

HB0699/223627/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 699

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Terrasa” and substitute “Terrasa, Pena–Melnyk, Bagnall, Belcastro, Hill, Kaiser, Kelly, Kerr, Landis, and K. Young”; in line 2, strike “**Office of the Chief Medical Examiner**” and substitute “**Behavioral Health**”; strike beginning with “, in” in line 3 down through “program” in line 5 and substitute “to include certain resources and materials on grief on the Office’s website”; in line 6, strike “of the Chief Medical Examiner”; in line 7, after “grief;” insert “requiring the University of Maryland School of Public Health, in consultation with certain entities, to convene a workgroup on programs for survivors of traumatic grief;”; and in line 8, strike “the Office of the Chief Medical Examiner and”.

AMENDMENT NO. 2

On page 1, in line 23, strike “(A)”.

On pages 1 and 2, strike beginning with “, IN” in line 23 on page 1 down through “SECTION” in line 3 on page 2.

On page 2, in line 6, after “WEBSITE;” insert “AND”; and strike beginning with “; AND” in line 9 down through “SECTION” in line 19.

On page 4, after line 26, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The University of Maryland School of Public Health, in consultation with the Behavioral Health Administration and the Maryland Psychological Association, shall convene a workgroup on programs for survivors of traumatic grief.

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(b) The workgroup shall consist of at least the following members:

(1) the Chief Medical Examiner, or the Chief Medical Examiner's designee;

(2) the Director of the Maryland Opioid Operational Command Center, or the Director's designee;

(3) the Chair of the Maryland Commission on Suicide Prevention, or the Chair's designee; and

(4) the following members selected by the University of Maryland School of Public Health, in consultation with the Behavioral Health Administration:

(i) one representative of a community-based bereavement program in the State;

(ii) one representative of a suicide and overdose prevention organization in the State;

(iii) one clinician who provides bereavement services related to traumatic loss from suicide or substance use overdose in the State;

(iv) one first responder who provides death notifications;

(v) one representative of a medical examiner-affiliated bereavement program in a community in the State different than the community represented by the member of the workgroup selected under item (i) of this item;

(vi) one resident of the State who is a survivor of traumatic loss from suicide or substance use overdose; and

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(vii) one researcher or academic with expertise in bereavement, prevention, and intervention programs, community-based lens, and implementation science.

(c) The members of the workgroup shall elect the chair of the workgroup by a majority vote at the first meeting.

(d) The University of Maryland School of Public Health shall provide coordination for the workgroup.

(e) A member of the workgroup:

(1) may not receive compensation as a member of the workgroup; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The University of Maryland School of Public Health shall develop meeting agendas for the workgroup with input from the workgroup members who:

(1) are residents of the State;

(2) are survivors of traumatic loss from suicide or substance use overdose, providers of bereavement services, or representatives of community-based bereavement services; and

(3) have solicited input from other members of the group the member was selected to represent.

(g) (1) The workgroup shall make recommendations for model programs for survivors of traumatic grief.

(Over)

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(2) In making the recommendations under paragraph (1) of this subsection, the workgroup:

(i) shall consider and make recommendations on the potential uses of the Opioid Restitution Fund established under § 7-331 of the Health – General Article, as amended by Section 1 of this Act, that may improve the reach and quality of traumatic bereavement care and postintervention efforts; and

(ii) may consider and make recommendations on the following issues and any other issues relevant to ensuring the provision of services for survivors of traumatic grief in the State:

1. Office of the Chief Medical Examiner staffing levels, including compliance with existing staffing requirements;

2. program evaluation data from medical examiner–affiliated bereavement programs in the State and across the country and national postintervention programs;

3. data from any needs assessments conducted in the State that focused on survivors of traumatic grief and their interactions with the Office of the Chief Medical Examiner; and

4. development and evaluation of potential pilot programs executed by the academic facilitator.

(h) On or before November 1, 2022, the workgroup shall report its findings and recommendations to the General Assembly in accordance with § 2-1257 of the State Government Article.”;

and in line 27, strike “2.” and substitute “3.”.