

Legislative Session 2021 – Crossover Report

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.

Mobile Crisis Units – SB 286/HB 108 (Sen. Augustine/Del. Charkoudian)

This is NAMI Maryland's top priority. The bill increases funding for the 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. The bill also encourages local governments to invest in mobile crisis teams that:

- Minimize the role of law enforcement in crisis interactions
- Are culturally competent and understand how to serve their communities.
- 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.

Crossover Update: passed the Senate with full funding of \$10 million per year for local governments! Issues to work out in the House regarding funding and removing law enforcement from crisis response where appropriate.

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.

HB 28/SB 005 (Del. Pena-Melnyk/Sen. Griffith), a bill to require Maryland to provide timely information so we can better address health disparities.

Crossover Update: each bill has passed its respective chamber, on the way to full and final passage.

HB 78/SB 52 (Del. Pena-Melnyk/Sen. Washington) The Maryland Commission on Health Equity would be established through this bill to address racial injustice and health disparity issues in Maryland.

Crossover Update: each bill has passed its respective chamber, on the way to full and final passage.

HB 463/SB 172 (Del. Barron/Sen. Hayes) This bill allows for designation of "Health Equity Resource Communities" (HERCs) to target State resources to improve health outcomes.

Crossover Update: The House has passed the bill and the Senate will need to pass the House bill for full and final passage.

Increasing access to care

Protect Telehealth Expansions

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 include:

- 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.
- Allow the same reimbursement for clinically necessary services.
- Parity. Prevent health insurance carriers from restricting access to telehealth services for mental health or substance use issues.

In addition to the expansions in SB 3, we are pleased the committee moved to include important provisions from SB 393, too:

- Access for Marylanders enrolled in Medicaid to continue telehealth services by extending reimbursement parity for Medicaid providers.
- Reimbursement for peers and paraprofessionals – behavioral health workers who ensure individuals can access the care they need and receive mental health treatment and connections to additional services as needed.
- Protects consumer choice, ensuring that a patient may not be required to use telehealth in lieu of an in-person visit.

Crossover Update: SB 3 has been amended and contains all key provisions. House version is not as broad. NAMI Maryland is continuing to advocate for all critical telehealth priorities in the final bill.

HB 135/SB 84 (K. Young/R. Young) 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

Crossover Update: each bill has passed its respective chamber, on the way to full and final passage.

Various compact bills – licensed professional counselors, psychology, etc. all appear to be moving towards passage.

SB 550/HB 872 – a grant program for veteran behavioral health services. NAMI has supported this effort for 2 years, would draw down additional federal matching funds.

Crossover Update: each bill has been amended to decreased the amount of grant funds from \$5 million per year to \$2.5 million per year, decrees that the Governor MAY fund the program, and has passed its respective chamber, on the way to full and final passage.

Early Intervention

NAMI Maryland supports HB 244/SB 161, legislation to create a Task Force to Study Access to Mental Health Care in Higher Education. This Task Force would look at things like reducing barriers to providing mental health services on campus, improving the use of telemedicine and expanding of counseling services

Crossover Update: neither bill has been voted on in the House or Senate, making likelihood of passage very low.

HB 466/SB 405 would require higher education institutions to add crisis hotline information to student ID cards.

Crossover Update: each bill has passed its respective chamber, on the way to full and final passage.

HB 812/SB 719 NAMI Maryland strongly supports this legislation that would 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 specialists, counselors first listen to your story and validate what you're going through. Then they recommend resources to help you manage your symptoms.

Crossover Update: each bill has passed its respective chamber, has funding allocated, has been renamed in honor of Congressman Raskin's son and is on the way to full and final passage.

SB 168/HB 209 (Eckardt/Belcastro) This legislation creates 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.

Crossover Update: The Senate has passed the bill and the House will need to pass the Senate version of the bill for full and final passage.

Fiscal Year 2022 Budget and Other Issues

Optum Behavioral Health Contract

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. 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.

SB 638/HB 919 authorizes the Maryland Insurance Commissioner to enforce minimum performance standards for the Administrative Service Organization (ASO) that is responsible for managing care and paying claims for Maryland public behavioral health system.

Following Advocacy Day, legislation to help hold Optum accountable was introduced and is moving through the chambers.

Crossover Update: The Senate has passed a slightly amended bill. MIA is on board with the additional authority granted to them in this bill and has committed to reaching out to Optum the moment the bill passes.

Behavioral Health Funding

Included in the budget is the 3.5% increase for behavioral providers we've been advocating for over the past few years – which is great news.

Crossover Update: House has passed the budget bill and the Senate will mark it up and it may go to conference. No NAMI priorities at risk in that scenario.

Danger Standard Legislation

HB 1344/SB 928 – NAMI Maryland supports the language changes proposed in the bill, but there are 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 remains in Rules).

Crossover Update: Very slim chance of passage for 2021, however the Lt. Governor's Commission on Mental and Behavioral Health and the Maryland Behavioral Health Administration will continue to discuss this and other policy changes related to involuntary commitment during the interim.