

HOUSE BILL 1329

J1, C3, F5

7lr3126
CF SB 967

By: **Delegates Bromwell and Hayes**

Introduced and read first time: February 10, 2017

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017**

3 FOR the purpose of requiring certain institutions of higher education to offer credits in
4 substance use disorders, effective treatment for substance use disorders, and pain
5 management; requiring the Behavioral Health Administration to establish at least
6 a certain number of crisis treatment centers that provide individuals who are in a
7 substance use disorder crisis with access to certain clinical staff; requiring that at
8 least one crisis treatment center be located in each geographical region of the State;
9 requiring the Department of Health and Mental Hygiene to establish and operate a
10 certain Health Crisis Hotline using certain resources and technology; requiring that
11 the Health Crisis Hotline assist callers in identifying certain services for a certain
12 purpose; requiring the Department of Health and Mental Hygiene to collect and
13 maintain certain information to provide to callers on the Health Crisis Hotline;
14 requiring the Department of Health and Mental Hygiene to provide certain training
15 for certain staff who assist callers on the Health Crisis Hotline; requiring the
16 Department of Health and Mental Hygiene, to the extent practicable, to ensure that
17 information provided to callers on the Health Crisis Hotline is up to date and
18 accurate; requiring the Department of Health and Mental Hygiene to disseminate
19 certain information in a certain manner; requiring certain health care facilities and
20 health care systems to make available to patients the services of at least a certain
21 number of health care providers who are authorized to prescribe buprenorphine
22 under federal law for every certain number of patients; requiring the health care
23 facilities and health care systems to use a certain average number of certain patients
24 for the purpose of calculating the number of health care providers required under a
25 certain provision of this Act; requiring, except under certain circumstances, the
26 Department of Health and Mental Hygiene to adjust the rate of reimbursement for
27 certain community providers each fiscal year by the rate adjustment included in a
28 certain State budget; requiring that the Governor's proposed budget for a certain
29 fiscal year, and for each fiscal year thereafter, include rate adjustments for certain
30 community providers based on the funding provided in certain legislative
31 appropriations; requiring that a certain rate of adjustment equal the average annual

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



percentage change in a certain Consumer Price Index for a certain period; requiring, under certain circumstances, managed care organizations to pay a certain rate for a certain time period for services provided by community providers and to adjust the rate of reimbursement for community providers each fiscal year by at least a certain amount; requiring the Department of Health and Mental Hygiene to submit a certain report to the Governor and the General Assembly on or before a certain date each year, beginning on or before a certain date; authorizing the Department of Health and Mental Hygiene to require certain community providers to submit certain information to the Department of Health and Mental Hygiene in the form and manner required by the Department of Health and Mental Hygiene; requiring, on or before a certain date, each hospital to have a certain protocol for discharging a patient who was treated by the hospital for a drug overdose; requiring a hospital to include certain services in its annual community benefit report to the Health Services Cost Review Commission; altering certain coverage requirements applicable to certain health benefit plans for the diagnosis and treatment of mental illness and emotional, drug use, and alcohol use disorders; altering certain definitions; defining certain terms; providing for the application of certain provisions of this Act; requiring the State Department of Education, in collaboration with stakeholders and on or before a certain date, to develop a plan to establish certain regional recovery schools and report its findings and recommendations to the General Assembly; requiring the Department of Public Safety and Correctional Services, in collaboration with the Department of Health and Mental Hygiene and stakeholders, on or before a certain date, to develop a certain plan and submit the plan and any recommendations to the General Assembly; and generally relating to the treatment of and education regarding substance use disorders.

BY adding to

Article – Education

Section 15–121

Annotated Code of Maryland

(2014 Replacement Volume and 2016 Supplement)

BY adding to

Article – Health – General

Section 7.5–207; 7.5–501 to be under the new subtitle “Subtitle 5. Health Crisis Hotline”; 8–1101 to be under the new subtitle “Subtitle 11. Availability of Buprenorphine Prescribers”; and 16–201.3 and 19–310.3

Annotated Code of Maryland

(2015 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–802

Annotated Code of Maryland

(2011 Replacement Volume and 2016 Supplement)

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

Article – Education

15–121.

(A) THIS SECTION APPLIES ONLY TO AN INSTITUTION OF HIGHER EDUCATION THAT AWARDS A DEGREE THAT AN INDIVIDUAL MAY USE TO MEET THE EDUCATIONAL REQUIREMENTS FOR LICENSURE UNDER THE HEALTH OCCUPATIONS ARTICLE AS A PHYSICIAN, REGISTERED NURSE, DENTIST, PHYSICIAN ASSISTANT, OR PODIATRIST.

(B) AN INSTITUTION OF HIGHER EDUCATION SUBJECT TO THIS SECTION SHALL OFFER CREDITS IN SUBSTANCE USE DISORDERS, EFFECTIVE TREATMENT FOR SUBSTANCE USE DISORDERS, AND PAIN MANAGEMENT.

Article – Health – General

7.5–207.

(A) SUBJECT TO SUBSECTION (B) OF THIS SECTION, THE ADMINISTRATION SHALL ESTABLISH AT LEAST 10 CRISIS TREATMENT CENTERS THAT PROVIDE INDIVIDUALS WHO ARE IN A SUBSTANCE USE DISORDER CRISIS WITH ACCESS TO CLINICAL STAFF WHO:

(1) PERFORM ASSESSMENTS AND LEVEL OF CARE DETERMINATIONS 24 HOURS A DAY AND 7 DAYS A WEEK; AND

(2) CONNECT THE INDIVIDUALS TO CARE IMMEDIATELY.

(B) AT LEAST ONE CRISIS TREATMENT CENTER SHALL BE LOCATED IN EACH GEOGRAPHICAL REGION OF THE STATE.

SUBTITLE 5. HEALTH CRISIS HOTLINE.

7.5–501.

(A) THE DEPARTMENT SHALL USE EXISTING RESOURCES AND DEPARTMENT TECHNOLOGY TO ESTABLISH AND OPERATE A TOLL-FREE HEALTH CRISIS HOTLINE 24 HOURS A DAY AND 7 DAYS A WEEK.

(B) THE HEALTH CRISIS HOTLINE SHALL ASSIST CALLERS IN IDENTIFYING APPROPRIATE SERVICES TO ADDRESS SUBSTANCE USE AND MENTAL HEALTH DISORDERS.

(C) THE DEPARTMENT SHALL COLLECT AND MAINTAIN THE FOLLOWING INFORMATION TO PROVIDE TO CALLERS ON THE HEALTH CRISIS HOTLINE:

(1) THE NAMES, TELEPHONE NUMBERS, AND ADDRESSES OF:

(I) RESIDENTIAL, INPATIENT, AND OUTPATIENT SUBSTANCE USE DISORDER AND MENTAL HEALTH PROGRAMS, INCLUDING INFORMATION ON PRIVATE PROGRAMS AND PROGRAMS ADMINISTERED BY LOCAL HEALTH DEPARTMENTS AND OTHER PUBLIC ENTITIES; AND

(II) HOSPITALS, INCLUDING HOSPITAL EMERGENCY ROOMS, AND OTHER FACILITIES THAT PROVIDE DETOXIFICATION SERVICES;

(2) THE LEVELS OF CARE PROVIDED BY THE PROGRAMS, HOSPITALS, AND FACILITIES IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION; AND

(3) WHETHER THE PROGRAMS, HOSPITALS, AND FACILITIES IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION:

(I) ACCEPT PAYMENT FOR SERVICES FROM A THIRD-PARTY PAYOR, INCLUDING MEDICARE, MEDICAID, AND PRIVATE INSURANCE; AND

(II) PROVIDE SERVICES:

1. THAT ARE SPECIFIC TO PREGNANT WOMEN;

2. THAT ARE GENDER SPECIFIC;

3. FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS;

4. TO SUPPORT PARENTS OF CHILDREN WITH SUBSTANCE USE AND MENTAL HEALTH DISORDERS; AND

5. FOR GRIEF SUPPORT.

(D) (1) THE DEPARTMENT SHALL PROVIDE TRAINING FOR HEALTH CRISIS HOTLINE STAFF WHO ASSIST CALLERS ON THE HEALTH CRISIS HOTLINE TO ENSURE THAT STAFF ARE ABLE TO PROVIDE SUFFICIENT INFORMATION AND RESPOND APPROPRIATELY TO CALLERS WHO MAY BE IN THE MIDDLE OF A CRISIS.

(2) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL ENSURE THAT INFORMATION PROVIDED TO CALLERS ON THE HEALTH CRISIS HOTLINE IS UP TO DATE AND ACCURATE.

(E) THE DEPARTMENT SHALL DISSEMINATE INFORMATION ABOUT THE HEALTH CRISIS HOTLINE TO THE PUBLIC, BOTH DIRECTLY AND THROUGH PUBLIC AND PRIVATE ORGANIZATIONS THAT SERVE THE PUBLIC.

SUBTITLE 11. AVAILABILITY OF BUPRENORPHINE PRESCRIBERS.

8-1101.

(A) IN THIS SECTION, "HEALTH CARE FACILITY" MEANS:

(1) A HOSPITAL;

(2) A FEDERALLY QUALIFIED HEALTH CENTER;

(3) A COMMUNITY HEALTH CENTER;

(4) A BEHAVIORAL HEALTH TREATMENT SERVICES PROVIDER; AND

(5) A LOCAL HEALTH DEPARTMENT.

(B) EACH HEALTH CARE FACILITY THAT IS NOT PART OF A HEALTH CARE SYSTEM AND EACH HEALTH CARE SYSTEM SHALL MAKE AVAILABLE TO PATIENTS THE SERVICES OF AT LEAST ONE HEALTH CARE PROVIDER WHO IS AUTHORIZED UNDER FEDERAL LAW TO PRESCRIBE BUPRENORPHINE FOR EVERY 100 PATIENTS.

(C) FOR THE PURPOSE OF CALCULATING THE NUMBER OF HEALTH CARE PROVIDERS REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, THE HEALTH CARE FACILITY OR HEALTH CARE SYSTEM SHALL USE THE AVERAGE NUMBER OF PATIENTS PROVIDED HEALTH CARE SERVICES PER DAY IN THE IMMEDIATELY PRECEDING CALENDAR YEAR.

16-201.3.

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

(2) "COMMUNITY PROVIDER" MEANS A COMMUNITY-BASED AGENCY OR PROGRAM FUNDED BY THE BEHAVIORAL HEALTH ADMINISTRATION OR THE MEDICAL CARE PROGRAMS ADMINISTRATION TO SERVE INDIVIDUALS WITH

1 MENTAL DISORDERS, SUBSTANCE-RELATED DISORDERS, OR A COMBINATION OF
2 THESE DISORDERS.

3 (3) "CONSUMER PRICE INDEX" MEANS THE CONSUMER PRICE INDEX
4 FOR ALL URBAN CONSUMERS FOR MEDICAL CARE FOR THE
5 WASHINGTON-BALTIMORE REGION.

6 (4) "RATE" MEANS THE REIMBURSEMENT RATE PAID BY THE
7 DEPARTMENT TO A COMMUNITY PROVIDER FROM THE STATE GENERAL FUND,
8 MARYLAND MEDICAL ASSISTANCE PROGRAM FUNDS, OTHER STATE OR FEDERAL
9 FUNDS, OR A COMBINATION OF THESE FUNDS.

10 (B) THIS SECTION DOES NOT APPLY TO REIMBURSEMENT FOR ANY SERVICE
11 PROVIDED BY A COMMUNITY PROVIDER WHOSE RATES ARE REGULATED BY THE
12 HEALTH SERVICES COST REVIEW COMMISSION.

13 (C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND EXCEPT
14 AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, THE DEPARTMENT SHALL
15 ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY PROVIDERS EACH FISCAL
16 YEAR BY THE RATE ADJUSTMENT INCLUDED IN THE STATE BUDGET FOR THAT
17 FISCAL YEAR.

18 (2) (I) THE GOVERNOR'S PROPOSED BUDGET FOR FISCAL YEAR
19 2019, AND FOR EACH FISCAL YEAR THEREAFTER, SHALL INCLUDE RATE
20 ADJUSTMENTS FOR COMMUNITY PROVIDERS BASED ON THE FUNDING PROVIDED IN
21 THE LEGISLATIVE APPROPRIATION FOR THE IMMEDIATELY PRECEDING FISCAL
22 YEAR FOR EACH OF THE FOLLOWING:

23 1. OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM
24 M00Q01.10 MEDICAID BEHAVIORAL HEALTH PROVIDER REIMBURSEMENT
25 - MEDICAL CARE PROGRAMS ADMINISTRATION;

26 2. OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM
27 M00L01.02 COMMUNITY SERVICES - BEHAVIORAL HEALTH ADMINISTRATION; AND

28 3. OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM
29 M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND RECIPIENTS
30 - BEHAVIORAL HEALTH ADMINISTRATION.

31 (II) A RATE ADJUSTMENT REQUIRED TO BE INCLUDED IN THE
32 GOVERNOR'S PROPOSED BUDGET UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH
33 SHALL EQUAL THE AVERAGE ANNUAL PERCENTAGE CHANGE IN THE CONSUMER
34 PRICE INDEX FOR THE 3-YEAR PERIOD ENDING IN JULY OF THE IMMEDIATELY
35 PRECEDING FISCAL YEAR.

(3) THE GOVERNOR'S PROPOSED BUDGET FOR FISCAL YEAR 2019, AND FOR EACH FISCAL YEAR THEREAFTER, FOR COMMUNITY PROVIDERS SHALL BE PRESENTED IN THE SAME MANNER, INCLUDING OBJECT AND PROGRAM INFORMATION, AS IN THE FISCAL YEAR 2018 BUDGET.

(D) IF SERVICES OF COMMUNITY PROVIDERS ARE PROVIDED THROUGH MANAGED CARE ORGANIZATIONS, THE MANAGED CARE ORGANIZATIONS SHALL:

(1) PAY THE RATE IN EFFECT DURING THE IMMEDIATELY PRECEDING FISCAL YEAR FOR THE FIRST FISCAL YEAR THE MANAGED CARE ORGANIZATIONS PROVIDE THE SERVICES; AND

(2) ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY PROVIDERS EACH FISCAL YEAR BY AT LEAST THE SAME AMOUNT THAT OTHERWISE WOULD HAVE BEEN REQUIRED UNDER SUBSECTION (C)(2)(II) OF THIS SECTION.

(E) (1) ON OR BEFORE DECEMBER 1, 2019, AND ON OR BEFORE DECEMBER 1 EACH YEAR THEREAFTER, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE IMPACT OF THE REIMBURSEMENT RATE ADJUSTMENT REQUIRED UNDER THIS SECTION ON COMMUNITY PROVIDERS, INCLUDING THE IMPACT ON:

(I) THE WAGES AND SALARIES PAID AND THE BENEFITS PROVIDED TO DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS;

(II) THE TENURE AND TURNOVER OF DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND

(III) THE ABILITY OF COMMUNITY PROVIDERS TO RECRUIT QUALIFIED DIRECT CARE STAFF AND LICENSED CLINICIANS.

(2) THE DEPARTMENT MAY REQUIRE A COMMUNITY PROVIDER TO SUBMIT, IN THE FORM AND MANNER REQUIRED BY THE DEPARTMENT, INFORMATION THAT THE DEPARTMENT CONSIDERS NECESSARY FOR COMPLETION OF THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

19-310.3.

(A) ON OR BEFORE JANUARY 1, 2018, EACH HOSPITAL SHALL HAVE A PROTOCOL FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR A DRUG OVERDOSE.

(B) THE PROTOCOL MAY INCLUDE:

(1) COORDINATION WITH PEER RECOVERY COUNSELORS WHO CAN CONDUCT A SCREENING, A BRIEF INTERVENTION, AND REFERRAL TO TREATMENT AND CONNECTION OF THE PATIENT WITH COMMUNITY SERVICES; AND

(2) PRESCRIBING NALOXONE FOR THE PATIENT.

(C) A HOSPITAL SHALL INCLUDE IN ITS ANNUAL COMMUNITY BENEFIT REPORT TO THE HEALTH SERVICES COST REVIEW COMMISSION UNDER § 19-303 OF THIS SUBTITLE THE SERVICES PROVIDED UNDER THE HOSPITAL'S PROTOCOL FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR A DRUG OVERDOSE.

Article – Insurance

15-802.

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

(2) “Alcohol [abuse] **MISUSE**” has the meaning stated in § 8-101 of the Health – General Article.

(3) “Drug [abuse] **MISUSE**” has the meaning stated in § 8-101 of the Health – General Article.

(4) “Grandfathered health plan coverage” has the meaning stated in 45 C.F.R. § 147.140.

(5) “Health benefit plan”:

(i) for a group or blanket plan, has the meaning stated in § 15-1401 of this title; and

(ii) for an individual plan, has the meaning stated in § 15-1301 of this title.

(6) “Managed care system” means a system of cost containment methods that a carrier uses to review and preauthorize a treatment plan developed by a health care provider for a covered individual in order to control utilization, quality, and claims.

(7) “Partial hospitalization” means the provision of medically directed intensive or intermediate short-term treatment:

(i) to an insured, subscriber, or member;

(ii) in a licensed or certified facility or program;

(iii) for mental illness, emotional disorders, drug [abuse] **MISUSE**, or alcohol [abuse] **MISUSE**; and

(iv) for a period of less than 24 hours but more than 4 hours in a day.

(8) “Small employer” has the meaning stated in § 31–101 of this article.

(b) With the exception of small employer grandfathered health plan coverage, this section applies to each individual, group, and blanket health benefit plan that is delivered or issued for delivery in the State by an insurer, a nonprofit health service plan, or a health maintenance organization.

(c) A health benefit plan subject to this section shall provide at least the following benefits for the diagnosis and treatment of a mental illness, emotional disorder, drug [abuse] **USE** disorder, or alcohol [abuse] **USE** disorder:

(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.

(d) (1) The benefits under this section are required only for expenses arising from the treatment of mental illnesses, emotional disorders, drug [abuse] **MISUSE**, or alcohol [abuse] **MISUSE** if, in the professional judgment of health care providers:

(i) the mental illness, emotional disorder, drug [abuse] **MISUSE**, or alcohol [abuse] **MISUSE** is treatable; and

(ii) the treatment is medically necessary.

(2) The benefits required under this section:

(i) shall be provided as one set of benefits covering mental illnesses, emotional disorders, drug [abuse] **MISUSE**, and alcohol [abuse] **MISUSE**;

(ii) shall comply with 45 C.F.R. § 146.136(a) through (d) **AND 29 C.F.R. § 2590.712(A) THROUGH (C)**;

(iii) subject to paragraph (3) of this subsection, may be delivered under a managed care system; and

(iv) for partial hospitalization under subsection (c)(2) of this section, may not be less than 60 days.

(3) The benefits required under this section may be delivered under a managed care system only if the benefits for physical illnesses covered under the health benefit plan are delivered under a managed care system.

(4) The processes, strategies, evidentiary standards, or other factors used to manage the benefits required under this section must be comparable as written and in operation to, and applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used to manage the benefits for physical illnesses covered under the health benefit plan.

(5) An insurer, nonprofit health service plan, or health maintenance organization may not charge a copayment for **[methadone maintenance] AN OPIOID treatment SERVICE** that is greater than 50% of the daily cost for **[methadone maintenance] THE OPIOID treatment SERVICE**.

(e) An entity that issues or delivers a health benefit plan subject to this section shall provide on its Web site and annually in print to its insureds or members:

(1) notice about the benefits required under this section and the federal Mental Health Parity and Addiction Equity Act; and

(2) notice that the insured or member may contact the Administration for further information about the benefits.

(f) An entity that issues or delivers a health benefit plan subject to this section shall:

(1) post a release of information authorization form on its Web site; and

(2) provide a release of information authorization form by standard mail within 10 business days after a request for the form is received.

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2017, the State Department of Education, in consultation with stakeholders, shall:

(1) develop a plan to establish regional recovery schools that enable students recovering from a substance use disorder to learn in a substance-free and supportive environment; and

(2) report its findings and recommendations to the General Assembly in accordance with § 2-1246 of the State Government Article.

1 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December 1,
2 2017, the Department of Public Safety and Correctional Services, in collaboration with the
3 Department of Health and Mental Hygiene and stakeholders, shall:

4 (1) develop a plan to increase the provision of substance use disorder
5 treatment, including medication–assisted treatment, in State prisons and local jails; and

6 (2) submit the plan and any recommendations to the General Assembly in
7 accordance with § 2–1246 of the State Government Article.

8 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect June
9 1, 2017.