

Department of Legislative Services  
Maryland General Assembly  
2022 Session

FISCAL AND POLICY NOTE  
First Reader

House Bill 1329 (Delegate Jalisi)  
Health and Government Operations

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Suicide Treatment Improvement Act

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This bill alters the treatment of persons who are suicidal or have attempted suicide by (1) requiring the Maryland Department of Health (MDH) to ensure Health Crisis Hotline staff are trained to provide specified services; (2) establishing specified requirements and prohibitions for facilities that treat patients who are suicidal or who have attempted suicide (and requiring MDH to revoke a facility's license for specified violations); and (3) requiring the Maryland Police Training and Standards Commission (MPTSC) to implement specified standards for police officers. The bill also prohibits insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) from imposing cost sharing for suicide counseling and assessment that is required to be provided by facilities under the bill. **The bill's insurance provisions apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2023.**

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Fiscal Summary

**State Effect:** Based on preliminary information, MDH expenditures increase beginning in FY 2023, as discussed below. General fund expenditures for the Department of State Police (DSP) increase, likely significantly, beginning in FY 2023. MPTSC advises it can develop standards and provide training using existing budgeted resources. Minimal special fund revenue increase for the Maryland Insurance Administration in FY 2023 from the \$125 rate and form filing fee; review of filings can be handled with existing resources.

**Local Effect:** Expenditures for local law enforcement increase, likely significantly, beginning in FY 2023. Revenues are not affected. **This bill imposes a mandate on a unit of local government.**

**Small Business Effect:** None.

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## Analysis

### **Bill Summary:**

#### *Crisis Hotline*

Training that MDH must provide for Health Crisis Hotline staff must ensure that staff are able to provide general counseling, as well as counseling for suicidal individuals who may be in a crisis.

#### *Health Care Facilities*

Each health care facility must ensure that patients who are suicidal or have attempted suicide are treated with the same respect, compassion, and dignity as patients who have physical ailments. Additionally, each facility must ensure that all clinical staff (1) have a good bedside manner; (2) conduct themselves in a manner so as not to retraumatize a suicidal patient or patient who has attempted suicide; (3) treat patients in an age-appropriate manner; (4) evaluate whether any caregivers of the patient are abusive, controlling, or dysfunctional and address those situations appropriately; (5) receive training in destigmatization of mental illnesses; and (6) refrain from performing a psychological test on a patient who is currently in crisis or who has recently been in crisis.

A facility must also employ a sufficient number of individuals who are trained in providing counseling to suicidal individuals and individuals who have attempted suicide and who are available to provide specified counseling for patients, including access to at least one counselor 24 hours a day, 7 days per week.

A facility may not (1) discharge a patient into a homeless circumstance or (2) transfer a suicidal patient to a correctional facility or detention center unless the patient presents a danger to the life or safety of others.

MDH must revoke the license of any facility if an officer, operator, or director of a private inpatient facility knowingly violates the rights of an individual under specified provisions.

#### *Insurance Benefits*

A carrier may not impose a copayment, deductible, or coinsurance requirement for counseling and assessment for suicidal individuals or individuals who have attempted suicide that is provided by health care facilities as required under the bill.

## *Maryland Police Training and Standards Commission*

MPTSC must implement standards to ensure that, when a police officer responds to an incident involving an individual suspected to be suicidal, (1) the police officer is accompanied by a person trained to assess and counsel a suicidal individual; (2) none of the responding police officers uses force or draws their weapon unless the individual suspected to be suicidal presents a clear threat to others; and (3) the individual suspected to be suicidal is approached in a gentle and respectful manner.

### **Current Law:**

#### *Health Crisis Hotline*

Maryland's Helpline (formerly Maryland Crisis Hotline) began in 1990 as a youth suicide prevention line. In 2018, the Helpline partnered with 211 Maryland to provide one number for people to call in crisis situations. Trained crisis counselors at the Helpline are currently available 24 hours a day, 7 days a week to assist individuals struggling with issues, including suicidal ideation or intent. Counselors are able to conduct risk assessments for suicide and provide linkage to community behavioral health providers. MDH provides training to Helpline staff to ensure that staff are able to provide sufficient information and respond appropriately to callers who may be in a crisis.

#### *Federal Action on National Suicide Hotline Designation*

On July 16, 2020, the Federal Communications Commission issued a final order designating 9-8-8 as the new National Suicide Prevention Lifeline (NSPL) and National Veterans Crisis Line. The rule requires telecommunication providers to make every landline, cell phone, and Voice-over-Internet-Protocol device in the United States capable of using the 9-8-8 number to reach the existing NSPL structure by July 16, 2022.

#### *Health Care Facilities*

“Facility” does not include an acute general care hospital that does not have a separately identified inpatient psychiatric service.

Each person in a health care facility must (1) receive appropriate humane treatment and services in a manner that does not restrict a person's liberty more than necessary; (2) receive treatment in accordance with the applicable individualized plan of rehabilitation or the individualized treatment plan; (3) be free from restraints or seclusions except for in specified circumstances; (4) be free from prone restraint and other specified restraint types; (5) be free from mental abuse; (6) be protected from harm or abuse; (7) have the right to

an advocate in treatment and discharge planning, with limited exception; and (8) if applicable, receive treatment in accordance with the preferences of an advance directive.

### *Insurance Benefits*

A health benefit plan in the State, with limited exception, must provide specified benefits for the diagnosis and treatment of a mental illness, emotional disorder, drug use disorder, or alcohol use disorder, including (1) inpatient benefits for services provided in a licensed or certified facility, including hospital inpatient and residential treatment center benefits; (2) partial hospitalization benefits; and (3) outpatient and intensive outpatient benefits, including all office visits, diagnostic evaluation, opioid treatment services, medication evaluation and management, and psychological and neuropsychological testing for diagnostic purposes. Additional benefits must be provided if, in the professional judgment of health care providers, the mental illness, emotional disorder, drug misuse, or alcohol misuse is treatable, and the treatment is medically necessary.

### *Standards for Police Officers*

“Police officer” means an individual who is authorized to enforce the general criminal laws of the State and is a member of one of several specified law enforcement agencies.

Chapter 519 of 2016 reconstituted the former Police Training Commission as MPTSC, an independent commission within the Department of Public Safety and Correctional Services. MPTSC operates approved police training schools and prescribes standards for and certifies schools that offer police and security training. In consultation and cooperation with various entities, it also sets minimum qualifications for instructors and certifies qualified instructors for approved training schools.

MPTSC certifies persons as police officers who have met commission standards, including submission to a criminal history records check and a specified psychological consultation. An individual who is not satisfactorily trained in the 12-month probationary period may not be employed as a police officer, and a police officer may not serve after certification has been revoked, suspended, or allowed to lapse.

MPTSC requirements include, among other things, that the curriculum and minimum courses of study include training regarding individuals with physical, intellectual, developmental, and psychiatric disabilities at entrance-level police training and for in-service level police training conducted by the State and each county and municipal police training school.

## **State Expenditures:**

### *Maryland Department of Health*

The bill requires MDH to provide training for Health Crisis Hotline staff to ensure that staff are able to provide general counseling and counseling for suicidal individuals. MDH has previously advised that the State has five call centers receiving approximately 22,000 calls per year. Individuals calling the hotline who are suicidal are referred to a licensed treatment program as hotline staff lack the counseling training and/or licensure to practice counseling. Thus, MDH general fund expenditures increase, beginning in fiscal 2023, to either train existing staff or hire new staff already trained to provide such services. The extent of the increase depends on the number of calls from individuals who are suicidal received by call centers annually.

To the extent that MDH needs to contract out for these assessment and counseling services in the short term, expenditures further increase. MDH advises that rates from community providers are approximately \$170 for each assessment and \$25 per 15 minutes of counseling. *For illustrative purposes only*, assuming MDH provides assessment and an average of one hour worth of counseling services for 10% of callers, general fund expenditures increase by \$594,000 on an annualized basis, beginning in fiscal 2023.

### *Department of State Police*

DSP advises that it is the primary responder in eight counties and splits primary calls for service in an additional four counties. To meet the bill's requirements, DSP would need to contract for qualified counselors to be available 24 hours per day, 7 days per week to respond to calls for service involving persons suspected to be suicidal in these jurisdictions. DSP currently has a contract for on-call mental health crisis counseling at a cost of \$200 per hour (including their travel time), which is indicative of the potential cost per service call. DSP responded to 199 calls for suicides or attempted suicides and 895 calls for emergency petitions in fiscal 2020. *For illustrative purposes only*, assuming that a counselor would be necessary in 500 calls for service (all calls for persons suspected to be suicidal and a portion of calls for emergency petitions), a contracted counselor could readily respond to a scene (be there within 20 minutes of receiving the call), and each call for service required two hours of a counselor's time, general fund expenditures would increase by \$200,000 on an annualized basis, beginning in fiscal 2023 – for the time spent in response to a scene. However, the Department of Legislative Services advises that such a counselor contract would have to involve payment for stand-by time to ensure multiple counselors were readily available in every affected jurisdiction. Thus, general fund expenditures are likely significantly higher.

**Local Expenditures:** Local law enforcement agencies must have appropriately trained counselors available 24 hours per day, 7 days per week to accompany police officers on all calls for service involving persons suspected to be suicidal. Thus, local expenditures increase significantly to hire appropriately trained counselors or enter a contract to have such counselors readily available to respond. Additionally, local law enforcement officers would need to attend training on responding to calls for service for persons suspected to be suicidal.

**Additional Comments:** To the extent police officers are not able to be accompanied by an appropriately trained counselor as required under the bill, officers may not be able to respond to calls for service involving persons suspected to be suicidal – or their response will be significantly delayed. DSP advises that an officer who violates the standard could be disciplined, fired, or even sued.

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### **Additional Information**

**Prior Introductions:** HB 442 of 2021 received a hearing in the House Health and Government Operations Committee and was withdrawn. Its cross file, SB 557, received a hearing in the Senate Finance Committee and was withdrawn.

**Designated Cross File:** None.

**Information Source(s):** Baltimore, Carroll, Harford, Montgomery, and St. Mary's counties; Department of Budget and Management; Maryland Department of Health; Department of Public Safety and Correctional Services; Department of State Police; Maryland Insurance Administration; Department of Legislative Services

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