

## *Maryland General Assembly Legislative Session 2021 Report*

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### ➤ **Introduction: A Virtual Session**

Maryland's 90-day legislative session began with a lot of uncertainty due to the Covid-19 pandemic. Our presiding officers, Senate President Bill Ferguson and House Speaker Adrienne Jones, worked all interim on health and safety protocols, incredible technology upgrades and some significant tweaks to the legislative process. Aside from the legislators, press, and a few select staff, the State House complex was closed to lobbyists, advocates, and the general public. Going virtual meant that Compass lobbyists and clients zoomed in to testify in bill hearings, attend work sessions, and meet with legislators.

**Overall, this was a good year for behavioral health policy and funding during the legislative session.** Tragically, it has taken a pandemic to truly highlight the necessity of resourcing crisis services, pushing for telehealth accessibility, and addressing racial health disparities. A recent report shows that nearly 40% of Marylanders report depression and anxiety symptoms, due in large part to the ongoing pandemic. This session, we learned that calls into crisis hotlines across the state (and to NAMI Maryland's helpline) have increased at a staggering rate, especially Marylanders at risk for suicide. Deaths related to substance use are on the rise again, after a slight decline prior to the pandemic. Most alarming of all, though, is the increased likelihood of mental illness developing following a Covid-19 diagnosis. A study of almost 70 million people showed that 20% or 1 in 5 Covid-19 patients develop a mental illness within in 90 days of contracting the virus. The mental health fallout from the pandemic is far from over.

There were a few bills that passed this session that are true victories for NAMI Maryland's grassroots members and families. We led the effort to expand crisis grant funding to ensure all 24 jurisdictions have a mobile crisis team in place 24 hours a day and 7 days a week. The legislature made significant progress on addressing racial health disparities, and adopted an outreach system to check in on those with mental illness. **This session, we tracked more than 100 bills related to mental health and offered testimony, support, and work group support on more than 40 pieces of legislation this session.**

Working in a new, virtual environment brought challenges and some unexpected benefits too. While we lost some of the comradery of working side-by-side with Hogan administration officials, staff, and elected officials, the virtual nature brought a lot more transparency to the process and made it easier for many to participate in bill hearings. There were about 2,500 bills introduced and just about a third, or 800 bills passed and are heading to the Governor for consideration. From now until the end of May, Governor Hogan will consider all the bills passed and can sign them into law, let them become law without his signature, or veto a bill.

## ➤ **Diversion**

*NAMI fights for policies to get people help, not handcuffs. This includes expanding access to crisis services, promoting best practices in de-escalation, and diversion of people experiencing psychiatric crises to treatment.*

- **Safer Mobile Crisis Teams & Increased Funding** – SB 286/HB 108 (Sen. Augustine/Del. Charkoudian) – **PASSED**

This legislation is the product of strong coalition teamwork, with NAMI Maryland leading the effort. Today, we have a Behavioral Health Crisis Response Grant Program to ensure local governments are investing in a comprehensive crisis program equipped to address Marylanders in crisis 24/7. This legislation will extend the funding for the program for the next three years at \$5 million per year. In total, that's \$15 million dedicated to crisis funding, with a third of future year funding dedicated to mobile crisis teams. The bill also encourages local governments to invest in mobile crisis teams that:

- Are 24/7 and culturally competent. Individuals in crisis need access to clinicians round the clock, and cultural competency is critical to ensuring mobile crisis teams are best prepared to meet the needs of the communities they serve.
- Work with their local communities to evaluate and trouble shoot service delivery issues, in part by engaging with local advocacy groups, and
- Following stabilization, ensure that individuals have appropriate follow up care and support utilizing peers.

Will this make a difference? Absolutely. Of Maryland's 24 counties, only 14 have mobile crisis teams, and although many crisis hotlines are 24/7 across the state, very few of the mobile crisis teams in place have enough staff to operate on a 24/7 basis. Thus far, this grant program is helping to establish new walk-in crisis centers, focus additional resources and care on youth populations, and more.

- **SB 857/HB 1280** (Sen. Fry-Hester/Del. Pena-Melnyk **Maryland Behavioral Health and Public Safety Center of Excellence** – **PASSED**)

This bill creates the Maryland Behavioral Health and Public Safety Center of Excellence and charges it with furthering a sequential intercept model (SIM) framework to divert individuals with serious mental health and substance use disorders away from the criminal justice system. The SIM is a systems-planning tool to improve outcomes for people with behavioral health needs at various 'intercepts' across the criminal justice system. However, the model has never been implemented with an eye toward ensuring the resulting strategies and policies are equitable across populations, particularly marginalized communities who will be most impacted. We worked with the sponsors and the Mental Health Association of Maryland to include language requiring the Center to carry out its duties with an eye toward equity and a focus on reducing racial disparities in the criminalization of individuals with behavioral health disorders.

## ➤ *Addressing racial health disparities*

*All Marylanders deserve access to high-quality, affordable health care. Health inequities based on race, ethnicity, disability and place of residence persist throughout the state, as shown in maternal and infant mortality rates and other measures. In underserved areas of the state, people with chronic conditions such as hypertension, heart disease, asthma, diabetes, and substance and mental health disorders have worse health outcomes and are less able to get the care and treatment they need. The COVID-19 pandemic has further exposed these health inequities and highlighted the need to address them and otherwise improve health outcomes in our state. NAMI Maryland strongly supported all of the legislation below.*

### ➤ **HB 28/SB 005 (Del. Pena-Melnyk/Sen. Griffith) – PASSED**

This bill would require health professionals in Maryland to take implicit bias training as a condition of being issued a license to practice. The legislation also mandates funding levels for the state’s Office of Minority Health and Health Disparities.

### ➤ **HB 78/SB 52 (Del. Pena-Melnyk/Sen. Washington) – PASSED**

The Maryland Commission on Health Equity would be established through this bill to address racial injustice and health disparity issues in Maryland. The commission, which would be staffed by the Maryland Department of Health, would be charged with establishing a health equity framework for specific medical examinations, provide advice on issues of racial, ethnic, cultural, or socioeconomic health disparities; develop a comprehensive health equity plan addressing the social determinants of health; and set goals for achieving health equity in alignment with other statewide planning activities.

### ➤ **HB 463/SB 172 (Del. Barron/Sen. Hayes) *The Maryland Health Equity Resource Act* – PASSED**

This bill allows for designation of “Health Equity Resource Communities” (HERCs) to target State resources to improve health outcomes and will reduce health care disparities in measurable ways.

This bill creates a grant program for community-based health organizations to apply for \$59 million in grants over the next 5 years. To be approved, grant-seekers must demonstrate that their program or initiative will reduce health disparities, improve outcomes, boost access to primary care, prevent illness, or reduce hospital use.

### ➤ **HB 309/SB 565 (Del. Pena-Melnyk/Sen. Griffith) – PASSED**

This bill sets out guidelines for the state to collect race and ethnicity data on health services and health care providers. The bill would also alter the way the state publishes its Health Care Disparities Policy Report Card.

## ➤ *Increasing access to care*

*Public policy impacts people with mental illness in many ways — from health care to housing to*

*criminalization. Changes in policy can result in improved treatments, increased access to services and better outcomes for people with mental health conditions. NAMI Maryland believes that:*

- *All people with mental health conditions deserve accessible, affordable and comprehensive health care.*
  - *All people with mental health conditions deserve access to supports that promote wellness.*
  - *All people with mental health conditions who are incarcerated deserve access to quality mental health treatment.*
  - *Public policies and practices should promote greater awareness and early identification of mental health conditions.*
  - *Public policies should be guided by credible, evidence-based research.*
  - *Justice system responses to people with mental illness should be minimized while ensuring that any interactions preserve health, well-being and dignity.*
  - *No one should be subject to practices that can cause or worsen mental health symptoms.*
- *SB 3/HB 123 (Sen. Griffith/Del. Pena-Melnyk) **Protect Telehealth Expansions – PASSED, signed into law***

Telehealth has been a lifeline for seniors, families, children, those with disabilities or in rural and underserved communities to stay well and access affordable care. The telehealth expansions NAMI Maryland supports ensure strong standards for mental health and substance use disorder telehealth services, including:

- Audio-only telehealth where appropriate. Not everyone has the same access to technology and everyone needs to receive care whether or not their wi-fi is strong. Almost half a million Marylanders lack access to high speed internet.
  - Remove originating and distant site restrictions – meet patients where they are. Feeling safe is of the utmost importance for behavioral health patients. This provision stayed in the bill for those with private-pay insurance.
  - Parity. Prevent health insurance carriers from restricting access to telehealth services for mental health or substance use issues. Requiring the Maryland Department of Health (MDH) to revise its telehealth regulations to comply with the Mental Health Parity and Addiction Equity Act and specifically to remove the disparate prior authorization requirement for MH/SUD telehealth services.
  - Access for Marylanders enrolled in Medicaid to continue telehealth services by extending reimbursement parity for Medicaid providers.
  - Protects consumer choice. For consumers who need mental health and substance use disorder care, the consumer choice provision will make a significant difference in access to care.
- *HB 135/SB 84 (Del. K. Young/Sen. R. Young) **Permitting pharmacists to administer long-acting injectables – PASSED***

NAMI supports this legislation that would permit pharmacists to administer long-acting injectable behavioral health medications. Medications are a powerful tool in treating mental illness and medication adherence is often key to experiencing recovery. Should this bill pass, it would increase access to care in the community. For patients without a primary care provider or living in medically underserved areas, community pharmacies are generally more accessible to provide health services like immunizations. Pharmacies have more flexible and convenient hours of operation and provide Marylanders with additional options for receiving

immunizations.

- *HB 970/SB 500 (Del. S. Johnson/Sen. Lam) **Psychology Interjurisdictional Compact – PASSED***

This emergency bill enters Maryland into the Psychology Interjurisdictional Compact for psychologists. The bill creates procedures and requirements for psychologists to exercise a compact privilege in a “receiving state” or “distant state,” enumerates the details of PSYPAC - the composition, powers, and responsibilities of the Psychology Interjurisdictional Compact Commission.

- *SB 550/HB 872 (Sen. Beidle/Del. Charles) **Sheila Hixson Behavioral Health Veteran’s Grant Program – PASSED***

This bill creates a grant program for veteran behavioral health services. On behalf of the more than 400,000 veterans residing in Maryland, NAMI has teamed up with the Easter Seals and supported this effort for the last 2 years. Prior to passage, each bill was amended to decrease the amount of grant funds from \$5 million per year to \$2.5 million per year, decrees that the Governor MAY fund the program.

- *HB 1344/SB 928 (Del. Kipke/Sen. Ready) **Changes to the Danger Standard for Involuntary Commitment – FAILED TO PASS***

NAMI Maryland strongly supports clear language to define danger appropriately. The proposed changes in the bill were a marked improvement and would have brought flexibility needed to ensure individuals with severe mental illness are not prevented from accessing treatment because they have yet to hurt themselves or a family member.

#### ***Narrow interpretations of the danger standard in Maryland are an obstacle to treatment!***

Interpretations of what danger is and when it is present lead to unsatisfactory and tragic outcomes because individuals are allowed to deteriorate needlessly before involuntary commitment and/or court ordered treatment can be accessed. Combined with a lack of consistent access to crisis services, the way our current standard is interpreted (immediate/focus on physical harm to self or others) is an obstacle to treatment. The resulting decompensation for an individual in between when they need treatment and when they qualify for commitment under the current statute can mean homelessness, inappropriate incarceration, and often times dangerous interactions with law enforcement. In most states, the criteria for involuntary commitment is broader, and Maryland should adopt a similar approach.

Although this issue has grown in public profile over the past year as part of the Lt. Governor’s round of recommendations by the Commission on Mental and Behavioral Health, this effort was bogged down by a myriad of process and political challenges with the bill’s current introduction. NAMI offered written testimony in support of the House Bill (no verbal was permitted due to the late introduction). The Senate Bill was withdrawn. Fortunately, NAMI is serving on a workgroup convened by the Behavioral health Administration to evaluate changes to the danger standard and we are hopeful BHA will help lead the effort with the introduction of an agency bill next year.

- **SB 638/HB 919 (Sen. Augustine/Del. Bagnall) Greater Accountability in the Management of Maryland's Public Behavioral Health System – PASSED**

Optum runs the state's behavioral health ASO, which typically manages more than \$1 billion in payments a year for more than 200,000 Marylanders with behavioral health issues. Optum's failure to create a functioning system meant MDH was providing estimated payments to community behavioral health providers for much of the past year while a fix was underway. The fix has failed to materialize and now there are allegations of overpayments, meaning providers could be on the hook for hundreds of millions of dollars the state may try to recoup. This is a tenuous situation. Optum has yet to provide an accounting that would verify whether or not the state has overpaid for behavioral health services. The extreme billing issues and service denials are putting access to services at risk – extraordinarily concerning in a year when more Marylanders are relying on Medicaid and our current pandemic is taking an incredible toll on the mental health of everyone.

As passed, authorizes the Maryland Insurance Commissioner to enforce minimum performance standards for the Administrative Service Organization that is responsible for managing care and paying claims for Maryland public behavioral health system.

## ➤ **Early Intervention**

*NAMI strongly supports policies to ensure people get the best possible care. This includes expanding access to health coverage and parity for mental health, promoting early intervention and care integration and ensuring that the right services are available at the right time.*

- **HB 812/SB 719 (Del. Cullison/Sen. Zucker) 2-1-1 Maryland - Mental Health Services Phone Call Program (The Thomas Bloom Raskin Act) – PASSED**

NAMI Maryland was honored to work on this legislation to establish an opt-in program to help provide support and connection to services using the 2-1-1 system in Maryland. Nationwide, the increase to mental health call and text centers offer an early picture of how Americans are coping with the coronavirus pandemic. The roughly 11.2 million Americans who live with serious mental illness are the most vulnerable to the psychological effects of the pandemic. But even people who have never experienced a mental disorder are feeling many of the same symptoms. With this new system, trained peer specialists and/or counselors will listen to a person's story, provide important validation, set up a schedule for check-ins, and finally, recommend resources to help them manage their symptoms.

- **HB 244/SB 161 (Del. Valentino-Smith/Sen. Eckhardt) Task Force to Study Access to Mental Health Care in Higher Education – FAILED TO PASS**

This bill would have created a Task Force to Study Access to Mental Health Care in Higher Education to advance ways to increase on-campus access to mental health services. Right now, there is an enormous issue with on-campus accessibility and there are many ways to reduce barriers to providing mental health services on campus, improving the use of telemedicine and expanding of counseling services.

- *HB 466/SB 405 (Del. Palakovitch-Carr/Sen. Augustine) Crisis Information on Student IDs – PASSED*

This bill requires institutions of higher education to provide the telephone number for Maryland's Helpline, or an on-campus crisis center that operates 24 hours a day and 365 days a year, directly on student identification cards (or a sticker affixed to the card), if the institution provides such a card. Additionally, the bill permits institutions to provide numbers for the National Suicide Prevention Lifeline, Crisis Text Line, National Domestic Violence Hotline, or any on-campus crisis center on student identification cards

- *SB 168/HB 209 (Sen. Eckardt/Del. Belcastro) Public Health - Maryland Suicide Fatality Review Committee – FAILED TO PASS*

This legislation would have created a statewide program to review suicide deaths among persons and to develop strategies for suicide prevention. These most recent findings suggest changing suicide trends during the pandemic. Among Black residents, suicide mortality appeared to double when compared with previous years, and suicide is still the second leading cause of death for youth and young adults. Maryland needs to do more on prevention, outreach, and engagement. To do that effectively, we need timely data to help local jurisdictions drive prevention efforts. The Senate passed the bill and the House failed to pass the Senate version of the bill, thereby preventing full and final passage.

## ➤ *Fiscal Year 2022 Budget*

### *Behavioral Health Provider Funding*

Past legislative efforts, dating back to 2017 included several years of guaranteed provider rate increases. In most sessions, NAMI has worked closely with our partners in the Behavioral Health and Keep the Door Open legislative coalition to protect this funding. In a positive change, Governor Hogan rolled out the anticipated rate increase and vowed to start funding it 6 months early.

### *Additional Crisis Grants*

Crisis services also received an additional boost this session with passage of the RELIEF Act, emergency legislation introduced by Governor Hogan to provide stimulus payments, tax relief and benefit increases to Maryland families and businesses hurt by the COVID-19 pandemic. As amended by the legislature, the measure includes \$15 million in additional funding for behavioral health crisis response services. The Behavioral Health Administration will determine how this funding will be allocated.