

HOUSE BILL 908

J3, J1

6lr1799

By: Delegates Morhaim, Barron, Barve, Brooks, Cluster, Conaway, Fraser-Hidalgo, Frush, Haynes, Healey, Hettleman, Hill, Hixson, S. Howard, Jalisi, Jameson, Kelly, Lafferty, Lam, Luedtke, Pena-Melnyk, Stein, Sydnor, Turner, and P. Young P. Young, Hammen, Angel, Bromwell, Cullison, Hayes, Kipke, Krebs, McDonough, McMillan, Miele, Morgan, Oaks, Pendergrass, Rose, Saab, Sample-Hughes, West, and K. Young

Introduced and read first time: February 10, 2016

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 27, 2016

CHAPTER _____

1 AN ACT concerning

2 **Hospitals – ~~Establishment of Substance Use Treatment Demonstration~~**
3 **~~Programs~~ Program – Requirements**

4 FOR the purpose of authorizing a certain number of hospitals in the State to participate in
5 a substance use treatment demonstration program; providing for the purpose of the
6 demonstration program; requiring each hospital in the demonstration program to
7 operate a certain substance use treatment program or ensure that certain substance
8 use treatment services are made available; requiring a hospital seeking to
9 participate in the demonstration program to apply to the Health Services Cost
10 Review Commission; requiring the Commission, or an entity designated by the
11 Commission, to select demonstration program participants based on a request for
12 participants and to develop a certain methodology to evaluate the effectiveness of
13 the demonstration program; providing for a delayed effective date ~~requiring certain~~
14 hospitals to establish a certain substance use treatment program; providing for the
15 purpose of the program; requiring certain hospitals to operate or contract to operate
16 certain treatment units; requiring the program to include a substance use treatment
17 counselor who is available on a certain basis and provides certain services; requiring
18 the Health Services Cost Review Commission to include sufficient amounts to fund
19 certain costs of the substance use treatment programs established under certain
20 provisions of this Act when establishing certain rate levels and rate increases;

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.



~~requiring the Commission, or an entity authorized by the Commission, to develop a certain methodology and conduct a certain analysis; and generally relating to a substance use treatment programs demonstration program in hospitals.~~

~~BY repealing and reenacting, with amendments,
Article – Health – General
Section 19–210
Annotated Code of Maryland
(2015 Replacement Volume)~~

BY adding to

Article – Health – General
Section 19–310.3
Annotated Code of Maryland
(2015 Replacement Volume)

Preamble

WHEREAS, Individuals with substance use problems are seen routinely in hospitals, especially in emergency departments, for a variety of somatic, psychological, and substance use–related medical and surgical issues; and

WHEREAS, Hospitals are open 24 hours a day and 7 days a week, are often on public transportation routes, are situated throughout the State in known locations, have safety and security systems, and are accountable for quality and fiscal reviews; and

WHEREAS, Initiating treatment for individuals with substance use problems is best done in the moment and without delay; and

WHEREAS, Getting individuals with substance use problems into treatment programs has been shown to be very cost–effective, both in reducing health care costs and societal costs; and

WHEREAS, Treatment on demand and at need is essential to get individuals with substance use problems into treatment; now, therefore,

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

Article – Health – General

~~19–210.~~

~~(a) The Commission may review the costs, and rates, quality, and efficiency of facility services, and make any investigation that the Commission considers necessary to assure each purchaser of health care facility services that:~~

1 ~~(1) The total costs of all hospital services offered by or through a facility~~
2 ~~are reasonable;~~

3 ~~(2) The aggregate rates of the facility are related reasonably to the~~
4 ~~aggregate costs of the facility; and~~

5 ~~(3) The rates are set equitably among all purchasers or classes of~~
6 ~~purchasers without undue discrimination or preference.~~

7 ~~(b) (1) To carry out its powers under subsection (a) of this section, the~~
8 ~~Commission may review and approve or disapprove the reasonableness of any rate or~~
9 ~~amount of revenue that a facility sets or requests.~~

10 ~~(2) A facility shall:~~

11 ~~(i) Charge for services only at a rate set in accordance with this~~
12 ~~subtitle; and~~

13 ~~(ii) Comply with the applicable terms and conditions of Maryland's~~
14 ~~all-payer model contract approved by the federal Center for Medicare and Medicaid~~
15 ~~Innovation.~~

16 ~~(3) In determining the reasonableness of rates, the Commission may take~~
17 ~~into account objective standards of efficiency and effectiveness.~~

18 ~~(e) Consistent with Maryland's all-payer model contract approved by the federal~~
19 ~~Center for Medicare and Medicaid Innovation, and notwithstanding any other provision of~~
20 ~~this subtitle, the Commission may:~~

21 ~~(1) Establish hospital rate levels and rate increases in the aggregate or on~~
22 ~~a hospital-specific basis; and~~

23 ~~(2) Promote and approve alternative methods of rate determination and~~
24 ~~payment of an experimental nature for the duration of the all-payer model contract.~~

25 ~~(D) THE AGGREGATE OR HOSPITAL-SPECIFIC RATE LEVELS AND RATE~~
26 ~~INCREASES ESTABLISHED UNDER SUBSECTION (C) OF THIS SECTION SHALL~~
27 ~~INCLUDE SUFFICIENT AMOUNTS TO FUND THE CAPITAL AND OPERATING COSTS OF~~
28 ~~THE SUBSTANCE USE PROGRAMS REQUIRED BY § 19-310.3 OF THIS TITLE.~~

29 **19-310.3.**

30 **(A) EACH HOSPITAL SHALL ESTABLISH UP TO FIVE HOSPITALS IN THE**
31 **STATE MAY PARTICIPATE IN A SUBSTANCE USE TREATMENT DEMONSTRATION**
32 **PROGRAM.**

1 (B) THE PURPOSE OF THE DEMONSTRATION PROGRAM IS TO IDENTIFY BEST
2 PRACTICES TO:

3 (1) IDENTIFY PATIENTS WHO MAY BE IN NEED OF SUBSTANCE USE
4 TREATMENT; AND

5 (2) (I) SCREEN THE PATIENTS USING A STANDARDIZED PROCESS
6 AND SCREENING TOOL; AND

7 (II) REFER THE PATIENTS WHO ARE IN NEED OF SUBSTANCE
8 USE TREATMENT TO APPROPRIATE HEALTH CARE AND SUPPORT SERVICES.

9 ~~(2) (I) ADMIT THE PATIENT TO THE APPROPRIATE SUBSTANCE USE~~
10 ~~TREATMENT SETTING; OR~~

11 ~~(II) IF ADMISSION IS NOT REQUIRED, DIRECT THE PATIENT TO~~
12 ~~THE APPROPRIATE OUTPATIENT TREATMENT SETTING.~~

13 (C) EACH HOSPITAL IN THE DEMONSTRATION PROGRAM SHALL:

14 (1) OPERATE AN INPATIENT AND OUTPATIENT SUBSTANCE USE
15 TREATMENT UNIT PROGRAM; OR

16 ~~(2) CONTRACT TO OPERATE AN INPATIENT AND OUTPATIENT~~
17 ~~SUBSTANCE USE TREATMENT UNIT WITHIN ITS HOSPITAL SYSTEM OR WITH AN~~
18 ~~OUTSIDE ENTITY~~ ENSURE THAT INPATIENT AND OUTPATIENT SUBSTANCE USE
19 TREATMENT SERVICES ARE MADE AVAILABLE.

20 (D) INPATIENT AND OUTPATIENT SUBSTANCE USE TREATMENT SERVICES
21 PROVIDED THROUGH THE DEMONSTRATION PROGRAM SHALL INCLUDE:

22 (1) SUBSTANCE USE COUNSELING 24 HOURS A DAY AND 7 DAYS A
23 WEEK EITHER ON-SITE OR ON-CALL;

24 (2) SCREENING, INTERVENTION, AND TREATMENT SERVICES FOR
25 ANY PATIENT IN THE HOSPITAL'S INPATIENT OR OUTPATIENT CARE WHO IS
26 IDENTIFIED TO BE IN NEED OF SUBSTANCE USE TREATMENT; AND

27 (3) REFERRAL TO THE NEXT APPROPRIATE LEVEL OF CARE OR
28 RESOURCE.

29 (E) A HOSPITAL SEEKING TO PARTICIPATE IN THE DEMONSTRATION
30 PROGRAM ESTABLISHED BY THIS SECTION SHALL APPLY TO THE HEALTH SERVICES
31 COST REVIEW COMMISSION.

1 **(F) THE HEALTH SERVICES COST REVIEW COMMISSION, OR AN ENTITY**
2 **AUTHORIZED BY THE COMMISSION, SHALL:**

3 **(1) SELECT DEMONSTRATION PROGRAM PARTICIPANTS BASED ON A**
4 **REQUEST FOR PARTICIPANTS; AND**

5 **(2) DEVELOP A METHODOLOGY TO EVALUATE THE EFFECTIVENESS**
6 **OF THE DEMONSTRATION PROGRAM, INCLUDING AN ANALYSIS OF THE EFFECT OF**
7 **THE PROGRAM ON TOTAL COST OF CARE.**

8 ~~**(D) THE PROGRAM SHALL INCLUDE A SUBSTANCE USE TREATMENT**~~
9 ~~**COUNSELOR WHO IS AVAILABLE;**~~

10 ~~**(1) 24 HOURS A DAY AND 7 DAYS A WEEK EITHER ON-SITE OR**~~
11 ~~**ON-CALL WITHIN 2 HOURS OF NOTIFICATION BY THE HOSPITAL;**~~

12 ~~**(2) TO PROVIDE SCREENING, INTERVENTION, REFERRAL, AND**~~
13 ~~**TREATMENT FOR PATIENTS IN EMERGENCY DEPARTMENTS, OUTPATIENT CLINICS**~~
14 ~~**ON AN ON-DEMAND BASIS, AND INPATIENT UNITS WHEN DISCHARGE IS**~~
15 ~~**ANTICIPATED WITHIN 24 HOURS; AND**~~

16 ~~**(3) TO EVALUATE PATIENTS AND DIRECT PATIENTS TO THE**~~
17 ~~**APPROPRIATE CARE SETTING THAT IS CONSISTENT WITH THE NEEDS OF THE**~~
18 ~~**PATIENT.**~~

19 ~~**(E) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN § 19-219(D) OF THIS**~~
20 ~~**TITLE.**~~

21 ~~**(F) THE HEALTH SERVICES COST REVIEW COMMISSION, OR AN ENTITY**~~
22 ~~**AUTHORIZED BY THE COMMISSION, SHALL DEVELOP A METHODOLOGY TO**~~
23 ~~**EVALUATE THE EFFECTIVENESS OF THE PROGRAM, INCLUDING AN ANALYSIS OF THE**~~
24 ~~**EFFECT OF THE PROGRAM ON HOSPITAL ADMISSIONS.**~~

25 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
26 ~~October 1, 2016~~ January 1, 2017.