

SENATE BILL 637

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By: **Senator Augustine**

Introduced and read first time: February 3, 2022

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health and Health Insurance – Behavioral Health Services – Expansion**
3 **(Behavioral Health System Modernization Act)**

4 FOR the purpose of requiring the Maryland Medical Assistance Program to provide
5 reimbursement for certain behavioral health peer recovery, measurement-based
6 care, and crisis response services, subject to certain limitations; requiring the
7 Maryland Department of Health to expand access to and provide reimbursement for
8 certain behavioral health collaborative care, case management, and wraparound
9 services; requiring the Governor to include in the annual budget bill certain
10 appropriations to fund certain behavioral health services and supports; requiring
11 certain insurers, nonprofit health service plans, and health maintenance
12 organizations to provide coverage and reimbursement for certain behavioral health
13 services; and generally relating to the expansion of the provision, funding, and
14 coverage of behavioral health services.

15 BY adding to

16 Article – Health – General

17 Section 7.5–901 to be under the new subtitle “Subtitle 9. Funding for Wellness and
18 Recovery Centers, Recovery Community Centers, and Peer Recovery
19 Services”; 15–101(a–1), (a–2), and (e–1) and 15–103(a)(2)(xviii); and 15–1101
20 and 15–1102 to be under the new subtitle “Subtitle 11. Home- and
21 Community-Based Services for Children and Youth”

22 Annotated Code of Maryland

23 (2019 Replacement Volume and 2021 Supplement)

24 BY repealing and reenacting, without amendments,

25 Article – Health – General

26 Section 15–101(a) and 15–103(a)(1)

27 Annotated Code of Maryland

28 (2019 Replacement Volume and 2021 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,
2 Article – Health – General
3 Section 15–101(a–1) and (a–2), 15–103(a)(2)(xvi) and (xvii), and 15–141.1
4 Annotated Code of Maryland
5 (2019 Replacement Volume and 2021 Supplement)

6 BY adding to
7 Article – Insurance
8 Section 15–717 and 15–857
9 Annotated Code of Maryland
10 (2017 Replacement Volume and 2021 Supplement)

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

13 **Article – Health – General**

14 **SUBTITLE 9. FUNDING FOR WELLNESS AND RECOVERY CENTERS, RECOVERY**
15 **COMMUNITY CENTERS, AND PEER RECOVERY SERVICES.**

16 **7.5–901.**

17 **THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL THE**
18 **FOLLOWING AMOUNTS FOR WELLNESS AND RECOVERY CENTERS, RECOVERY**
19 **COMMUNITY CENTERS, AND PEER RECOVERY SERVICES:**

20 **(1) \$15,000,000 FOR FISCAL YEAR 2024;**

21 **(2) \$18,000,000 FOR FISCAL YEAR 2025;**

22 **(3) \$21,000,000 FOR FISCAL YEAR 2026; AND**

23 **(4) \$24,000,000 FOR FISCAL YEAR 2027 AND EACH FISCAL YEAR**
24 **THEREAFTER.**

25 15–101.

26 (a) In this title the following words have the meanings indicated.

27 (A–1) **“BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES” MEANS**
28 **EVIDENCE–BASED RESOURCES DESIGNED TO SERVE INDIVIDUALS EXPERIENCING A**
29 **MENTAL HEALTH OR SUBSTANCE USE EMERGENCY, INCLUDING:**

30 **(1) CRISIS CALL CENTERS AND HOTLINE SERVICES;**

1 **(2) MOBILE CRISIS SERVICES; AND**

2 **(3) CRISIS RECEIVING AND STABILIZATION SERVICES.**

3 **(A-2) “CERTIFIED PEER RECOVERY SPECIALIST” MEANS AN INDIVIDUAL WHO**
4 **HAS BEEN CERTIFIED BY AN ENTITY APPROVED BY THE DEPARTMENT FOR THE**
5 **PURPOSE OF PROVIDING PEER SUPPORT SERVICES, AS DEFINED UNDER § 7.5-101**
6 **OF THIS ARTICLE.**

7 **[(a-1)] (A-3)** “Dental managed care organization” means a pre-paid dental
8 plan that receives fees to manage dental services.

9 **[(a-2)] (A-4)** “Dental services” means diagnostic, emergency, preventive, and
10 therapeutic services for oral diseases.

11 **(E-1) “MEASUREMENT-BASED CARE” MEANS AN EVIDENCE-BASED PRACTICE**
12 **THAT INVOLVES THE SYSTEMATIC COLLECTION OF DATA TO MONITOR TREATMENT**
13 **PROGRESS, ASSESS OUTCOMES, AND GUIDE TREATMENT DECISIONS, FROM INITIAL**
14 **SCREENING TO COMPLETION OF CARE, THAT IS USED TO EVALUATE:**

15 **(1) SYMPTOMS;**

16 **(2) FUNCTIONING AND SATISFACTION WITH LIFE;**

17 **(3) READINESS TO CHANGE; AND**

18 **(4) THE TREATMENT PROCESS.**

19 15-103.

20 (a) (1) The Secretary shall administer the Maryland Medical Assistance
21 Program.

22 (2) The Program:

23 (xvi) Beginning on January 1, 2021, shall provide, subject to the
24 limitations of the State budget and § 15-855(b)(2) of the Insurance Article, and as permitted
25 by federal law, services for pediatric autoimmune neuropsychiatric disorders associated
26 with streptococcal infections and pediatric acute onset neuropsychiatric syndrome,
27 including the use of intravenous immunoglobulin therapy, for eligible Program recipients,
28 if pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections
29 and pediatric acute onset neuropsychiatric syndrome are coded for billing and diagnosis
30 purposes in accordance with § 15-855(d) of the Insurance Article; [and]

(xvii) Beginning on January 1, 2022, may not include, subject to federal approval and limitations of the State budget, a frequency limitation on covered dental prophylaxis care or oral health exams that requires the dental prophylaxis care or oral health exams to be provided at an interval greater than 120 days within a plan year; AND

(XVIII) BEGINNING ON JANUARY 1, 2023, SHALL PROVIDE, SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET, AND AS PERMITTED BY FEDERAL LAW, REIMBURSEMENT FOR:

1. SERVICES PROVIDED BY CERTIFIED PEER RECOVERY SPECIALISTS;

2. MEASUREMENT-BASED CARE PROVIDED IN BEHAVIORAL HEALTH SETTINGS, INCLUDING OUTPATIENT MENTAL HEALTH CENTERS; AND

3. BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES.

15–141.1.

(a) [(1)] In this section [the following words have the meanings indicated.

(2)], “Collaborative Care Model” means an evidence–based approach for integrating somatic and behavioral health services in primary care settings that includes:

[(i)] (1) Care coordination and management;

[(ii)] (2) Regular, proactive outcome monitoring and treatment for outcome targets using standardized outcome measurement rating scales and electronic tools, such as patient tracking; and

[(iii)] (3) Regular systematic psychiatric and substance use disorder caseload reviews and consultation with a psychiatrist, an addiction medicine specialist, or any other behavioral health medicine specialist as allowed under federal regulations governing the model.

[(3) “Pilot Program” means the Collaborative Care Pilot Program.]

(b) This section may not be construed to prohibit referrals from a primary care provider to a specialty behavioral health care provider.

[(c) There is a Collaborative Care Pilot Program in the Department.

1 (d) The purpose of the Pilot Program is to establish and implement a
2 Collaborative Care Model in primary care settings in which health care services are
3 provided to Program recipients enrolled in HealthChoice.

4 (e) The Department shall administer the Pilot Program.

5 (f) (1) The Department shall select up to three sites at which a Collaborative
6 Care Model shall be established over a 4-year period.

7 (2) The sites selected by the Department shall be adult or pediatric
8 nonspecialty medical practices or health systems that serve a significant number of
9 Program recipients.

10 (3) To the extent practicable, one of the sites selected by the Department
11 under paragraph (1) of this subsection shall be located in a rural area of the State.

12 (g) The sites selected by the Department under subsection (f) of this section shall
13 ensure that treatment services, prescriptions, and care management that would be
14 provided to an individual under the Pilot Program are not duplicative of specialty
15 behavioral health care services being received by the individual.

16 (h) The Department shall provide funding to sites participating in the Pilot
17 Program for:

18 (1) Infrastructure development, including the development of a patient
19 registry and other monitoring, reporting, and billing tools required to implement a
20 Collaborative Care Model;

21 (2) Training staff to implement the Collaborative Care Model;

22 (3) Staffing for care management and psychiatric consultation provided
23 under the Collaborative Care Model; and

24 (4) Other purposes necessary to implement and evaluate the Collaborative
25 Care Model.

26 (i) The Department shall:

27 (1) Collaborate with stakeholders in the development, implementation,
28 and outcome monitoring of the Pilot Program; and

29 (2) Collect outcomes data on recipients of health care services under the
30 Pilot Program to:

31 (i) Evaluate the effectiveness of the Collaborative Care Model,
32 including by evaluating the number of and outcomes for individuals who:

1 ADDRESSES COMPLEX AND MULTIDIMENSIONAL PROBLEMS THROUGH CLINICAL
2 PRACTICE THAT IS FLEXIBLY STRUCTURED AND CULTURALLY SENSITIVE.

3 (D) "MENTAL HEALTH CASE MANAGEMENT PROGRAM" MEANS A PROGRAM
4 THAT PROVIDES AN IDENTIFIED SUBSET OF WRAPAROUND SERVICES.

5 (E) "1915(I) MODEL" MEANS THE 1915(I) INTENSIVE BEHAVIORAL HEALTH
6 SERVICES FOR CHILDREN, YOUTH, AND FAMILIES PROGRAM ESTABLISHED UNDER
7 TITLE 10, SUBTITLE 9, CHAPTER 89 OF THE CODE OF MARYLAND REGULATIONS.

8 (F) "WRAPAROUND SERVICES" MEANS SERVICES PROVIDED TO CHILDREN
9 AND YOUTH WITH INTENSIVE MENTAL HEALTH NEEDS AND THEIR FAMILIES IN
10 THEIR COMMUNITIES, INCLUDING:

11 (1) INTENSIVE CARE COORDINATION;

12 (2) CHILD AND FAMILY TEAM MEETINGS; AND

13 (3) PLANS OF CARE THAT ARE INDIVIDUALIZED TO EACH FAMILY AND
14 INCLUDE:

15 (I) FORMAL SUPPORTS, INCLUDING INDIVIDUAL AND FAMILY
16 THERAPY; AND

17 (II) INFORMAL SUPPORTS, INCLUDING INTENSIVE IN-HOME
18 SERVICES, RESPITE CARE, MOBILE CRISIS RESPONSE AND STABILIZATION, FAMILY
19 PEER SUPPORT, EXPERIENTIAL THERAPIES, AND FLEXIBLE FUNDS FOR GOODS AND
20 SERVICES THAT ARE IDENTIFIED IN THE PLAN OF CARE.

21 15-1102.

22 (A) THE DEPARTMENT SHALL ENSURE THAT CARE COORDINATORS
23 DELIVERING SERVICES UNDER THE 1915(I) MODEL OR A MENTAL HEALTH CASE
24 MANAGEMENT PROGRAM RECEIVE TRAINING IN THE DELIVERY OF WRAPAROUND
25 SERVICES.

26 (B) THE DEPARTMENT SHALL PROVIDE REIMBURSEMENT FOR:

27 (1) WRAPAROUND SERVICES DELIVERED BY CARE COORDINATORS
28 UNDER THE 1915(I) MODEL OR A MENTAL HEALTH CASE MANAGEMENT PROGRAM
29 THAT IS COMMENSURATE WITH INDUSTRY STANDARDS FOR THE REIMBURSEMENT
30 OF THE DELIVERY OF WRAPAROUND SERVICES; AND

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

4 **(C) IF A POLICY OR CONTRACT SUBJECT TO THIS SECTION PROVIDES FOR**
5 **REIMBURSEMENT FOR A SERVICE THAT IS WITHIN THE LAWFUL SCOPE OF**
6 **ACTIVITIES OF A CERTIFIED PEER RECOVERY SPECIALIST PROVIDING SERVICES**
7 **UNDER THE SUPERVISION OF A BEHAVIORAL HEALTH PROGRAM LICENSED BY THE**
8 **SECRETARY OF HEALTH UNDER § 7.5-401 OF THE HEALTH – GENERAL ARTICLE,**
9 **THE INSURED OR ANY OTHER PERSON COVERED BY THE POLICY OR CONTRACT IS**
10 **ENTITLED TO REIMBURSEMENT FOR THE SERVICE.**

11 **15-857.**

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

14 **(2) “BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES” MEANS**
15 **EVIDENCE-BASED SERVICES DESIGNED TO SERVE INDIVIDUALS EXPERIENCING A**
16 **MENTAL HEALTH OR SUBSTANCE USE EMERGENCY, INCLUDING:**

17 **(I) CRISIS CALL CENTERS AND HOTLINE SERVICES;**

18 **(II) MOBILE CRISIS SERVICES; AND**

19 **(III) CRISIS RECEIVING AND STABILIZATION SERVICES.**

20 **(3) “MEASUREMENT-BASED CARE” MEANS AN EVIDENCE-BASED**
21 **PRACTICE THAT INVOLVES THE SYSTEMATIC COLLECTION OF DATA TO MONITOR**
22 **TREATMENT PROGRESS, ASSESS OUTCOMES, AND GUIDE TREATMENT DECISIONS,**
23 **FROM INITIAL SCREENING TO COMPLETION OF CARE, THAT IS USED TO EVALUATE:**

24 **(I) SYMPTOMS;**

25 **(II) FUNCTIONING AND SATISFACTION WITH LIFE;**

26 **(III) READINESS TO CHANGE; AND**

27 **(IV) THE TREATMENT PROCESS.**

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

1 **(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT ISSUE**
2 **OR DELIVER HEALTH INSURANCE POLICIES OR CONTRACTS IN THE STATE; AND**

3 **(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**
4 **COVERAGE TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR**
5 **DELIVERED IN THE STATE.**

6 **(c) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR:**

7 **(1) BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES; AND**

8 **(2) MEASUREMENT-BASED CARE PROVIDED IN A BEHAVIORAL**
9 **HEALTH SETTING.**

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

11 (a) (1) On or before December 1, 2022, the Maryland Department of Health
12 shall obtain any federal authority necessary to implement a plan for the expansion of
13 certified community behavioral health clinics in the State, including applying to the
14 Centers for Medicare and Medicaid Services for an amendment to any of the State's 1115
15 waivers or the State plan.

16 (2) The Department's implementation plan shall ensure access to certified
17 community behavioral health clinics in all counties in the State.

18 (b) The Maryland Department of Health shall review and consider options for
19 expanding the services provided under § 15-1102 of the Health – General Article, as
20 enacted by Section 1 of this Act, or adopting other existing programs or services to provide
21 wraparound services to children and youth with primary substance use disorders.

22 (c) On or before December 1, 2023, the Maryland Department of Health shall
23 review current eligibility requirements for the model established under § 1915(i) of the
24 Social Security Act, and mental health case management generally, and submit
25 recommendations for expanding eligibility and enrollment in these programs to the General
26 Assembly, in accordance with § 2-1257 of the State Government Article.

27 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall apply to all
28 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
29 after January 1, 2023.

30 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
31 October 1, 2022.