

# HOUSE BILL 1344

C3

8lr1947  
CF SB 702

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By: **Delegates Sample–Hughes, Angel, Barron, Bromwell, Hayes, Kipke, Morhaim,  
and Rosenberg**

Introduced and read first time: February 9, 2018

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Behavioral Health Assessments, Services, and Treatment for**  
3 **Patients Provided Opioids – Coverage**

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and health  
5 maintenance organizations that provide certain benefits to provide certain coverage  
6 for a certain behavioral health assessment and certain services provided by certain  
7 comprehensive pain management programs and certain substance use disorder  
8 treatment programs; requiring certain coverage for up to a certain number of  
9 sessions of a certain assessment if a certain provider orders the assessment for a  
10 certain policyholder or subscriber and the assessment is performed by a certain  
11 provider; requiring certain coverage for certain services if a certain assessment  
12 supports a certain determination by a certain provider and a certain provider refers  
13 a certain policyholder or subscriber to a certain comprehensive pain management  
14 program or substance use disorder treatment program; establishing certain  
15 requirements if a certain entity requires certain prior authorization; prohibiting a  
16 certain entity from requiring certain documentation if a certain entity requires  
17 certain prior authorization; defining certain terms; providing for the application of  
18 this Act; providing for a delayed effective date; and generally relating to health  
19 insurance and patients provided opioids.

20 BY adding to  
21 Article – Insurance  
22 Section 15–853  
23 Annotated Code of Maryland  
24 (2017 Replacement Volume)

25 Preamble

26 WHEREAS, Opioid use for pain management is a clinically appropriate treatment  
27 modality; and

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, A subset of patients using opioids for pain management are at high risk  
2 for serious adverse outcomes, including opioid misuse; and

3 WHEREAS, Providers prescribing opioids for pain, after a certain period of time,  
4 need to reevaluate a patient's risk for serious adverse outcomes, including opioid misuse;  
5 and

6 WHEREAS, A behavioral health assessment will assist the provider in referring a  
7 patient at risk for serious adverse outcomes, including opioid misuse, to appropriate  
8 comprehensive pain management or substance use disorder services; now, therefore,

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

11 **Article – Insurance**

12 **15–853.**

13 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
14 INDICATED.

15 (2) “ASSESSMENT PROVIDER” MEANS A PROVIDER WHO:

16 (I) IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE;  
17 AND

18 (II) HAS THE AUTHORITY TO PROVIDE A BEHAVIORAL HEALTH  
19 ASSESSMENT:

20 1. WITHIN THE SCOPE OF PRACTICE OF THE PROVIDER’S  
21 LICENSE; AND

22 2. IN THE ORDINARY COURSE OF BUSINESS OR  
23 PRACTICE OF A PROFESSION.

24 (3) “DSM” MEANS THE MOST RECENT EDITION OF THE DIAGNOSTIC  
25 AND STATISTICAL MANUAL OF MENTAL DISORDERS.

26 (4) “ORDERING PROVIDER” MEANS A PROVIDER WHO:

27 (I) IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE;

28 (II) HAS THE AUTHORITY TO ORDER AN ASSESSMENT:

1                   1.     **WITHIN THE SCOPE OF PRACTICE OF THE PROVIDER'S**  
2 **LICENSE; AND**

3                   2.     **IN THE ORDINARY COURSE OF BUSINESS OR**  
4 **PRACTICE OF A PROFESSION; AND**

5                   **(III) IS TREATING A PATIENT FOR PAIN.**

6           **(B) THIS SECTION APPLIES TO:**

7                   **(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT**  
8 **PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS**  
9 **ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR**  
10 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND**

11                   **(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**  
12 **HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER**  
13 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.**

14           **(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR:**

15                   **(1) A BEHAVIORAL HEALTH ASSESSMENT TO DETERMINE THE RISK**  
16 **FOR OPIOID MISUSE OR OPIOID USE DISORDER AS SPECIFIED IN SUBSECTION (D) OF**  
17 **THIS SECTION; AND**

18                   **(2) SERVICES PROVIDED BY A COMPREHENSIVE PAIN MANAGEMENT**  
19 **PROGRAM FOR OPIOID WEANING OR A SUBSTANCE USE DISORDER TREATMENT**  
20 **PROGRAM AS SPECIFIED UNDER SUBSECTION (E) OF THIS SECTION.**

21           **(D) THE COVERAGE REQUIRED UNDER SUBSECTION (C)(1) OF THIS SECTION**  
22 **SHALL INCLUDE COVERAGE OF UP TO TWO SESSIONS OF A BEHAVIORAL HEALTH**  
23 **ASSESSMENT IF:**

24                   **(1) AN ORDERING PROVIDER ORDERS A BEHAVIORAL HEALTH**  
25 **ASSESSMENT FOR A POLICYHOLDER OR SUBSCRIBER WHO:**

26                   **(I) HAS TAKEN OPIOID MEDICATION FOR MORE THAN 3**  
27 **MONTHS FOR AN INJURY OR A CONDITION THAT WAS ORIGINALLY DIAGNOSED AS**  
28 **ACUTE OR POSTSURGICAL;**

29                   **(II) HAS TAKEN OPIOID MEDICATION FOR MORE THAN 6**  
30 **MONTHS FOR AN INJURY OR A CONDITION THAT HAS BEEN DIAGNOSED AS CHRONIC;**

1 (III) REPORTS POOR PAIN CONTROL AFTER AN INCREASE IN  
2 DOSE OR FREQUENCY OF ONE OR MORE OPIOIDS PRESCRIBED TO THE PATIENT;

3 (IV) EXHIBITS OPIOID-SEEKING BEHAVIOR;

4 (V) HAS A HISTORY OF OPIOID OR OTHER SUBSTANCE MISUSE;  
5 OR

6 (VI) HAS HAD A PREVIOUS DIAGNOSIS OF A MENTAL HEALTH  
7 DISORDER, AS DEFINED BY DSM, INCLUDING:

8 1. MAJOR DEPRESSIVE DISORDER;

9 2. GENERALIZED ANXIETY;

10 3. BIPOLAR DISORDER; OR

11 4. SCHIZOPHRENIA; AND

12 (2) THE BEHAVIORAL HEALTH ASSESSMENT IS PERFORMED BY AN  
13 ASSESSMENT PROVIDER.

14 (E) THE COVERAGE REQUIRED UNDER SUBSECTION (C)(2) OF THIS SECTION  
15 SHALL INCLUDE COVERAGE FOR SERVICES PROVIDED BY A COMPREHENSIVE PAIN  
16 MANAGEMENT PROGRAM FOR OPIOID WEANING OR BY A SUBSTANCE USE DISORDER  
17 TREATMENT PROGRAM IF:

18 (1) A BEHAVIORAL HEALTH ASSESSMENT COVERED UNDER  
19 SUBSECTION (D) OF THIS SECTION SUPPORTS A DETERMINATION BY THE ORDERING  
20 PROVIDER THAT THE POLICYHOLDER OR SUBSCRIBER:

21 (I) WOULD BENEFIT FROM A COMPREHENSIVE PAIN  
22 MANAGEMENT PROGRAM FOR OPIOID WEANING; OR

23 (II) MEETS THE CRITERIA FOR A SUBSTANCE USE DISORDER AS  
24 DEFINED BY DSM; AND

25 (2) THE ORDERING PROVIDER REFERS THE POLICYHOLDER OR  
26 SUBSCRIBER TO:

27 (I) A COMPREHENSIVE PAIN MANAGEMENT PROGRAM FOR  
28 OPIOID WEANING; OR

1                   **(II) A SUBSTANCE USE DISORDER TREATMENT PROGRAM.**

2           **(F) IF AN ENTITY SUBJECT TO THIS SECTION REQUIRES PRIOR**  
3 **AUTHORIZATION:**

4                   **(1) FOR COVERAGE OF A BEHAVIORAL HEALTH ASSESSMENT AS**  
5 **SPECIFIED UNDER SUBSECTION (D) OF THIS SECTION, THE ENTITY:**

6                   **(I) SHALL PROVIDE THE PRIOR AUTHORIZATION WITHIN 3**  
7 **DAYS AFTER THE ORDER FOR THE ASSESSMENT IS PRESENTED BY THE PATIENT TO**  
8 **AN ASSESSMENT PROVIDER; AND**

9                   **(II) MAY NOT REQUIRE ANY DOCUMENTATION OTHER THAN THE**  
10 **ORDER FOR THE ASSESSMENT AS A CONDITION FOR THE PRIOR AUTHORIZATION;**  
11 **AND**

12                   **(2) FOR COVERAGE OF SERVICES PROVIDED BY A COMPREHENSIVE**  
13 **PAIN MANAGEMENT PROGRAM FOR OPIOID WEANING OR A SUBSTANCE USE**  
14 **DISORDER PROGRAM AS SPECIFIED IN SUBSECTION (E) OF THIS SECTION, THE**  
15 **ENTITY:**

16                   **(I) SHALL PROVIDE THE PRIOR AUTHORIZATION WITHIN 3**  
17 **DAYS AFTER THE ORDERING PROVIDER MAKES THE REFERRAL FOR THE SERVICES;**  
18 **AND**

19                   **(II) MAY NOT REQUIRE ANY DOCUMENTATION OTHER THAN THE**  
20 **REFERRAL AND THE RESULTS OF THE BEHAVIORAL HEALTH ASSESSMENT**  
21 **PERFORMED IN ACCORDANCE WITH SUBSECTION (D) OF THIS SECTION AS A**  
22 **CONDITION FOR THE PRIOR AUTHORIZATION.**

23           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all  
24 policies, contracts, and health benefit plans subject to this Act that are issued, delivered,  
25 or renewed in the State on or after January 1, 2019.

26           SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
27 January 1, 2019.