

Chapter 42

(Senate Bill 212)

AN ACT concerning

**Behavioral Health Advisory Council and Commission on Behavioral Health
Care Treatment and Access – Alterations**

FOR the purpose of altering the membership and terms of members of the Behavioral Health Advisory Council; altering the membership of the Commission on Behavioral Health Care Treatment and Access; requiring the Commission on Behavioral Health Care Treatment and Access to meet jointly with the Council; requiring the Commission, in coordination with the Council, to make recommendations regarding the continuation of the State’s behavioral health carve-out and the financing structure and quality oversight necessary to integrate somatic and behavioral health services and ensure compliance with the Mental Health Parity and Addiction Equity Act in the Maryland Medical Assistance Program; and generally relating to the Behavioral Health Advisory Council and the Commission on Behavioral Health Care Treatment and Access.

BY repealing and reenacting, without amendments,

Article – Health – General
Section 7.5–301 and 13–4801(a) and (c)
Annotated Code of Maryland
(2023 Replacement Volume)

BY repealing and reenacting, with amendments,

Article – Health – General
Section 7.5–303, 7.5–305, 13–4802, ~~13–4803(d)~~ 13–4803(a) and (f), 13–4805, 13–4806,
and 13–4807
Annotated Code of Maryland
(2023 Replacement Volume)

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

Article – Health – General

7.5–301.

In this subtitle, “Council” means the Behavioral Health Advisory Council.

7.5–303.

(a) (1) The Council consists of the following members:

- (i) One member of the Senate of Maryland, appointed by the President of the Senate;
- (ii) One member of the House of Delegates, appointed by the Speaker of the House;
- (iii) Five representatives of the Department, including:
 - 1. The Secretary, or the Secretary's designee;
 - 2. The Deputy Secretary for Behavioral Health, or the Deputy Secretary's designee;
 - 3. The [Director of the Behavioral Health Administration, or the Director's designee] **DEPUTY SECRETARY FOR DEVELOPMENTAL DISABILITIES, OR THE DEPUTY SECRETARY'S DESIGNEE;**
 - 4. The Executive Director of the Maryland Health Benefit Exchange, or the Executive Director's designee; and
 - 5. The Deputy Secretary for Health Care Financing, or the Deputy Secretary's designee;
- (iv) The Secretary of Aging, or the Secretary's designee;
- (v) The Secretary of Budget and Management, or the Secretary's designee;
- (vi) The Secretary of Disabilities, or the Secretary's designee;
- (vii) The Secretary of Housing and Community Development, or the Secretary's designee;
- (viii) The Secretary of Human Services, or the Secretary's designee;
- (ix) The Secretary of Juvenile Services, or the Secretary's designee;
- (x) The Secretary of Public Safety and Correctional Services, or the Secretary's designee;
- (xi) The [Deputy Director of the Division of Children and Youth of the Governor's Office of Crime Prevention, Youth, and Victim Services, or the Deputy Director's designee] **SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;**
- (xii) The Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services, or the Executive Director's designee;

(xiii) The Executive Director of the Governor's Office of the Deaf and Hard of Hearing, or the Executive Director's designee;

(xiv) The Public Defender of Maryland, or the Public Defender's designee;

(xv) Two representatives of the State Superintendent of Schools, or the Superintendent's designee, and the Assistant State Superintendent of the Division of Rehabilitation Services, or the Assistant State Superintendent's designee;

(xvi) Two representatives of the Maryland Judiciary, a District Court judge, and a circuit court judge, appointed by the Chief Justice of the Supreme Court of Maryland;

(xvii) The [President of the Maryland Association of Core Service Agencies, or the President's designee] **EXECUTIVE DIRECTOR OF THE MARYLAND ASSOCIATION OF BEHAVIORAL HEALTH AUTHORITIES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;**

(xviii) The President of the Maryland Association of County Health Officers, or the President's designee;

(xix) Four representatives from county behavioral health advisory councils, one from each region of the State;

(xx) One representative, appointed by the Secretary of Health, from each of the following organizations:

1. Community Behavioral Health Association;
2. [Drug Policy and Public Health Strategies Clinic, University of Maryland Carey School of Law] **MARYLAND CENTER OF EXCELLENCE ON PROBLEM GAMBLING;**
3. Maryland Addictions Director's Council;
4. Maryland Association for the Treatment of Opioid Dependence;
5. Maryland Black Mental Health Alliance;
6. Maryland Coalition of Families;
7. [Maryland Disability Law Center] **DISABILITY RIGHTS MARYLAND;**

- Communities;
8. Maryland Recovery Organization Connecting
 9. Mental Health Association of Maryland;
 10. National Alliance on Mental Illness of Maryland;
 11. National Council on Alcoholism and Drug Dependence of Maryland;
 12. On Our Own of Maryland; and
 13. Maryland Association of Boards of Education; and

(xxi) Two individuals representing the mental health and substance use disorder treatment community, appointed by the Governor from each of the following:

1. Academic or research professionals who are not State employees;
2. Medical professionals;
3. Individuals formerly or currently in receipt of behavioral health services;
4. Family members of individuals with mental health or substance use disorders;
5. A parent of a young child with behavioral health disorders;
6. A youth with a behavioral health disorder who is between the ages of 16 and 25 years; and
7. Individuals active in behavioral health issues within their community.

(2) Additional representatives or individuals designated by the Council shall be appointed by the Secretary.

(b) Members appointed by the Governor under subsection (a)(1)(xxi) of this section shall be representative, to the extent practicable, of:

- (1) Geographic regions of the State;
- (2) At-risk populations;

- (3) Ethnic, gender, across-the-lifespan, and cultural diversity; and
- (4) Balanced representation from areas of mental health and substance use disorders.
- (c) The Council shall appoint a chair from among the membership of the Council.
- (d) (1) Members appointed by the Governor under subsection (a)(1)(xxi) of this section:
 - (i) Serve a [~~3-year~~] **4-YEAR** term;
 - (ii) May serve for a maximum of two consecutive terms;
 - (iii) After at least 6 years have passed since serving, may be reappointed for terms that comply with items (i) and (ii) of this paragraph;
 - (iv) At the end of a term, continue to serve until a successor is appointed and qualifies; and
 - (v) If appointed after a term has begun, serve only for the rest of the term and until a successor is appointed and qualifies.
- (2) Ex officio members serve as long as the member holds the specified office or designation.
- (3) Notwithstanding any other provisions of this subsection, all members serve at the pleasure of the Governor.
- (e) With the consent of the Council, the chair may designate additional individuals with relevant expertise to serve on a committee or task force.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General

7.5–305.

The Council shall:

- (1) Promote and advocate for:
 - (i) Planning, policy, workforce development, and services to ensure a coordinated, quality system of care that is outcome-guided and that integrates

prevention, recovery, evidence–based practices, and cost–effective strategies that enhance behavioral health services across the State; and

(ii) A culturally competent and comprehensive approach to publicly funded prevention, early intervention, treatment and recovery services that support and foster wellness, recovery, resiliency, and health for individuals who have behavioral health disorders and their family members; and

(2) Submit, **IN COORDINATION WITH THE COMMISSION ON BEHAVIORAL HEALTH CARE TREATMENT AND ACCESS**, an annual report to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly on or before December 31 of each year.

13–4801.

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

(c) “Commission” means the Commission on Behavioral Health Care Treatment and Access.

13–4802.

There is a Commission on Behavioral Health Care Treatment and Access, **WHICH SHALL MEET JOINTLY WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL**.

13–4803.

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

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

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

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

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

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

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

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

(8) The Maryland Insurance Commissioner, or the Commissioner's designee;

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

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

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

(12) The Executive Director of the State-designated health information exchange, or the Executive Director's designee;

(13) The Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services, or the Executive Director's designee;

(14) The Secretary of the Maryland Department of Disabilities, or the Secretary's designee;

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

(16) The Special Secretary of Opioid Response, or the Special Secretary's designee; [and]

(17) THE SECRETARY OF AGING, OR THE SECRETARY'S DESIGNEE; AND

[(17)] (18) The following members appointed by the Governor:

(i) One representative of the Mental Health Association of Maryland;

(ii) One representative of the National Alliance on Mental Illness;

(iii) One representative of the Community Behavioral Health Association of Maryland;

(iv) One representative of a provider of residential behavioral health services;

(v) One representative of an acute care hospital;

(vi) One representative of an inpatient psychiatric hospital;

(vii) One individual with experience as a consumer of behavioral health services;

(viii) One family member of an individual with experience as a consumer of behavioral health services;

(ix) One representative of a provider of substance use treatment services;

(x) One representative of a school-based health center;

(xi) One individual with expertise in social determinants of health;

(xii) One individual with expertise in health economics;

(xiii) One representative of a health insurance carrier;

(xiv) One representative of a managed care organization;

(xv) One representative from the Office of the Public Defender;

(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; [and]

(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.

(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**.

The Commission shall:

- (1) Conduct an assessment of behavioral health services in the State to identify needs and gaps in services across the continuum, including community-based outpatient and support services, crisis response, and inpatient care;
- (2) Examine the methods for reimbursing behavioral health care services in the State and make recommendations on the most effective forms of reimbursement to maximize service delivery;
- (3) Compile findings of State-specific needs assessments related to behavioral health care services;
- (4) Review recommendations and reports of State commissions, workgroups, or task forces related to behavioral health care services;
- (5) Conduct a needs assessment on the State's behavioral health care workforce to identify gaps and make recommendations to ensure an adequate, culturally competent, and diverse workforce across the behavioral health care continuum;
- (6) Review trends and best practices from other states regarding policy and reimbursement strategies that support access to a comprehensive array of services and ensure quality of care;
- (7) Examine and make recommendations related to the behavioral health of the geriatric and youth populations in the State;
- (8) Examine and make recommendations to provide appropriate and adequate behavioral health services to individuals with developmental disabilities and complex behavioral health needs, specifically youth;
- (9) Assess the health infrastructure, facilities, personnel, and services available for the State's forensic population and identify deficiencies in resources and policies needed to prioritize health outcomes, increase public safety, and reduce recidivism;
- (10) Make recommendations on expanding behavioral health treatment access for the State's court-ordered population;
- (11) Make recommendations on action plans regarding the behavioral health care system's capacity to prepare for and respond to future challenges affecting the entire State or particular regions or populations in the State, including pandemics and extreme weather events;
- (12) Make recommendations to ensure that behavioral health treatment is provided in the appropriate setting, including methods to divert behavioral health patients

from emergency departments by using the Maryland Mental Health and Substance Use Disorder Registry and Referral System established under § 7.5–802 of this article and 2–1–1;

(13) Examine and review the use of harm reduction strategies to facilitate access to care; [and]

(14) Examine methods to assist consumers in accessing behavioral health services; AND

(15) MAKE, IN COORDINATION WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL, RECOMMENDATIONS REGARDING THE CONTINUATION OF THE STATE’S BEHAVIORAL HEALTH CARVE-OUT AND THE FINANCING STRUCTURE AND QUALITY OVERSIGHT NECESSARY TO INTEGRATE SOMATIC AND BEHAVIORAL HEALTH SERVICES AND ENSURE COMPLIANCE WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM.

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.

(b) 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) 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) On or before [December] **JULY** 1 each year, beginning in [2023] **2024**, the workgroups established under subsection (a) of this section shall report and make recommendations to the Commission **AND THE BEHAVIORAL HEALTH ADVISORY COUNCIL**.

13–4807.

(a) (1) On or before January 1 each year, beginning in 2024, the Commission, **IN COORDINATION WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL**, shall report to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly on the Commission’s findings and recommendations, including funding and legislative recommendations, that are consistent with providing appropriate, accessible, and comprehensive behavioral health services that are available on demand to individuals in the State across the behavioral health continuum.

(2) Any legislative recommendations included in the report required under paragraph (1) of this subsection that require funding shall include an estimate of the funding required to implement the recommendation and information that supports the funding estimate.

(b) The report required on or before January 1, 2024, shall include the findings of the needs assessments required under § 13–4805 of this subtitle.

(c) ~~THE REPORT REQUIRED ON~~ ON OR BEFORE JANUARY 1, 2025, SHALL INCLUDE JULY 1, 2025, THE COMMISSION, IN COORDINATION WITH THE BEHAVIORAL HEALTH ADVISORY COUNCIL, SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE COMMISSION’S FINDINGS AND RECOMMENDATIONS REGARDING THE CONTINUATION OF THE STATE’S BEHAVIORAL HEALTH CARVE-OUT AND THE FINANCING STRUCTURE AND QUALITY OVERSIGHT NECESSARY TO INTEGRATE SOMATIC AND BEHAVIORAL HEALTH CARE SERVICES IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM.

SECTION 3. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that the Maryland Department of Health shall:

(1) evaluate the Innovation in Behavioral Health Model announced by the Centers for Medicare and Medicaid Services on January 18, 2024; and

(2) consider applying to the Centers for Medicare and Medicaid Services to participate in the Innovation in Behavioral Health Model.

~~SECTION 3.~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2024. Section 2 of this Act shall remain effective until the taking effect of the termination provision specified in Section 8 of Chapters 290 and 291 of the Acts of the General Assembly of 2023. If that termination provision takes effect, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect. Section 2 of this Act may not be interpreted to have any effect on that termination provision.

Approved by the Governor, April 9, 2024.