

Maryland General Assembly Legislative Session 2022 Report

A Hybrid Session

Maryland's 90-day legislative session began with a lot of uncertainty due to the continuation of 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. This session saw historic changes and a divergent approach – the session started virtually and eventually the Senate of Maryland moved to in-person meetings and bill hearings. For the House of Delegates, members of the public were required to zoom in to testify in bill hearings, attend work sessions, and meet with legislators for all 90 days.

Big Issues Leading Up to Election Season

The Maryland General Assembly had a busy session which included re-drawing and approving redistricting maps, enacting landmark greenhouse gas emissions goals, passing a ballot initiative that will ask voters if they support recreational cannabis, creating a program and framework to give all Marylanders access to twelve weeks of paid family leave, enacted tax relief for retirees, and provided record funding for education.

With 3,114 bills introduced over the course of the session, it was a busy final year before election season. Governor Larry Hogan is term limited and cannot run again, but tough primary fights are shaping up for both the Democratic and Republican contenders. The Maryland General Assembly is up for election too, and between retirements and redistricting, we anticipate some significant turnover in both chambers.

State of Maryland Operating Budget - Fiscal Year 2023

Governor Hogan introduced a \$58.2 billion state operating budget. During session, the state budget oversight body, the Board of Revenue Estimates, announced that the Maryland budget surplus has climbed to \$7.5 billion over two years. Together, Governor Hogan, Speaker Jones, and Senate President Ferguson agreed to an additional \$1.4 billion in spending this year, bringing our operating total close to \$61 billion and setting records for state spending.

National, State, and local data all point toward a growing need for behavioral health services, including rising overdose and suicide fatalities. On behavioral health, the state budget allocated about \$200 million in provider rate increases, which amounts to about an 8% increase for behavioral health providers. Medicaid funding overall increases to \$1.4 billion for coverage of more than 1.5 million Marylanders. \$27 million of that funding is for new, expanded dental coverage for Medicaid recipients.

The state grant funded our 9-8-8 expansion by \$10 million, provided an additional \$2 million in funding to the GBRICS (Greater Baltimore Regional Integrated Crisis System) project.

NAMI Maryland Advocacy by the Numbers

What a success! Virtual advocacy is not easy, but NAMI Maryland's 11 affiliates really put in the work to make the day worthwhile. Advocacy Day by the numbers:

- 180 participated in our training webinar
- 101 attended Advocacy Day over zoom
- 3 major priorities discussed with 83 legislators and staff

- 41 bills supported
- 20 bills passed
- 5 Action Alerts
- More than 2,500 contacts to legislators generated in support for 9-8-8, HB 129/SB 12, and the Consumer Health Access Program!

Thank you to our NAMI Maryland grassroots members who are critical to accomplishing our public policy priorities. We are grateful for your passion and advocacy on behalf of yourselves and your loved ones.

2022 Legislative Priorities + Outcomes

Please see the NAMI Support Summary Bill List for a full accounting of all legislative outcomes tracked by NAMI Maryland.

- **SB 12 (Sen. Augustine)/HB 129 (Del. Charkoudian) Behavioral Health Crisis Response Services and Public Safety Answering Points.** This bill does two important things:
 - It will require that local government mobile crisis teams that minimize the role of law enforcement in crisis interactions and response, strengthening the existing Behavioral Health Crisis Response Grant Program to ensure Maryland is investing in programs and services that address mental health emergencies FIRST.
 - This legislation helps pave the way toward 988 implementation (coming July 2022) by requiring public safety answering points (the call center where emergency 911 calls are routed) by asking the PSAPs to create a written protocol for mental health crisis calls that come in. The protocol is required to include the resources that are available for dispatch (CIT/mobile crisis units/other mental health and/or law enforcement resources).
 - *This legislation was slightly amended and passed the Senate unanimously and the House on a mostly party line vote after vigorous debate and joint assignment to two House committees. It awaits approval from Governor Hogan.*
- **HB 293 (Del. Lewis Young)/SB 241 (Sen. Augustine) – Behavioral Health Crisis Response Services 9-8-8 Trust Fund**
 - Mental health crises and suicides can be devastating for individuals, families, and communities. When someone experiences a mental health crisis and doesn't receive the care they need, they can end up in emergency rooms, on the streets, involved in the criminal justice system, or in the worst case, they could lose their life. A 'round the clock crisis hotline can be the first line of defense in preventing these tragedies and an essential part of any continuum of care for mental health crises. HB 293 designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

- *This legislation was supported by a broad coalition of stakeholders. It passed and received supporting appropriations of \$10 million to help launch the program. Sustainable funding will be the next hurdle to ensuring the success of 9-8-8 in future years.*
- **SB 460 (Sen. Augustine)/ HB 517 (Del. R. Lewis) The Consumer Health Access Program**
 - The Consumer Health Access Program would have been a community-based and equity-focused independent program to help mental health consumers. CHAP will deliver assistance through one central entity (the “hub”) and eight community-based organizations serving as “spokes” in regions across Maryland. CHAP will be staffed by individuals with lived experience to help reduce stigma and improve access to care. The program would have helped all consumers, regardless of their insurance type, and will have the capacity to help in a variety of languages.
 - *NAMI Maryland led the effort to secure an appropriation of \$1 million to support the program. The Lt. Governor and Governor Hogan provided \$250,000 following our initial request. The bill passed the Senate and was killed by the insurance industry opposition in the House in the last few days of session.*

NAMI Maryland Strongly Supported

- **SB 2 (Sen. Augustine)/HB 32 (Del. Bagnall) Mental Health Law – Petitions for Emergency Evaluation – Electronic Record**
 - This is a simple bill to bring the emergency petition process into the 21st century by permitting the use of digital signatures to ensure that individuals can be admitted to the hospital in a timely manner. Like any other health crisis, it’s important to address a mental health emergency quickly and effectively.
 - *After unanimous passage in the House and Senate, Governor Hogan approved this bill and it passed into law.*
- **SB 637 (Sen. Augustine)/HB 395 (Del. Bagnall) - The Behavioral Health System Modernization Act.** This sweeping legislation is the blueprint for the future of Maryland’s mental health care delivery system. It requires significant state investment to vastly increase community access in every county across the state. The key provisions are:
 - Require availability of at least one Certified Community Behavioral Health Clinic (CCBHC) in every jurisdiction/region by 2024.
 - Medicaid, private pay insurance, and a state investment of \$24 million in peer services. Peers are essential to the behavioral health workforce. Peer-led support services and programs lead to positive outcomes, both in acute treatment episodes and long-term recovery supports. To ensure equal access to these services, peer services should be reimbursed for people with public or private insurance and by state grant funds for the uninsured.

- Require Medicaid implementation and reimbursement of the Collaborative Care Model (CoCM) to expand access to mental health treatment. CoCM takes a team approach to mental health care, involving the primary care provider (PCP), a behavioral health care manager and a consulting psychiatrist or addiction medicine specialist physician. All that is required is for Maryland's Medicaid program to turn on the billing codes.
- Expand and improve the delivery of home- and community-based services for children and youth. The two programs that Maryland instituted to provide intensive home- and community-based services for children with "serious emotional disturbance," have not been successful. Children and youth with mental health and substance use needs have fewer treatment options than adults. Wraparound services for youth with intensive behavioral health needs are simply not available to many families.
- *Despite strong advocacy on the part of the Behavioral Health Coalition, this legislation failed to pass.*
- **HB 48 (Belcastro)/SB 94 (Eckardt) Public Health - Maryland Suicide Fatality Review Committee**
Establishing the Maryland Suicide Fatality Review Committee to better target suicide prevention in Maryland.
 - *After three years of advocacy, this legislation passed the House, the Senate, and was approved by Governor Hogan.*

Other Legislation of Interest

NAMI Maryland's focus is on issues that impact individuals with mental health. But, in a big election year session, there were a few other changes worth mentioning.

- **HB 1 (Del. Clippinger).** The Maryland General Assembly passed **House Bill 1**; legislation that will let voters choose whether recreational, adult use cannabis becomes legal in Maryland. The measure to approve recreational cannabis is expected to be overwhelmingly supported by voters in November 2022.
 - *Governor Hogan cannot veto a ballot initiative, so voters will ultimately decide this outcome.*
- **SB 275 (Sen. Hayes) Time to Care Act of 2022**
 - As passed, the legislation ensures that Marylanders will be entitled to 12 weeks of partially paid family leave each year to care for themselves or a loved one after a serious health issue and up to 24 weeks of paid leave for new parents. Depending on their pay, Marylanders — who worked either part-time or full-time for at least 680 hours in the last year — would receive a partial wage replacement of between \$50 and \$1,000 a week during their leave. This insurance program would be funded by employers and workers, with the exact contribution from each to be determined from a cost analysis completed by the Department of Labor once every two years starting later this year. This legislation covers all working people, applies equally to all working people regardless of gender, and reflects an inclusive definition of family. Maryland is only the



10th state in the nation to pass a comprehensive paid leave bill that supports working families.

- *This legislation passed, was vetoed by Governor Hogan, and the General Assembly overrode the Governor's veto. The Time to Care Act has an initial \$10 million in funding to launch the necessary state workers to establish the program which will take effect in 2025.*
- **HB 227**, introduced by **Delegate Harrison** formally establishes June 19 as a state holiday in Maryland to honor Juneteenth celebrations.
 - *This legislation was passed by the General Assembly and approved by Governor Hogan.*
- **HB 282 (Del. D. Jones) HB 288 (Del. Crosby)/SB 316 (Sen. Elfreth) Sales and Use Tax - Diapers and Other Baby Products – Exemption**
 - These bills exempt diapers, baby bottles, baby bottle nipples, and infant car seats from Maryland sales tax. The bill takes effect July 1, 2022.
 - *This legislation passed the Maryland General Assembly and was approved by Governor Hogan.*
- **BHA Regulations – DELAYED**
 - Since the summer, NAMI Maryland has worked with the Behavioral Health Administration on draft regulations to expand the Outpatient Civil Commitment Pilot Program and, separately, to modernize the danger standard. Neither set of draft regulations have been published for public comment and review. The rise of the omicron covid-19 variant and the cyber-attack that infiltrated the Maryland Department of Health's software and computers has contributed to this delay.