

Maryland General Assembly Legislative Session 2023 Report  
NAMI MD

Over 2,000 bills were introduced over the course of the 90-day legislative session—a busy year for a legislature with over 50 new members and a brand-new gubernatorial administration. NAMI MD prioritized eight bills, though we offered our support on more than 20.

Compass Advocacy held weekly Affiliate Advocacy meetings where we updated NAMI leaders on the status of priority legislation. Additionally, we hosted our Annual Virtual Advocacy Day, where over 150 NAMI volunteers met with 50 legislators. During those meetings, NAMI members shared their personal experience and made genuine connections with State legislators-- many of whom, we've learned, have their own stories to share, too.

During the 2023 Session, we amplified our grassroots advocacy efforts through a new Action Alert system **targeting 5 of our priority bills**. The result: **Over 2,900 emails were sent to Maryland General Assembly Members** urging support of critical legislation that would impact mental health in the state.

**More than 680 advocates took action** to contact their legislators on the following targeted bills:

1. HB 121/SB 8 – Mental Health Treatment Plans (PASSED)
2. HB 785/SB 515 – Step Therapy Revisions (PASSED)
3. HB 271/SB 3 - 988 Funding (PASSED)
4. HB 823 – Assisted Outpatient Treatment Programs (PASSED HOUSE; NOT SENATE)
5. HB 82/SB 201 – School-Based Behavioral Services (DID NOT PASS)

**2023 Legislative Priorities and Outcomes**

**Step Therapy/ Fail First Revisions—SB515/HB785 (PASSED)**

As amended, this bill establishes a standardized process for providers to request exemptions from Step Therapy or “fail-first” treatment insurance protocols. The bill is being sent to the Governor for his signature. Originally drafted, the bill would have provided an automatic exemption for treatments related to serious mental illness. A House Health and Government Operations Committee workgroup will be established in the legislative interim to study the feasibility of this automatic exemption for the 2024 General Assembly session.

**Utilization Review/Prior Auth—SB308/HB305 (DID NOT PASS)**

This bill would have reformed the health insurance utilization review practices. Because this bill got was not reported out of committee, NAMI focused on the fail-first provisions in this legislation, which were successfully addressed in SB515/HB785 (above).

**988 Funding—SB3/HB271 (PASSED)**

SB3 was the first bill to pass out of the Senate this session. This speaks to the importance that the Senate has put on Behavioral Health Access in the State. SB3/HB271 secures an additional \$7 million in funding for the 988 Trust Fund for the 2025 fiscal year – for a total of \$12 million. Funds may

be used for Crisis call centers, Mobile crisis team services, Crisis stabilization centers, and other acute behavioral health care services. This bill is being sent to the Governor for his signature.

**Medicaid in Schools- SB201/HB82 (DID NOT PASS)**

This bill would have required the Maryland Department of Health (MDH) to apply to the Centers for Medicare and Medicaid Services for a State Plan Amendment (SPA) that would have authorized reimbursement of behavioral health services when provided in a school setting. There was a lot of work put into this bill to build support with MDH and other agencies. While most of the issues were resolved, it did not get a vote in the House or Senate this year. We believe that this issue is primed for enactment in the 2024 General Assembly session. In addition, we are working with MDH to gauge interest in proceeding with an SPA over the nine-month interim (while the General Assembly is not in session) without legislative enactment.

**Treatment Plans Revisions-- SB8/HB121 (PASSED)**

This legislation requires that treatment plans for individuals with mental disorders admitted to a facility include a discharge goal, an estimate of probable length of in-patient stay, faculty review of treatment plan, and family member participation. This bill is being sent to the Governor for his signature.

**AOT—SB480/HB823 (PASSED HOUSE, NOT SENATE)**

HB 823 as amended, would have enabled Counties in coordination with their Local Behavioral Health Authorities (LBHAs) and Circuit Courts to establish Assisted Outpatient Treatment (AOT) programs for residents in their jurisdictions. The bill would also have required robust reporting requirements for Counties that choose to implement an AOT program. The House Health & Government Operations Committee convened a stakeholder workgroup on the bill to consider amendments which were adopted and passed by the full House of Delegates unanimously. Due to lack of time, this version was not heard in the Senate. However, this was an incredible accomplishment and certainly sets the stage for enactment during the 2024 General Assembly Session.

**Behavioral Health Treatment and Access Model-- SB582/HB1148 (PASSED)**

SB582/HB1148 establishes the Commission on Behavioral Health Care Treatment and Access to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services in the State. A representative of NAMI MD is included as a member of this commission. This bill also establishes the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program, which rewards quality of service over quantity. Finally, this legislation extends the coverage of audio-only telephone coverage in the definition of 'telehealth' in the Maryland Medical Assistance Program. This bill is being sent to the Governor for his signature.

**Youth Wrap Around Services-- SB255/HB322 (PASSED)**

SB255/HB322 requires the Maryland Department of Health to expand access to and provide reimbursement services for certain wraparound, intensive in-home, and case management services. It also requires that beginning in fiscal year 2024, the Behavioral Health Administration fund 100 slots in the mental health case management program for children or youth at risk of out-of-home placement who are not already eligible for program services. This bill is being sent to the Governor for his signature.

### **The Senate's Behavioral Health Package**

The Senate of Maryland made mental and behavioral health a priority this year and crafted a package of seven bills addressing behavioral health needs in the State. This package included:

- 988 Funding SB3
  - o *NAMI MD priority bill; to Governor's desk*
- Behavioral Health Treatment and Access Model SB582
  - o *NAMI MD priority bill; to Governor's desk*
- Wrap Around Services for Children and Youth SB255
  - o *NAMI MD priority bill; to Governor's desk*
- Collaborative Care Models SB101
  - o *Codifies the Collaborative Care Pilot Program as a permanent program. This bill is being sent to the Governor for his signature.*
- Telehealth Sunset Extension SB534
  - o *Extends the inclusion of audio-only telephone calls under the definition of 'telehealth' until June 30, 2025 for purposes of reimbursement and coverage of telehealth by the Maryland Medical Assistance Program. This bill is being sent to the Governor for his signature.*
- Certified Community Behavioral Health Clinics SB362
  - o *Requires the Department of Health to apply for SAMSHA funds related to community behavioral health clinics for FY2025. This bill is being sent to the Governor for his signature.*
- Value Based Purchasing Pilot SB581
  - o *Establishes the Behavioral Health Value-Based Purchasing Pilot Program to implement an intensive care coordination model using value-based purchasing, which rewards quality of care rather than quantity of services provided. This bill is being sent to the Governor for his signature.*