

To: The St. Mary's County Public Health Department
From: Allyson Myers, Legislative Policy Intern
Date: 5/9/19

Maryland Behavioral Health Legislation 2019

Managed Care Organizations

Maryland Medical Assistance Program - Managed Care Organizations - Behavioral Health Services (SB 482 / HB 846)

Description: Public behavioral health services previously provided by the Maryland Department of Health would be shifted to for-profit, managed care organizations (MCOs). Medicaid behavioral health funding would go from an Administrative Service Organization to MCOs. MDH would have to reimburse certain service costs. Would begin January 21, 2021.

Support:

- ❖ Delegate Robin Lewis
 - Bill facilitates integration of behavioral and physical health care (carve in) for Medicaid enrollees. States that it would increase patient outcomes, ensure parity, and decrease stigma of behavioral health services.
 - Bill would integrate the Behavioral Health and Substance Abuse benefit (amount insurance will pay) with the Physical Health benefit, focusing on the patient as a whole. The bill allows more oversight by one MCO of patient overall health.
 - Suggests behavioral healthcare users are disproportionately high users of Physical Health Services, and have lower life expectancy than those who are not utilizing behavioral healthcare services. Integration suggested as allowing coordinated care to enable the patient to better seek help for and manage multiple conditions at once.
- ❖ The 2019 Joint Chairmen's Report on the State Budget mandated MDH to report on the Medicaid Program Business Process Consulting Diagnosis Services Roadmap for Change
 - Found that carve in had the potential to increase efficiency as Medicaid program if these were to be combined. Care suggested as currently not being coordinated for highest acuity populations. National trend is to integrate these two health service types.

Opposition:

- ❖ Unrealistic 2021 implementation
- ❖ Clinical Behavioral Health Association of Maryland (CBH)

- The need for the Parity Act has shown that commercial insurers (which would be funded by MCOs) are less likely to actually cover addiction and behavioral health services than if an Administrative Service Organization (state administration) were in control of the funding.
- MCOs are not required to cover non-Medicaid services, so only Medicaid-insured individuals would have access to services funded by for-profit MCOs.
- The state's ability to coordinate care for patients would be threatened as the nine MCO contractors in Maryland would create a more complex process to obtain patient credentials, authorization, and payment.
- ❖ Maryland Association of Behavioral Health Authorities (MABHA)
 - Currently MABHA, in partnership with BHA, oversees the public behavioral health systems in the 24 jurisdictions of Maryland. The public behavioral health systems work to oversee funding for non-Medicaid services, investigate complaints, manage local service provider network, and collaborate with local partners. Bill would limit this ability.
- ❖ MHAMD
 - Decrease care coordination for high risk populations, non-Medicaid individuals treatment plans at risk, provider treatment resources diverted from patients
 - (fee for service now instead of block grant). Other states: harder to get medications, patients released from care prematurely, less individualized care.
 - More information can be found at:
 - <https://www.mhamd.org/what-we-do/advocacy-public-policy/take-action/?vvsrc=%2fcampaigns%2f63652%2frespond>

Expected Effects on St. Mary's County/SMCHD:

- ❖ Local Behavioral Health Authority (LBHA) at the Health Department would be limited in their ability to oversee funding for non-Medicaid services, investigate complaints, manage local service provider network, and collaborate with local partners.
- ❖ Funding from the Maryland Department of Health would go to MCOs rather than a certain delivery system (Administrative Service Organization). Beacon is the ASO for the Health Department.

Hearing Dates/Status:

- ❖ Senate (SB482): Hearings 2/20 and 3/15 @ 1pm in Senate Finance Committee cancelled. Unfavorable Report, Withdrawn 3/15.
- ❖ House (HB846): Hearing 3/6 @ 1pm in Health and Government Operations. Unfavorable Report, Withdrawn 3/15.

Outpatient Mental Health

Outpatient Mental Health Centers - Medical Directors- Telehealth (SB 178/ HB 0570)

Description: This bill would allow a behavioral health program that is licensed as an outpatient mental health center to allow the medical director to be onsite through the use of Telehealth. The bill was originally written to only include programs located in areas federally designated as having a shortage of health professionals and programs throughout the state, but has been amended to include all licensed outpatient mental health centers.

Support:

- ❖ There is a critical shortage of psychiatrists on the Eastern Shore, and in Maryland as a whole. This bill would allow psychiatrists and addictionologists to be more accessible and affordable to patients. These professionals must be on-site at least 20 hours per week, and this bill would allow these professionals to work through telehealth instead of commuting or being unable to serve a behavioral health program that is too far away.
- ❖ Community Behavioral Health Association of Maryland
- ❖ Mental Health Association of Maryland
 - Individuals affected by mental health and substance use disorders are using emergency department services to obtain care due to the shortage of medical director help. Reduces a barrier to treatment.
- ❖ Gerard McGloin, Executive Director of Pathways, St. Mary's County testified:
 - The turnover of on-site medical directors causes non-continuity of care.
 - There are increased expenses for programs to pay for medical directors (Note: Due to travel/accommodation expenses).
- ❖ In many health professional shortage areas, professionals are less likely to travel to be paid less.

Opposition:

- ❖ No opposition found.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Pathways:
 - This organization has two clinics in St. Mary's County. The pilot program for telehealth in 2008 has caused patient satisfaction to increase (to at least 92%). Continuity and stability of care for patients has increased as well according to statements by Gerard McGloin in Senate Finance Hearing on 2/6.
- ❖ St. Mary's County is a health professional shortage area. This bill would decrease the impact of this shortage on our community by allowing medical directors to be present in

their clinics through the use of Telehealth. There would be an expansion of services to the community by bringing new providers into the county.

- Programs can move into the St. Mary's jurisdiction, increasing access to psychiatrists and medication management.
- ❖ Health Department does not provide direct medical director to patients, but refers patients to Outpatient Mental Health Clinics (OMHCs)
 - Organizations trying to obtain OMHC certification will now be able to obtain certification through the use of Telehealth.

Hearing Dates/Status:

- ❖ Senate (SB178): Hearing 2/6 @ 1:30pm in Finance. Third Reading passed 47-0 on 2/28. Third Reading passed in House 4/2. Passed Enrolled. Approved by the Governor.
- ❖ House (HB0570): Third Reading passed (140-0) on 3/7. Third Reading passed in Senate 4/2. Passed Enrolled. Approved by the Governor.

Behavioral Health Programs – Outpatient Mental Health Centers – Medical Directors (HB1122)

Description: This bill will allow accredited behavioral health programs to have a psychiatric nurse practitioner to serve as a medical director of outpatient mental health centers. This would include a psychiatric nurse practitioner through telehealth.

Support:

- ❖ Community Behavioral Health Association of Maryland
 - There is a significant shortage in number of psychiatrists available for mental health services.
 - Need to expand behavioral health services to address the shortages in the field, including the shortage of professionals available for the workforce.
- ❖ MHAMD
 - Bill would expand access to mental health services.
 - Hiring psychiatrists is a current challenge faced by outpatient mental health centers; psychiatric nurse practitioners can fulfill this role and need.

Opposition:

- ❖ No opposition found.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Small business outpatient mental health centers will be able to more easily hire a medical director due to MDH allowing psychiatric nurse practitioners and other qualified

individuals through telehealth to be practicing as medical director onsite at least 20 hours a week.

Hearing Dates/Status:

- ❖ House (HB1122): Hearing in Health and Government Operations 3/4 @ 1pm. Third Reading Passed 3/18. Third Reading Passed in Senate 4/2. Passed Enrolled 4/4.

Studies

Maryland Department of Health - Mental Health and Substance Use Disorder Services - Needs Assessment Study (SB 506)

Description: This bill would require the Maryland Department of Health to complete a study that would determine both the current capacity and estimated unmet needs for mental health (including developmental and behavioral disabilities) and substance abuse disorder services in Maryland. The study would analyze the average daily capacity of patient facilities and hospital emergency departments, levels of care that these facilities offer and provide, patient discharge barriers, and which insurance companies are accepted by these facilities. The study would be completed in 2021 and would require \$5 million of general funding.

Support:

- ❖ This bill would initiate a study to identify the issues that are causing the mental health and substance abuse disorder crises that Maryland is currently experiencing.
 - Looks at these needs regionally, as these needs will be different in each region of the state.
- ❖ Organizations wanting to fight the Opioid Crisis, including the Maryland Association of Counties and The Maryland Chapter of the National Council on Alcoholism and Drug Dependence

Opposition:

- ❖ The net cost of the study would require a \$5 million increase in Maryland general funds expenditure that would be utilized by MDH (or an organization the MDH would contract with) to complete the study. Mandates Governor appropriation in the fiscal State budget for 2021.

Expected Effects on St. Mary's County/SMCHD:

- ❖ The results of the study would help the Health Department to target specific areas and populations to combat the Opioid Crisis. SMCHD could target more highly affected geographical locations according to their population and available levels of care.

- ❖ Local Behavioral Health Authority would report on local needs to the MDH.
 - Expected to use funding that would be appropriated by the Governor to the MDH.

Hearing Dates/Status:

- ❖ Senate (SB506): Hearing in Finance on 2/20 @ 1pm.

ASAM Criteria

Health Insurance – Coverage for Mental Health Benefits and Substance Use Disorder Benefits – Treatment Criteria (HB599/SB631)

Description: This bill requires health insurers, nonprofit health service plans, and health maintenance organizations to use American Society of Addiction Medicine (ASAM) criteria. ASAM criteria is used for patient placement, continued stay, and transfer or discharge of addiction patients, and will be used to determine substance use disorder benefits. The limitation of charging a copayment of no more than 50% of the daily cost for methadone maintenance treatment is also repealed by this bill. An amendment removed the requirement that these organizations submit an annual parity compliance report and included patient protection provisions.

Support:

- ❖ Ingrid Olsen, Maryland DC Society of Addiction Medicine, National American Society of Addiction Medicine
 - ASAM Criteria was developed due to the wide range of methods to determine medically necessary addiction treatment services.
 - International guideline required by 30 states, and more than 10 national commercial carriers have adopted ASAM criteria for assessment, placement and utilization review.
 - Maryland's Medicaid Program uses ASAM criteria to determine level of care for specialty addiction treatment services. Commercial carriers in Maryland are currently not required to utilize this criteria. This would standardize language and services that the carriers would provide.
 - The patient's interest is not best served when private carriers develop their own medical necessity criteria. This benchmark improves access and treatment for individuals with mental health and substance use disorders.
- ❖ Mental Health Association of Maryland, Maryland Behavioral Health Coalition

Opposition:

- ❖ Likely opposition from private carriers who are currently not regulated by ASAM criteria, as these organizations would now have new regulations that they must follow.

Expected Effects on St. Mary's County/SMCHD:

- ❖ According to a study by the Gillings School of Global Public Health, currently only public managed care is associated with the higher likelihood of offering resource-intensive services.
- ❖ Enforcing the use of ASAM criteria will provide patients in St. Mary's County with more regulated and consistent access to care.

Hearing Dates/Status:

- ❖ House (HB599): Hearing 2/28 @ 1pm in Health and Government Operations. Third Reading Passed 3/15. Third Reading Passed (47-0) Senate Finance. Returned Passed. Approved by the Governor.
- ❖ Senate (SB631): Hearing 3/6 @ 1pm in Finance. Third Reading Passed 3/25. Third Reading Passed House Rules and Executive Nominations 4/5. Returned Passed. Approved by the Governor.

Prescription Drug Monitoring Program

Public Health - Prescription Drug Monitoring Program - Revisions (HB25 / SB195)

Description: This bill requires the Prescription Drug Monitoring Program to review prescription monitoring data for indications of prescription drug misuse or violations of laws by prescribers or dispensers. Currently the Program is only authorized to do so.

Support:

- ❖ This bill would require the PDMP, a third party, to review prescription monitoring data to identify potential prescription drug misuse.
- ❖ Opioid Operational Command Center
 - Would require the PDMP to track opioid prescriptions, identify patients who might be at risk for prescription drug abuse, and implement better prescribing practices.
 - Greater focus on provider education as well when there is an indication of prescribing outliers lying outside of standard practices based on indicatory code.
 - Would enable the PDMP to send data to Office of Controlled and Dangerous Substances to bring forward an investigation if necessary.
- ❖ PDMP itself supports this review requirement.

- Better able to enforce safe dispensing patterns.

Opposition:

- ❖ PDMP clinicians reviewing the data are volunteers, so this bill would require a greater time commitment as more algorithms are established to point out prescription drug abuse.
- ❖ There would be a greater likelihood that providers would be falsely accused of incorrectly prescribing prescription drugs.

Expected Effects on St. Mary's County/SMCHD:

- ❖ There is no effect on local governmental operations or finances.
- ❖ Refer to Expected Effects section of HB466/SB342 below.

Hearing Dates/Status:

- ❖ House (HB25): Health and Government Operations Hearing 2/20 @ 1 pm. Third Reading Passed 3/16. Third Reading Passed in Senate 3/28. Passed Enrolled.
- ❖ Senate (SB195): Hearing 2/14 @ 1 pm. Third Reading Passed 3/14. Hearing in House Health and Government Operations 3/20 @ 1pm. Third Reading Passed in House 3/27. Passed Enrolled.

Prescription Drug Monitoring Program - Program Evaluation (HB466 / SB342)

Description: This bill requires the Prescription Drug Monitoring Program to provide their data to the Office of the Attorney General and any authorized local to federal organization involved in medical care provision. The Advisory Board on Prescription Drug Monitoring would also be required to include more information in its annual reports. Repeals the PDMP termination date of July 1, 2019.

Support:

- ❖ The program provides data on potential prescription drug abuse by tracking to whom and by whom prescription drugs, specifically drugs containing opioids and benzodiazepines, have been prescribed.
- ❖ PDMP in Maryland, and 48 other states, is effective in law enforcement and health care outcomes.
 - July 1, 2017: mandatory use by prescribers and dispensers. By 2018:
 - 87% enrollment compliance by prescribers
 - 91% enrollment compliance by pharmacists
 - 23.1% decrease in opioid and benzodiazepine prescriptions

- In 2017, the number of deaths by prescription drugs containing opioids decreased for the first time since 2011.

Opposition:

- ❖ In February 2018, the MDH Office of Controlled Substance Administration began withholding new and renewal certificates for administration of controlled dangerous substance for prescribers and pharmacists who are not in compliance with the PDMP.
- ❖ Loss of privacy, prescribers might be hesitant to prescribe opiates even if this is the best course of treatment, potential unwanted law enforcement scrutiny.

Expected Effects on St. Mary's County/SMCHD:

- ❖ According to the MedStar St. Mary's July 28, 2017 Newsroom Report (found at <https://www.medstarstmarys.org/2017/07/28/prescription-change-st-marys-county-opioid-epidemic/>):
 - The PDMP has been and will continue to help MedStar St. Mary's Hospital, as the program decreases the chance of over-prescribing opioids to patients.
 - The requirement that prescribers at the hospital must first review PDMP data before the prescription of an opioid or benzodiazepine-containing drug, and the continued review of this data as the drug is prescribed, allows for the identification of patients who could be at risk for abusing opioids.
 - According to Dr. Jeremy Tucker, medical director of the Emergency Department at MedStar St. Mary's Hospital, the "earlier identification of a patient who might be at risk of abusing opioids gives us the opportunity to help that individual find the treatment they need which ultimately could save their life."

Hearing Dates/Status:

- ❖ House (HB466): Hearing 2/20 @ 1pm in Health and Government Operations. Third Reading Passed (137-0) on 3/15. Third Reading Passed (47-0) in Senate 3/28. Returned Passed. Approved by the Governor.
- ❖ Senate (SB342): Hearing 2/14 @ 1pm in Finance.

Other Programs

Behavioral Health Administration - Outpatient Civil Commitment Pilot Program - Revisions (HB427/SB403)

Description: This bill supports the expansion of an outpatient civil commitment (OCC) pilot program. The Behavioral Health Administration would be required to allow eligible individuals or an immediate family member to request for the individual's enrollment in an outpatient civil commitment pilot program.

Support:

- ❖ MHAMD
- ❖ Mental Health Association of Maryland, Maryland Behavioral Health Coalition
 - Bill would expand a pilot program in Baltimore City that works to provide resources to target individuals with serious mental illness who are hard to engage.
 - Allows other jurisdictions to refer patients into the program, expanding resources to statewide individuals. (Note: The bill was amended to not expand statewide).
 - Hospitals would be able to utilize this program as a tool to refer patients to.
- ❖ Family members would be able to petition on behalf of their loved ones for admittance to the program.
 - Due to lack of insight to need of medical treatment, many people are involuntarily committed or have a court order to receive treatment. This bill would potentially decrease this need.

Opposition:

- ❖ Over the course of two years, only nine individuals were enrolled in the Baltimore City pilot program. Baltimore City is the area of greatest need in the state.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Services provided by this program were originally intended to be available to St. Mary's County individuals who would be referred to the program. Based on amendments, it seems like the program will continue to serve only Baltimore County residents.

Hearing Dates/Status:

- ❖ House (HB427): Hearing 2/20 @ 1pm in Health and Government Operations. Third Reading Passed 3/14. In Senate, Second Reading Passed 3/27. Passed Enrolled. Approved by Governor.

- ❖ Senate (SB403): Hearing 2/20 @ 1pm in Finance. Third Reading Passed 3/18. Hearing Health and Government Operations 4/4 @ 1pm. Returned Passed 4/8. Approved by Governor.

Drug Manufacturers - Drug Take-Back Program (HB1085)

Description: This bill would require each manufacturer of any substance recognized under federal law as a drug to: operate a drug take-back program approved by the MDH, enter into an agreement with a drug take-back organization that would operate the program, or agree to allow the MDH to operate the program for the manufacturer.

Support:

- ❖ Delegate Young
 - 42% of all medications are unused. $\frac{2}{3}$ of prescription medications are unused. 2.5-5.5 million dollars of prescription medication are wasted. Six million people are abusing prescription drugs, and 70% of these individuals are obtaining them through friends and family. 62% dispose of them by throwing them in the trash, 22% flushing them down the toilet, or 17% leaving them in medicine cabinets.
 - Children and individuals struggling with addiction are gaining access to these drugs and abusing them.
 - Pollution is causing genetic mutations in fish from water originating from wastewater treatment plants.

Opposition:

- ❖ Counter that 90% of prescription drug traces found in water originate from passing through human bodies.
- ❖ FDA provides methods of safe prescription drug disposal on their website. The Department of Health has 107 take-back sites, 42 take-back sites Board of Pharmacy, and many other take-back sites in individual counties.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Harm Reduction Program would have other organizations working to decrease the presence of unused prescription drugs in our county.

Hearing Dates/Status:

- ❖ House (HB1085): Hearing 3/14 @ 1pm in Health and Government Operations.

Maryland Department of Health - Services for Individuals with Developmental Disabilities - Fee-For-Service Payment Pilot Program (HB1420)

Description: This bill will require that the MDH establishes a fee-for-service (FFS) payment pilot program for individuals with developmental disabilities.

Support:

- ❖ The Developmental Disabilities Administration (DDA) of the MDH will establish a pilot FFS program to test how smoothly the Long-Term Services Supports System (LTSS) network will transition to FFS.
 - Providers will volunteer to participate in the pilot program, along with about 30 service recipients to ensure that the processes work correctly and that there are no fundamental problems that could negatively impact recipients or providers.

Opposition:

- ❖ Individuals in opposition of FFS would not be in support of the steps to move it forward.

Expected Effects on St. Mary's County/SMCHD:

- ❖ This is still only a pilot program, so no effects on our county or SMCHD are expected.

Hearing Dates/Status:

- ❖ House (HB1420): Hearing in Health and Government Operations 3/27 @ 1pm. Third Reading Passed 4/4. Third Reading Passed in Senate 4/9. Returned Passed 4/8.

Maternal and Child Health

Public Health - Maternal Mortality Review Program - Establishment of Local Teams (SB 602, HB 796)

Description: The bill would allow each county in Maryland to establish a maternal mortality review team that would be comprised of multiple disciplines and agencies that would work to prevent maternal deaths. The bill would establish the responsibilities of the review team members, whose goal would be to analyze and work to prevent maternal deaths in their corresponding county. Penalties for violating confidentiality and disclosure provisions are also detailed.

Support:

- ❖ This would allow, not require, local jurisdictions to create maternal mortality review teams.
 - Not considered a duplication of efforts, as it would be an opportunity for the county to allow the the members to implement the state team’s recommendation.
 - The state team currently is not in the position to implement their recommendations in the local counties due to not having the proposed local teams available to lower maternal mortality.
 - Could potentially save the state and local jurisdictions money from fewer deaths.

Opposition:

- ❖ Individual counties are unlikely to have high numbers of maternal mortality cases, and some counties will have no cases to review.
 - According to statewide 2016 data referenced by MACHO, out of twenty-four counties, ten counties had zero maternal deaths to review, and five counties had one maternal death to review. Only Baltimore City had more than five deaths to review.
 - MACHO supports amendments to the bill, which include the phraseology of “may” and “meet up to four times a year” to be implemented into the text to lessen the requirements of a local review team (including responsibilities and meetings that would take away valuable staff time).
 - The existing State Maternal Mortality Review Team would be better equipped to review the 35-40 yearly maternal mortality cases that can be reported to the LHDs, thus giving the LHDs the necessary information to help prevent maternal mortality.

Expected Effects on St. Mary’s County/SMCHD:

- ❖ SMCHD would be authorized to increase expenditures to establish a local maternal mortality review team. A multicounty team is allowed.
 - Maternal, Child and Elder Health Program would likely be involved.
- ❖ The local health officer would be required to be a review team member, and would have the responsibility to convene any meetings.
 - Other members of the team would include a local department of social services director, a county substance use treatment program director, a county mental health agency or core service agency director, an obstetrician-gynecologist, a direct-entry midwife, a birth doula, a public member with related experience, and/or other essential individuals.

Hearing Dates/Status:

- ❖ Senate (SB602): First Reading in Finance 2/14 @ 1pm.
- ❖ House (HB796): First Hearing in Health and Government Operations 2/27 @ 1pm.
Returned Passed.

Prenatal and Infant Care Coordination - Grant Funding and Task Force (SB406/HB520)

Description: This bill would establish the Task Force on Maryland Maternal and Child Health. Will be staffed by the Maryland Department of Health, the Maryland Department of Human Services, the Maryland Medical Assistance Program, and the Health Services Cost Review Commission. The Task Force will make recommendations on how MDH and Maryland state policies can be used to prevent adverse health outcomes, and present their findings to the Maryland General Assembly. Effective July 1, 2019 through June 30, 2020.

Support:

- ❖ Program would save the state money by promoting future health levels and productivity.
- ❖ Infant mortality rate is higher amongst Black infants (2.7 times as often) compared to Caucasian infants.
- ❖ Tina Cheng, Chair of Pediatrics at Johns Hopkins and the Pediatrician-in-Chief at Johns Hopkins Children's Center
 - Children affected by poverty, childhood obesity, asthma, mental health problems, and family stress can lead to unhealthy futures.
- ❖ Rebecca Denean, Assistant Commissioner for Maternal and Child Health at Baltimore City Health Department
 - Care coordination improves health outcomes, saves money, and ensures that duplication of service will not occur.

Opposition:

- ❖ Original \$5,000,000 of funding to supply the Task Force was deemed to be too high, currently reduced to \$100,000 funding to be available for the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund.

Expected Effects on St. Mary's County/SMCHD:

- ❖ The Task Force will provide their findings and suggestions to the Maryland General Assembly, ultimately providing insight that St. Mary's County programs may utilize.
- ❖ The established Task Force would aid in furthering the goals of the Infants and Toddlers Program, Healthy Families, Nutrition for Women, Infants, and Children (WIC), and other programs at SMCHD.

Hearing Dates/Status:

- ❖ Senate (SB406): Hearing in Finance 2/14 @ 1pm. Third Reading Passed 3/5. Hearing in House in Health and Government Operations and Appropriations 3/20 @ 1pm. Third Reading Passed in House 4/3. Passed Enrolled.
- ❖ House (HB520): Hearing in Health and Government Operations and Appropriations 2/27 @ 1pm. Third Reading Passed 3/18. Third Reading Passed in Senate 4/2. Passed Enrolled.

Funding/Grants/Insurance

Maryland Department of Health - Capital and Grant Programs - State Grants (HB155/SB164)

Description: This Governor's bill increases the eligible cost percentages of projects that Maryland state funding will cover using the Community Mental Health, Addiction, and Developmental Disabilities Capital Program or Federally Qualified Health Centers Grant Program. Meant to be used for the construction, acquisition, renovation, and/or equipping of community mental health and addiction facilities.

Support:

- ❖ MHAMD, representatives from the Maryland Department of Health
- ❖ Currently the recipients who receive grant money from these two programs must find matching funds to make up the difference for expenses which the State does not cover.
 - Difficult to accomplish.
- ❖ Increase of statutory caps from what the State will fund from 50% to up to 75%, and projects eligible for poverty area funding would increase from 75% to 90%.
 - Would benefit providers across the state, specifically in smaller, underserved, rural communities.

Opposition:

- ❖ No opposition found.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Local revenues for projects will increase due to an increase of available State grant funding. Local matching expenditures will decrease to this extent as well.

Hearing Dates/Status:

- ❖ House (HB155): Hearing 2/28 @ 1pm in Appropriations. Third Reading Passed 3/14. Hearing 3/21 @ 1pm in Senate Budget and Taxation. Returned Passed.

- ❖ Senate (SB164): Hearing 2/27 @ 1pm in Budget and Taxation. Third Reading Passed 3/13. Hearing 3/26 @ 1pm in House Appropriations. Returned Passed.

Local Health Services Funding - Modifications (HB1082/SB645)

Description: This bill would establish a base level of Maryland State funding for Core Public Health Services. Beginning in fiscal 2022, funding must be equivalent or greater than the amount of funding provided the prior year, and must be adjusted for inflation and population growth.

Support:

- ❖ Maryland Association of Counties
 - Core funding is a necessity to aid in the funding of health department programs.
 - Core Public Health Services funds are used to prevent spread of communicable disease, wellness promotion, geriatric care programs, food safety, immunizations, mental health and substance use services, funding doctors, nurses, environmental health inspectors, and other critical services.
 - Services that health departments provide are critical, and a lack of funding inhibits the impact that these services can have on the community.

Opposition:

- ❖ General Fund expenditures would increase by \$27.1 million in fiscal year 2021 and increase each subsequent year.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Both revenues and expenditures for SMCHD would increase in consistency with Maryland State general fund expenditures.
- ❖ Local jurisdictions would be required to match this funding, but most already provide more funding than is required, as stated in the MGA bill analysis.

Hearing Dates/Status:

- ❖ House (HB1082): Hearing 3/5 @ 1pm in Appropriations.
- ❖ Senate (SB645): Hearing 2/27 @ 1pm in Budget and Taxation.

Health Insurance - Coverage Requirements for Behavioral Health Disorders - Short-Term Limited Duration Insurance (SB28)

Description: This bill alters the definition of "health benefit plan" to include short-term limited duration health insurance. This is to make sure that Maryland's mental health parity law applies to this insurance type as well.

Support:

- ❖ Requires this plan to provide health benefits for both the diagnosis and treatment of individuals with a mental illness, drug use or alcohol use disorder.
- ❖ Maryland Insurance Administration: Coverage for behavioral health services currently does not apply to short-term limited duration health insurance. This allows for a technical fix to add this insurance type to apply under the Mental Health Parity and Addiction Equity Act.

Opposition:

- ❖ No opposition found.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Individuals who rely on this health insurance coverage with a policy term of less than three months will be able to receive health benefits in line with the Mental Health Parity and Addiction Equity Act.

Hearing Dates/Status:

- ❖ Senate (SB28): Pre-filed. Hearing in Finance 1/30 @ 2pm. Third Reading Passed in Senate 2/7 in Finance 45-0. Hearing 3/21 @ 1pm in House Health and Government Operations. Third Reading Passed in House 4/3. Returned Passed 4/5. Approved by the Governor.

Opioids

Public Health - Correctional Services - Opioid Use Disorder Examinations and Treatment (SB846/HB116)

Description: This bill would require local correctional facilities to conduct assessments and examinations of inmates within 24 hours of incarceration to determine the mental health and substance use status of each inmate. These assessments and examinations would determine if opioid addiction treatment should be provided to the inmates. This treatment would include access to health care practitioners who have the ability to supply FDA approved medications for opioid use disorder, behavioral health counseling, and peer recovery specialists. This bill is on a phase-in schedule that will include all local detention centers and the Baltimore Pre-trial Complex by January 2023.

Support:

- ❖ Maryland Association of Counties, Warden and Director of Prince George's County Department of Corrections, Baltimore City Health Department, MACHO, Mental Health Association of Maryland, Maryland Behavioral Health Coalition
- ❖ Treatment, in the form of medication and counseling, will give inmates the ability exit the cycle of opioid addiction as they reenter society, giving them a greater ability to become productive citizens.
 - Inmates would not be able to just receive the drug, but would need to agree to the counseling treatment as well.
- ❖ MACHO Points of Consensus:
 - Epidemic is statewide, over 1800 deaths between January and September of 2018.
 - Treatment in correctional settings is important, as an individual released from incarceration is forty times more likely to die an opioid related death in comparison to non-incarcerated individuals.
 - Behavioral and medicinal interventions that are approved by the FDA need to be implemented.

Opposition:

- ❖ The increase in expenditure state-wide would be \$2 million in Fiscal Year 2020.
- ❖ Methadone as a treatment option would lead to inmates, upon release, to continue to require this treatment. Each inmate would need to utilize the local correctional facility's plan of reentry in order for the treatment to be effective, unless a healthcare practitioner deems the treatment as no longer appropriate.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Local expenditures would be likely to increase significantly, while revenues would not be affected. These expenditures are expected to be fully reimbursed by the state. This bill would impose a mandate on the local unit of government (St. Mary's County government).
 - Medical staff, assessments, treatment, medications, and data collection and reporting will be necessary.
- ❖ St. Mary's County detention centers have volunteered to be in the first round of this program.

Hearing Dates/Status:

- ❖ Senate (SB846): Hearing @ 2/27 @ 1pm in Finance. Third Reading Passed. Hearing in House Judiciary 4/2 @1pm.

- ❖ House (HB0116): Hearing 2/19 @ 1pm in Judiciary. Third Reading Passed. Third Reading Passed in Senate 4/4. Passed Enrolled.

Opioid Restitution Fund (HB1274)

Description: This bill will establish the Opioid Restitution Fund that will be composed of any revenues received by the State of Maryland for opioid judgements and settlements with opioid manufacturers, opioid research associations, or other related companies. The fund will only be available for opioid-related programs and services.

Support:

- ❖ Provides funding to programs that:
 - Further access to crisis beds
 - Improve access to medications for opioid overdoses and substance use disorders
 - Form opioid prevention educational campaigns for schools
 - Enforce opioid prescriptions and sales laws
 - Substance use treatment research and training
 - Other opioid use prevention related services.
- ❖ Money is supplemental to programs and services, and is not meant to replace current funding.

Opposition:

- ❖ Modeled based on the Cigarette Restitution Fund
 - Much of the Cigarette Restitution funding goes toward Medicaid rather than prevention of harm caused by tobacco products.
 - Rebuttal: No mention of Medicaid found in the bill.

Expected Effects on St. Mary's County/SMCHD:

- ❖ The grants that will be awarded to SMCHD programs from this Opioid Restitution Fund will increase program funding and expenditures at a potentially significant level.
 - Funding will increase ability of local programs to address the opioid crisis in our county.
- ❖ St. Mary's County organizations working to mitigate the effects of the opioid crisis (including SMCHD, MedStar St. Mary's Hospital, the St. Mary's County Sheriff's Office, etc.) will have more resources to combat the opioid epidemic in our county.
 - According to the Maryland Vital Statistics Administration and ESSENCE Maryland Surveillance System, in St. Mary's County there were:
 - 245 opioid-related Emergency Department visits Jan.-Aug. 2017.

- 20 opioid-related deaths Jan.-June 2017.

Hearing Dates/Status:

- ❖ House (HB1274): Hearing in Health and Government Operations 3/13 @ 1pm. Third Reading Passed 3/18. Hearing in Senate Finance 3/27 @ 1pm. Third Reading Passed in Senate 4/8. Returned Passed.

Marijuana

Medical Cannabis - Regulation of Dispensaries, Growers, and Processors (SB426)

Description: This bill will allow the Natalie M. LaPrade Medical Cannabis Commission to issue more than one medical cannabis grower license to applicants. A person will not be allowed to have ownership of more than one grower or processor. A person will not be allowed to have ownership of more than four licensed dispensaries.

Support:

- ❖ There are currently no limitations on the number of dispensary licenses that can be issued
 - No statutory language says that an owner cannot be the owner of an existing license.
 - State Medical Cannabis Association has, on its own, proposed regulations that only one dispensary license can be owned by a single owner. Maryland General Assembly was not involved in this proposed regulation.
- ❖ The ownership of four commonly owned dispensaries:
 - Would allow for multiple dispensaries to have a more cost effective system, as a fraction of the cost would be required to upkeep six commonly owned dispensaries in comparison to the cost of upkeeping six individually owned dispensaries.
 - Single purchase agent
 - Bookkeeper
 - Financial statement
 - Tax return
 - Suggested as resulting in lower prices for customers because there would be a lower expense to run the dispensaries.
 - Even if the total of 102 dispensaries were consolidated into groups of 4, there would still be 25 competitors across the state.

Opposition:

- ❖ One owner could hypothetically own all of the licensed dispensaries in one county. This would prevent competitive pricing for products.

Expected Effects on St. Mary's County/SMCHD:

- ❖ A licensed dispensary in the county currently limited to owning one licensed dispensary will be able to own up to four licensed dispensaries in total July 1, 2019.

Hearing Dates/Status:

- ❖ Senate (SB426): Hearing in Judicial Proceedings 2/26 @ 1pm. Third Reading Passed 4/3. Hearing in House 4/4 @ 1pm. Third Reading Passed 4/6. Returned Passed.

Natalie M. LaPrade Medical Cannabis Commission – Processing and Dispensing Medical Cannabis (SB857/HB17)

Description: This bill enacts multiple changes to the Maryland State medical cannabis program. Research organizations would be allowed to register with the Natalie M. LaPrade Medical Cannabis Commission to purchase medical cannabis. Licensed medical cannabis dispensaries and processors would be allowed to sell edible cannabis products (cannabis products that dissolve in the mouth). The length of time a medical cannabis license holder needs to be actively involved in the cannabis industry before there is a sale or transfer of license ownership increases from 2 to 3 years. Legal protections for individuals who participate in the Maryland state cannabis programs are also increased. Medical cannabis advertisements are restricted.

Support:

- ❖ Combustible (smoking) cannabis composes half of the medical marijuana market, and edible cannabis products would allow for a safer intake of the product.
 - Effects are different when ingested rather than when inhaled or taken in by a dermal patch, as the product is able to be less concentrated and have a longer-lasting effect.
- ❖ Patients currently bake their own edibles sometimes, and often do not know what they are doing. Commercially available, appropriately dosed products would be available with this bill.

Opposition:

- ❖ Pills and other forms of administering the medical cannabis could instead be utilized to prescribe patients with exact proportions of cannabis concentrations.
- ❖ Children could find the edible cannabis and consume it, thinking that it is food.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Southern Maryland Relief in Mechanicsville will be able to sell edible cannabis products to patients.

Hearing Dates/Status:

- ❖ Senate (SB857): Hearing 2/26 @ 12pm in Judicial Proceedings. Third Reading Passed. Hearing 3/27 in House Health and Government Operations.
- ❖ House (HB17): Hearing 1/29 @ 2pm in Health and Government Operations. Third Reading Passed 4/8. Third Reading Passed in Senate 4/8. Returned Passed 4/8.

Suicide Prevention

Veteran Suicide Prevention - Comprehensive Action Plan (SB521)

Description: This bill requires the MDH to create an action plan by July 1, 2020 to increase professional veteran health services to decrease veteran suicides. This action plan will include both short-term initiatives and reforms (implemented by July 1, 2021) and long-term initiatives and reforms (implemented by July 1, 2023).

Support:

- ❖ This action plan would increase access to and awareness of suicide prevention resources available to veterans.
- ❖ Senator William C. Smith Jr.
 - In 2017, 102 veterans died by suicide in Maryland.
 - According to the 2014 U.S. Department of Veterans Affairs *Suicide Among Veterans and Other Americans (2001-2014)* report, every day an average of 20 veterans die by suicide across the United States.
- ❖ Melanie Bell: former Nurse Case Manager for the US Army, Active Duty Reserve and the National Guard, Board Member for Maryland Nurses Association
 - Soldiers often mask the behavioral health problems that they are experiencing due to a stigma placed on them that makes them feel weak if they do express the challenges they face.
 - DoD and Department of Veterans Affairs have a Continuity of Psychiatric Care (CPC) model meant to aid veterans with chronic mental illness.
 - Must help veterans just as active duty is helped.
- ❖ AARP Maryland
 - 982 Maryland veterans died by suicide between 2005 and 2016.
 - Veteran suicides can be reduced for those who utilize VA services, but only half of veterans nationwide receive help through the VA.

- In Maryland only 20% of the 380,000 veterans receive care through the VA based on a service-related disability.
- Other organizations, including Substance Abuse and Mental Health Services Administration, state, county and local government entities, and public and private facilities, need to become involved in this care plan so that more resources can be made available.

Opposition:

- ❖ No opposition found. All senators and delegates supported the bill during voting.

Expected Effects on St. Mary's County/SMCHD:

- ❖ Healthy St. Mary's Partnership BHAT priority to reduce the rates of suicide in our community will be aided by the efforts of the MDH to create the care plan.
 - MDH will collaborate with specified interested parties to develop the plan.

Hearing Dates/Status:

- ❖ Senate (SB521): Hearing in Finance 2/28 @ 1pm. Third Reading Passed. Hearing in House Health and Government Operations 3/20 @ 1pm. Third Reading Passed. Returned Passed. Approved by the Governor.

Criminal Law - Decriminalization of Attempted Suicide (HB77)

Description: This bill would repeal the common law that states attempted suicide is a crime, while establishing that other crimes committed during an attempted suicide are still chargeable offenses.

Support:

- ❖ The common law is not well defined, and is unclear what the penalty should be for attempted suicide.
 - Many mental health professionals believe this is an inappropriate method to prevent suicide attempts, as suicide attempts should be handled as mental health cases and not criminal justice cases.

Opposition:

- ❖ The common law is implemented to cause the person to get help and treatment.

Expected Effects on St. Mary's County/SMCHD:

- ❖ The common law designating a suicide attempt as a chargeable offense is rarely put to use, as just one man in Caroline County pleaded guilty in the past five years.

- ❖ St. Mary's criminal justice system would not be legally able to charge an individual for an attempted suicide, but would still be able to charge for any other crimes committed during the attempt.

Hearing Dates/Status:

- ❖ House (HB77): Hearing in Judiciary 1/29 @ 1pm. Third Reading Passed 2/22. Third Reading Passed in Senate 4/8. Passed Enrolled.

Public Schools

The Blueprint for Maryland's Future (SB1030/ HB1413)

Description: In its impacts on behavioral health, this bill will provide \$83,333 per year in fiscal years 2020 and 2021 to each local school system in order to fund a mental health services coordinator for each school district. In schools in which at least 80% of students meet the requirements for free and reduced-price meals, a Concentration of Poverty School Grant Program will provide increased resources to these schools. The schools that receive funding will be required to employ a new staff member to coordinate behavioral health services.

Support:

- ❖ District mental health coordinators will allow for organization of mental health services in each school district, allowing for students to have increased access to services.
- ❖ A staff member at a qualifying school under the Grant Program will coordinate access to behavioral health resources and mental health practitioners for students.
 - Coordination for the trauma-informed professional development of school staff will also be the responsibility of this coordinator.

Opposition:

- ❖ No opposition found.

Expected Effects on St. Mary's County/SMCHD:

- ❖ St. Mary's County school district will receive \$83,000 to fund a mental health services coordinator in 2020 and 2021.
- ❖ St. Mary's County school district will receive \$249,000 from the Concentration of Poverty Grant Program in Fiscal Year 2021.

Hearing Dates/Status:

- ❖ Senate (SB1030): Hearing 3/6 @ 4pm in Education, Health, and Environmental Affairs. Third Reading Passed 4/3. Third Reading in House Passed 4/4. Passed Enrolled.

- ❖ House (HB1413): Hearing 3/13 @ 1pm in Ways and Means.

Primary and Secondary Education - Community Schools - Established (SB661/ HB733)

Description: This bill will establish community schools, which are public schools in Maryland that have strategic partnerships with community resources to advance a focus on academics, health and social services, youth and community development, and familial and community engagement. Each of these schools will have a community school coordinator. Public school funding will be made available to community schools.

Support:

- ❖ Community schools allow for community organizations and resources involved in economic, educational, behavioral health, and familial resources to be available to students.
- ❖ Advocates for Children and Youth
 - Low income students in schools
- ❖ Family League of Baltimore City
 - Provide funding, training, and support for 50 community schools in Baltimore.
 - In Lakeland Elementary School in Southwest Baltimore, the community school coordinator has leveraged hundreds of thousands of dollars from State funds from the Judy Center, federal funds for after school programming, and a partnership with Northrop Grumman to convert a recreation center into a community STEM center.

Opposition:

- ❖ Poverty should not be a defining factor that labels educational ability, and community schools would be more likely to be established in schools with students affected by poverty.

Expected Effects on St. Mary's County/SMCHD:

- ❖ The local SMCPS system, if they were to consider the establishment of a community school(s), would incur some cost to review potential plans.
 - Schools would have a community school coordinator specifically aiding in partnerships that would increase student access to economic, educational, behavioral health, and familial resources.

Hearing Dates/Status:

- ❖ Senate (SB661): Hearing 3/6 @ 1pm in Education, Health, and Environmental Affairs. Third Reading Passed 3/18. Third Reading Passed in House 4/4. Passed Enrolled.

- ❖ House (HB733): Hearing 2/28 @ 1pm.

Public Schools - School Psychologists - Reports (HB844)

Description: This bill will require each local school system in Maryland to submit an interim report (by July 1, 2020) and final report (by December 1, 2020) concerning school psychologists in their system. The reports must include information on each school's current school psychologist to student ratio, and include suggestions on how to reach a ratio of at least one school psychologist per 700 students.

Support:

- ❖ National Association of School Psychologists recommends a ratio of one school psychologist per 500 to 700 students.
 - Large staff to student ratios hinder students from receiving proper help.
 - The average in Maryland schools is 1 to 1,240 students.
 - There is an increase of students requiring additional services for problems including suicide, bullying, depression, and other mental health concerns.
- ❖ Brittany Jonston, representing the Maryland School Psychologists' Association
 - Ms. Jonston was originally working across three schools with a larger student ratio than is recommended by the NASP.
 - She is now working within the NASP suggested ratio and is able to more effectively provide:
 - Preventative mental health and academic services
 - Reading screenings with students
 - Behavior intervention groups
 - General education counseling for students previously only given special education counseling services

Opposition:

- ❖ No opposition found.

Expected Effects on St. Mary's County/SMCHD:

- ❖ This study will help to advance the effort of providing the children in St. Mary's with imperative mental health counseling services.
- ❖ There is no associated cost, as staff in the school system would already be on payroll.

Hearing Dates/Status:

- ❖ House (HB844): Hearing in Ways and Means 3/1 @ 1pm. Third Reading Passed 3/12. Hearing in Senate Education, Health, and Environmental Affairs 3/20 @ 1pm. Third Reading Passed in Senate 4/3. Returned Passed 4/3.