maryland, appointed by the President of  
19 the Senate;

20 (2) one member of the House of Delegates, appointed by the Speaker of the  
21 House;

22 (3) one member of the Judiciary, appointed by the Chief Judge of the Court  
23 of Appeals; and

24 (4) the following 14 members, appointed by the Governor:

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 (i) one representative from the Department of Health and Mental  
2 Hygiene, with knowledge of mental health and substance use disorder services;
- 3 (ii) one representative from the Department of Public Safety and  
4 Correctional Services, with knowledge of mental health and substance use disorder  
5 services;
- 6 (iii) one representative from the Department of Juvenile Services,  
7 with knowledge of mental health and substance use disorder services;
- 8 (iv) one national expert on mental health services;
- 9 (v) one national expert on substance use disorder services;
- 10 (vi) one representative from the insurance industry;
- 11 (vii) one representative from a school-based clinic offering mental  
12 health and substance use disorder services;
- 13 (viii) one representative from law enforcement, with knowledge of  
14 mental health and substance use disorder services;
- 15 (ix) two hospital provider representatives;
- 16 (x) two community provider representatives, one each from a mental  
17 health and substance use disorder service line; and
- 18 (xi) two consumer members.
- 19 (c) The Governor shall designate the chair of the Commission from among the  
20 members of the Commission.
- 21 (d) To the extent practicable, the membership of the Commission shall reflect the  
22 geographic, racial, ethnic, cultural, and gender diversity of the State.
- 23 (e) The Department of Health and Mental Hygiene shall provide staff for the  
24 Commission.
- 25 (f) A member of the Commission:
- 26 (1) may not receive compensation as a member of the Commission; but
- 27 (2) is entitled to reimbursement for expenses under the Standard State  
28 Travel Regulations, as provided in the State budget.
- 29 (g) The Commission shall:

- 1 (1) evaluate and collect data on the acuity characteristics of patients  
2 receiving mental health and substance use disorder services in community and  
3 institutional settings;
- 4 (2) evaluate and collect data on the current capacity of community and  
5 institutional settings to provide mental health and substance use disorder services;
- 6 (3) identify areas of service delivery that are not meeting the current  
7 demand or where sufficient services do not exist;
- 8 (4) evaluate the sufficiency of funding levels for programs serving the  
9 Maryland Medical Assistance Program population, including both institutional and  
10 community placements;
- 11 (5) assess the adequacy of the supply of physicians and other behavioral  
12 health providers in the State;
- 13 (6) assess payor trends, including payment parity for behavioral health  
14 services;
- 15 (7) review interagency coordination for the delivery of mental health and  
16 substance use disorder services, including the judiciary and agencies with jurisdiction over  
17 education, law enforcement, and health;
- 18 (8) consider geographic differences in the State when assessing the state of  
19 the behavioral health system and appropriate funding levels;
- 20 (9) survey and compile best practices in the State and around the country  
21 to meet the needs of individuals with mental health, substance use disorder, and dual  
22 diagnosis illnesses;
- 23 (10) evaluate the effectiveness of the integrated service delivery model for  
24 mental health and substance use disorder services in the Maryland Medical Assistance  
25 Program;
- 26 (11) review historical funding trends for behavioral health services in the  
27 State; and
- 28 (12) make recommendations regarding:
- 29 (i) a comprehensive State plan to address deficiencies in services or  
30 provider supply identified through the Commission's work;
- 31 (ii) best practices for interagency coordination to effectively deliver  
32 mental health and substance use disorder services to individuals in the State; and

1 (iii) an assessment of the resources needed to fully fund the State's  
2 behavioral health system.

3 (h) (1) On or before November 1, 2015, the Commission shall submit an  
4 interim report on its preliminary findings and recommendations to the Governor and, in  
5 accordance with § 2–1246 of the State Government Article, the General Assembly.

6 (2) On or before December 31, 2016, the Commission shall submit a final  
7 report on its findings and recommendations to the Governor and, in accordance with §  
8 2–1246 of the State Government Article, the General Assembly.

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
10 1, 2015. It shall remain effective for a period of 2 years and, at the end of May 31, 2017,  
11 with no further action required by the General Assembly, this Act shall be abrogated and  
12 of no further force and effect.