



2019 Legislative Session

Behavioral Health Report | April 10, 2019

CBH's Legislative Goals and Outcomes

This year, the Community Behavioral Health Association of Maryland had three lobbyists dedicated exclusively to representing the interests of community-based mental health and addiction treatment providers. CBH reviewed every bill introduced, monitored over 57 bills, and offered testimony at 27 legislative hearings. This report highlights the results of major bills championed and prioritized by CBH during the 2019 legislative session.

Goal: Address Psychiatric Shortage <i>The federal government predicts that the existing shortage of psychiatrists will grow in coming years. CBH seeks to preserve access to vital treatment services with targeted changes to address the psychiatric shortage.</i>	CBH Position	Bill Status
SB 178/HB 570: OMHC Medical Directors via Telehealth <i>This bill allows medical directors in OMHCs to meet their requirement for 20 hours/week onsite via telehealth.</i>	Favorable with amend	Passed
SB 944/HB 1122: NPs as OMHC Medical Directors <i>This bill allows advance practice nurse practitioners to serve as the medical director of an OMHC.</i>	Favorable with amend	Passed
SB 524/HB 605: NPs on ACT teams <i>This bill allows advance practice nurse practitioners to serve as the psychiatric prescriber on an Assertive Community Treatment (ACT) team in lieu of a psychiatrist.</i>	Favorable with amend	Passed

Goal: Strengthen Behavioral Health Funding <i>From 1997 to 2016, reimbursement for publicly-funded behavioral health services increased 12.42%, while the overall inflation increased 50% in the same period.</i>	CBH Position	Bill Status
Medicaid Budget: Secure mandated 3.5% rate increase for FY2020. <i>The Keep the Door Open Act mandated a 3.5% increase in behavioral health reimbursement for FY2020. CBH ensured that the funding mandate remained in the budget, translating into a \$42.3 million funding increase.</i>	Support	Passed
SB 280/HB 166: \$15 minimum wage <i>CBH supported amendments to the bill which would mandate rate increases for publicly-funded behavioral health services to address increased personnel costs. Bill passed with 21.75% increases in behavioral health reimbursement rates over the minimum wage's six-year implementation period.</i>	Favorable with amendment	Passed Veto overridden
SB 164/HB 155: Capital funds for nonprofit behavioral health facilities <i>CBH an Administration-sponsored bill to increase the state support for a program to support capital funding to nonprofit behavioral health providers.</i>	Support	Passed



Goal: Strengthen Clinical Practice <i>CBH seeks to ensure that Maryland laws and regulations are up-to-date and aligned to support the delivery of high-quality services that meet patient needs.</i>	CBH Position	Bill Status
SB 395/ HB 77: Decriminalization of suicide <i>In the past five years, 10 individuals have been criminally prosecuted in Maryland for attempted suicide. This bill bans prosecution of attempted suicide as a crime.</i>	Support	Passed
SB 631/HB 599: Requires insurers to use ASAM criteria <i>This bill requires insurance companies to use the ASAM criteria when making coverage decisions about addiction treatment.</i>	Support	Passed
SB 405/HB 435: Drug formulary lock-in <i>This bill requires insurers to provide notice to consumers prior to changing drug formularies during a coverage period.</i>	Support	Passed

Goal: Ensure that the delivery model for publicly-funded behavioral health services supports access to an array of needed services. <i>CBH seeks to ensure that behavioral health services are delivered efficiently and effectively, so that valuable resources are invested in treatment instead of unnecessary administrative functions.</i>	CBH Position	Bill Status
SB 482/HB 846: Create financial carve-in model for publicly-funded behavioral health services <i>This bill shifts management of publicly-funded behavioral health services from a single Administrative Services Organization to nine managed care organizations, deleting the Behavioral Health Administration from any role in community service delivery.</i>	Oppose	Bill withdrawn
HB 1060: RRP notice and critical incident reporting <i>This bill requires the state to notify an array of local authorities of any anticipated RRP location, creating duplicative statutory requirements for existing reporting of critical incidents.</i>	Oppose	Bill withdrawn

Grassroots Engagement by CBH Members

Through CBH’s facilitation of grassroots outreach and legislative updates for members, over 80% of CBH member organizations contacted their legislators during the 2019 legislative session. Over 780 individuals participated in CBH’s grassroots advocacy, an increase of 70% from two years ago. Consistent messaging is vital to our legislative success in Annapolis, and growing participation from CBH member organizations strengthens our ability to be heard by legislators.

Figure 1 - CBH-Driven Constituent Outreach, 2019

