

# HOUSE BILL 48

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(PRE-FILED)

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CF SB 101

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By: **Delegate Bagnall**

Requested: November 18, 2022

Introduced and read first time: January 11, 2023

Assigned to: Health and Government Operations

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Committee Report: Favorable

House action: Adopted

Read second time: March 9, 2023

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Collaborative Care Model Services –**  
3 **Implementation and Reimbursement Expansion**

4 FOR the purpose of repealing the Collaborative Care Pilot Program; requiring the  
5 Maryland Department of Health to implement and provide reimbursement for  
6 services provided in accordance with the Collaborative Care Model under the  
7 Maryland Medical Assistance Program; and generally relating to the provision and  
8 reimbursement of somatic and behavioral health services in primary care settings  
9 under the Maryland Medical Assistance Program.

10 BY repealing and reenacting, with amendments,  
11 Article – Health – General  
12 Section 15–141.1  
13 Annotated Code of Maryland  
14 (2019 Replacement Volume and 2022 Supplement)

15 BY repealing and reenacting, with amendments,  
16 Chapter 683 of the Acts of the General Assembly of 2018  
17 Section 2

18 BY repealing and reenacting, with amendments,  
19 Chapter 684 of the Acts of the General Assembly of 2018  
20 Section 2

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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.



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

3 **Article – Health – General**

4 15–141.1.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (4) Other purposes necessary to implement and evaluate the Collaborative  
14 Care Model.

15 (i) The Department shall:

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

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

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

22 1. Were not diagnosed as having a behavioral health  
23 condition before receiving treatment through the Pilot Program;

24 2. Were not diagnosed as having a behavioral health  
25 condition before being referred to and treated by a specialty behavioral health provider;

26 3. Received behavioral health services in a primary care  
27 setting before receiving treatment through the Pilot Program; and

28 4. Received specialty behavioral health care services before  
29 being identified as eligible to receive treatment through the Pilot Program; and

30 (ii) Determine whether to]

