

HOUSE BILL 1066

J1

5lr2109

By: **Delegates Ruth and Guzzone**

Introduced and read first time: February 5, 2025

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Commission on Behavioral Health Care Treatment and Access – Membership**
3 **and Workgroups**

4 FOR the purpose of altering the membership of the Commission on Behavioral Health Care
5 Treatment and Access; requiring the Commission to establish a workgroup on the
6 improvement of health, social, and economic outcomes related to substance use; and
7 generally relating to the Commission on Behavioral Health Care Treatment and
8 Access.

9 BY repealing and reenacting, without amendments,
10 Article – Health – General
11 Section 13–4802
12 Annotated Code of Maryland
13 (2023 Replacement Volume and 2024 Supplement)

14 BY repealing and reenacting, with amendments,
15 Article – Health – General
16 Section 13–4803 and 13–4806
17 Annotated Code of Maryland
18 (2023 Replacement Volume and 2024 Supplement)

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

21 **Article – Health – General**

22 13–4802.

23 There is a Commission on Behavioral Health Care Treatment and Access, which
24 shall meet jointly with the Behavioral Health Advisory Council.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 13–4803.

2 (a) The Commission consists of the following members:

3 (1) One member of the Senate of Maryland, appointed by the President of
4 the Senate;

5 (2) One member of the House of Delegates, appointed by the Speaker of the
6 House;

7 (3) One representative of Maryland’s Congressional Delegation;

8 (4) The Secretary of Health, or the Secretary’s designee;

9 (5) The Secretary of Human Services, or the Secretary’s designee;

10 (6) The Secretary of Juvenile Services, or the Secretary’s designee;

11 (7) The Deputy Secretary for Behavioral Health, or the Deputy Secretary’s
12 designee;

13 (8) The Maryland Insurance Commissioner, or the Commissioner’s
14 designee;

15 (9) The Executive Director of the Health Services Cost Review
16 Commission, or the Executive Director’s designee;

17 (10) The Executive Director of the Maryland Health Care Commission, or
18 the Executive Director’s designee;

19 (11) The Executive Director of the Maryland Community Health Resources
20 Commission, or the Executive Director’s designee;

21 (12) The Executive Director of the State–designated health information
22 exchange, or the Executive Director’s designee;

23 (13) The Executive Director of the Governor’s Office of Crime Prevention
24 and Policy, or the Executive Director’s designee;

25 (14) The Secretary of the Maryland Department of Disabilities, or the
26 Secretary’s designee;

27 (15) The Secretary of the Department of Public Safety and Correctional
28 Services, or the Secretary’s designee;

29 (16) The Special Secretary of the Governor’s Office for Children, or the
30 Special Secretary’s designee;

- 1 (17) The Special Secretary of Opioid Response, or the Special Secretary's
2 designee;
- 3 (18) The Secretary of Aging, or the Secretary's designee; and
- 4 (19) The following members appointed by the Governor:
- 5 (i) One representative of the Mental Health Association of
6 Maryland;
- 7 (ii) One representative of the National Alliance on Mental Illness;
- 8 (iii) One representative of the Community Behavioral Health
9 Association of Maryland;
- 10 (iv) One representative of a provider of residential behavioral health
11 services;
- 12 (v) One representative of an acute care hospital;
- 13 (vi) One representative of an inpatient psychiatric hospital;
- 14 (vii) One individual with experience as a consumer of behavioral
15 health services;
- 16 (viii) One family member of an individual with experience as a
17 consumer of behavioral health services;
- 18 (ix) One representative of a provider of substance use treatment
19 services;
- 20 (x) One representative of a school-based health center;
- 21 (xi) One individual with expertise in social determinants of health;
- 22 (xii) One individual with expertise in health economics;
- 23 (xiii) One representative of a health insurance carrier;
- 24 (xiv) One representative of a managed care organization;
- 25 (xv) One representative from the Office of the Public Defender;
- 26 (xvi) One representative of the Developmental Disability Coalition;

(xvii) One representative of the Maryland Chapter of the National Council on Alcoholism and Drug Dependence;

(xviii) One representative of the Maryland Psychological Association;

(xix) One representative of Disability Rights Maryland;

(xx) One representative of a Federally Qualified Health Center;

(xxi) One representative of a local behavioral health authority;

(xxii) One individual with an intellectual disability who uses self-directed behavioral health services; [and]

(xxiii) One representative of the Maryland State's Attorneys' Association;

(XXIV) ONE REPRESENTATIVE OF A PROVIDER OF HARM REDUCTION SERVICES;

(XXV) ONE INDIVIDUAL WITH EXPERTISE IN PROVIDING HOUSING OPTIONS FOR INDIVIDUALS WHO HAVE OR PREVIOUSLY HAD A SUBSTANCE USE DISORDER;

(XXVI) ONE INDIVIDUAL WITH EXPERTISE IN PROVIDING HEALTH CARE SERVICES TO INDIVIDUALS EXPERIENCING HOMELESSNESS;

(XXVII) ONE INDIVIDUAL WITH PRIOR LIVED EXPERIENCE WITH A SUBSTANCE USE DISORDER;

(XXVIII) ONE INDIVIDUAL WITH EXPERIENCE SEEKING OR RECEIVING TREATMENT FOR A SUBSTANCE USE DISORDER WHILE INCARCERATED;

(XXIX) ONE INDIVIDUAL WITH EXPERIENCE AS A PARTICIPANT IN A DRUG COURT PROGRAM; AND

(XXX) ONE INDIVIDUAL WITH EXPERTISE IN DRUG POLICY REFORM.

(b) To the extent practicable, the membership of the Commission shall reflect the geographic and ethnic diversity of the State.

(c) The Governor, the President of the Senate, and the Speaker of the House jointly shall designate the chair of the Commission.

(d) The Department shall provide staff for the Commission.

(e) A member of the Commission:

(1) May not receive compensation as a member of the Commission; but

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

(f) The Commission shall meet at least three times per year at the times and places determined jointly by the Commission and the Behavioral Health Advisory Council.

13-4806.

(a) The Commission shall establish the following workgroups:

(1) Geriatric behavioral health;

(2) Youth behavioral health, individuals with developmental disabilities, and individuals with complex behavioral health needs;

(3) Criminal justice-involved behavioral health; [and]

(4) Behavioral health workforce development, infrastructure, coordination, and financing; AND

(5) IMPROVEMENT OF HEALTH, SOCIAL, AND ECONOMIC OUTCOMES RELATED TO SUBSTANCE USE.

(B) THE WORKGROUP REQUIRED UNDER SUBSECTION (A)(5) OF THIS SECTION SHALL:

(1) EVALUATE AND REVIEW:

(I) THE AVAILABILITY, AFFORDABILITY, AND ACCESSIBILITY OF TREATMENT FOR SUBSTANCE USE DISORDER AND RECOVERY SUPPORT SERVICES, INCLUDING HOUSING AND EMPLOYMENT SERVICES, IN THE STATE;

(II) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO ARE DIRECTED TO SERVICES DESCRIBED IN ITEM (I) OF THIS ITEM BY THE CRIMINAL JUSTICE SYSTEM OF THE STATE;

(III) THE HEALTH OUTCOMES AFTER RECEIVING SERVICES DESCRIBED IN ITEM (I) OF THIS ITEM DISAGGREGATED BY WHETHER THE SERVICES

WERE SOUGHT VOLUNTARILY OR MANDATED BY THE CRIMINAL JUSTICE SYSTEM OF THE STATE;

(IV) THE IMPACT OF CURRENT CRIMINAL JUSTICE INVOLVEMENT RELATED TO SUBSTANCE USE IN THE STATE ON THE HEALTH AND WELL-BEING OF INDIVIDUALS, FAMILIES, AND COMMUNITIES;

(V) THE COST TO THE STATE AND LOCAL GOVERNMENTS RESULTING FROM CURRENT CRIMINAL JUSTICE INVOLVEMENT RELATED TO SUBSTANCE USE IN THE STATE;

(VI) THE EQUITABLE APPLICATION OF CURRENT CRIMINAL JUSTICE INVOLVEMENT RELATED TO SUBSTANCE USE IN THE STATE;

(VII) THE CURRENT RESEARCH ON THE EFFICACY OF VOLUNTARY TREATMENT FOR SUBSTANCE USE DISORDER COMPARED TO TREATMENT MANDATED BY CRIMINAL JUSTICE SYSTEMS, INCLUDING CRIMINAL JUSTICE SYSTEMS OUTSIDE THE STATE; AND

(VIII) THE AVAILABILITY AND ACCESSIBILITY OF DATA ON THE ISSUES ENUMERATED IN THIS ITEM; AND

(2) MAKE RECOMMENDATIONS ON CHANGES TO STATE LAWS, POLICIES, AND PRACTICES NEEDED TO MITIGATE THE HARMS RELATED TO THE CRIMINALIZATION OF SUBSTANCE USE WITH THE GOAL OF IMPROVING THE PUBLIC HEALTH AND SAFETY OF RESIDENTS OF THE STATE.

~~[(b)]~~ (C) The workgroups established under subsection (a) of this section shall meet at least two times per year at the times and places determined by the workgroup.

~~[(c)]~~ (D) The workgroups established under subsection (a) of this section shall include members of the Commission and may include individuals invited by the Commission or the Behavioral Health Advisory Council to serve on the workgroup.

~~[(d)]~~ (E) On or before July 1 each year, beginning in 2024, the workgroups established under subsection (a) of this section shall report and make recommendations to the Commission and the Behavioral Health Advisory Council.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2025.