

2020 Legislative Session Summary

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland proactively pursued a number of legislative advocacy priorities this session, including the creation of a Crisis Intervention Team Center of Excellence to divert more individuals from the criminal justice system, pursuing better access to crisis services for kids, and successfully advocating for a funding increase for behavioral health services and providers in Maryland. We actively engaged on more than 40 individual bills and monitored approximately 95 pieces of legislation this session.

The following report outlines the legislative actions NAMI Maryland took to support the legislative advocacy priorities adopted by the NAMI Maryland Board of Directors in late 2019.

- 1. Diverting individuals with mental illness from the criminal justice system and connecting them to behavioral health services.*
- 2. Increasing access to effective treatment with a focus on strengthening federal mental health parity requirements in Maryland.*
- 3. Protect and increase funding for behavioral health services.*

NAMI Maryland Priority Issue #1: Criminal Justice

Improving the criminal justice system's response to individuals with mental illness and their families and increase diversion from criminal justice to community services is a top priority for NAMI. Marylanders with mental illness are increasingly involved with the criminal justice system. The consequences can be costly for communities, law enforcement and corrections and tragic for individuals with mental illness and their families. NAMI strongly supports efforts to divert individuals from the criminal justice system and a greater commitment to identifying and treating those already involved with the criminal justice system, and to prevent individuals with mental illness from interacting with the criminal justice system where at all possible.

CIT Center of Excellence – HB 607/SB 305 – Del. Lorig Charkoudian and Sen. Malcolm Augustine - PASSED

This bill creates a Crisis Intervention Team (CIT) Center of Excellence for state agencies and local jurisdictions bringing together law enforcement, behavioral health, and the resources necessary to help divert individuals with mental illness from the criminal justice system and into the treatment they need.

CIT makes encounters between law enforcement and individuals with mental illnesses safer and is critical to diverting folks to the health care resources they need. In addition to law enforcement, CIT Center of Excellence stakeholders include mental health services providers, hospitals, EMS and peers. In addition, a robust CIT program works in partnership with those in mental health care to provide a system of services that is friendly to the individuals with mental illness, family members, and police officers. Other states like Ohio and New Jersey have created similar technical assistance centers.

This bill's passage is a testament to two years of hard work, led by NAMI Maryland and closely supported by our partners in the Behavioral Health Coalition. As passed, this legislation included 3 full-time staff to get the Center of Excellence off the ground and running.

Restrictive Housing Reform Act – HB 742/SB 1002 - Del. Jazz Lewis and Sen. Jeff Waldstreicher – FAILED TO PASS

NAMI Maryland supports this bill because we strongly oppose the use of solitary confinement for incarcerated persons with mental illnesses. This legislation would transform the way our corrections system treats individuals with mental illness by placing a strict 15-day limit on restrictive housing use, and providing daily medical care and evaluation of whether continued restrictive housing is necessary.

Isolated prisoners experience negative psychological effects and are at a significant risk of serious harm, and states that have adopted similar measures report positive results like reduced psychiatric symptoms and less violence. Unfortunately, the bill was not voted on in either chamber this year and did not pass.

Mental Health - Emergency Facilities List - Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers - HB 332/SB 441 Del. Heather Bagnall and Sen. Antonio Hayes - PASSED

NAMI testified in strong support of this legislation that would help ensure folks experiencing a mental health or substance use crisis receive the most appropriate care in the most appropriate setting. Hospital emergency departments are not always the most appropriate place for people in behavioral health crisis. Crisis response centers are designed specifically to address these situations, and the bill would ensure that if a crisis center is available, individuals have the option to be transported there rather than an emergency room.

Maryland Police Training and Standards Commission - Training Requirements - Hate Crimes - HB 541 Del. Lesley Lopez - PASSED

NAMI Maryland serves on the Office of the Attorney General's Hate Crimes Task Force, and this legislation will provide more education to law enforcement about how to effectively report and react to hate crimes. Hate crimes can target and occasionally involve individuals with mental illness and it's important that law enforcement is sensitive to that dynamic. NAMI is proud to support this legislation resulting from our work on the AG's task force.

NAMI Maryland Priority Issue #2: Access to Effective Treatment + Support Stronger Parity Laws

Barriers to effective treatment are especially problematic for individuals with mental illness and their families. NAMI strongly supports the reduction of legal and other barriers that prevent access to timely, effective, and affordable services, including enhanced enforcement of insurance parity requirements. From routine denials of coverage to lack of in-network providers to burdensome authorization processes, accessing mental health care in Maryland is often difficult and expensive. NAMI also supports efforts to reduce barriers and increase access to effective treatment, reaching and treating individuals with mental illness, and inclusion of family members in all of these efforts. We advocate for effective outreach, engagement, treatment and community supports for all those affected by mental illness in Maryland, no matter their race, social, geographical, economic or other status.

Health Insurance - Coverage for Mental Health Benefits and Substance Use Disorder Benefits - Treatment Criteria SB 334/HB 455 (Sen. Malcolm Augustine/Delegate Ariana Kelly) - PASSED

For the past several years, NAMI has participated in the Parity @ 10 Coalition – built to enact stronger state protections of federal mental health parity laws passed more than a decade ago. After a disappointing defeat on our parity package last year, we came back stronger and more motivated than ever to finally hold insurance carriers accountable.

This legislation will help address all of parity concerns like cost, lack of access, wait times, available providers, and more by helping us identify where the gaps are. By requiring a report from health insurance carriers and other health plans in Maryland detailing federal Parity Act compliance, we can start to piece together what services and coverage exist and where we can do better. The goal of the bill is to help advocacy groups like NAMI and state insurance regulators identify gaps in federally-required coverage, including reports about:

- In-network benefits and out-of-network benefits, substance use disorder coverage, prescriptions drug coverage, and other information.
- Specific information about all covered and not covered mental health benefits and treatment limitations.
- The numbers of plan members receiving mental health and substance use disorder services and more.

Despite state and federal laws which require parity, enforcement is virtually nonexistent. It is our hope that this bill will reduce barriers and increase access to effective treatment, reaching and treating individuals with mental illness, and inclusion of family members in all of these efforts. We are proud of our advocacy and engagement on this bill. It took months of negotiation with the Maryland Insurance Administration, the insurance carriers, and members of the Parity @ 10 Coalition to come to this consensus bill and we look forward to working with all partners to get the information we need to ensure behavioral health services are covered the same way all other health care services are.

Health Insurance - Provider Panels - Coverage for Nonparticipating Providers - HB 1165/SB 484 (Del. Sheree Sample-Hughes/Sen. Kathy Klausmeier) – FAILED TO PASS

Families need access to timely and affordable care for mental health and substance use disorders (MH/SUD). Many people with MH/SUD are forced to go outside of their health plan's provider network to get treatment because they cannot find in-network providers and programs when they need them. When we do get treatment from a provider outside of our network, we have to pay more than we would if we could get those services from a network provider.

The goal of this legislation was to guarantee families which cannot access in-network care do not have to pay for services that are supposed to be covered. A health plan would be required to cover the costs of MH and SUD services like it covers them with an in-network provider when there's lack of access an in-network provider within a reasonable time and distance; and individuals would not need to pay more than their standard deductible and co-pay for non-network services when approved to get non-network services. NAMI strongly supported this legislation which unfortunately failed to pass.

Mental Health Access Initiative for Youth - HB 782 (Del. Heather Bagnall) – FAILED TO PASS

NAMI Maryland places a high priority on reducing barriers to treatment and care – especially for transition-age populations that would have been impacted by HB 782. The goal of this legislation was to ensure kids with potential mental health issues were able to access care in school settings. We support meeting kids where they are and where they likely feel safe: in school.

Creating an age range for appropriate treatment is a commonsense solution to ensure that kids are receiving appropriate care. Services like talk therapy can result in such positive outcomes – increased confidence, decreased anxiety, and an overall ability to live well with mental illness. Confronting mental illness as an individual or as a family can be extraordinarily difficult and a wide range of available supports for our kids will make it all the easier for them to navigate the challenging waters of early adulthood. NAMI supported this legislation, and although amended failed to make it through the legislative process this year.

Behavioral Health via Telehealth for Medicaid Recipients - House Bill 1208 (Del. Emily Shetty) - PASSED

NAMI Maryland strongly supports HB 1208, legislation that will require the Maryland Department of Health (MDH) to apply to the federal Centers for Medicare and Medicaid Services for a waiver amendment to implement a Medicaid telehealth services pilot program.

According to NAMI National statistics, nearly 1.4 million Marylanders live in a mental health professional shortage area, and close to 760,000 adults in Maryland have a mental health condition, but only 4 in 10 Marylanders received any behavioral health treatment last year. Telehealth can be used across the continuum of care to deliver and enhance behavioral health services. NAMI Maryland was proud to testify as part of the bill sponsor's panel of expert witnesses to help deliver this victory for the 300,000 adults and children in our public behavioral health system.

Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications - SB 545/HB 656 (Sen. Ron Young/Del. Karen Lewis Young)- FAILED TO PASS

NAMI has supported similar bills introduced over the past few years. Medications are a powerful tool in treating mental illness. With appropriate treatment, the success rate for mental health disorders is 60-80 percent, exceeding the treatment success rate for heart disease. Medication adherence is often key to experiencing recovery. NAMI supports this legislation that would permit pharmacists to administer long-acting injectable behavioral health medications. This legislation passed the House but failed to make it across the finish line in the Senate.

Changing the Role of Nurse Practitioners in the Involuntary Admissions – HB 317 (Del. Karen Lewis Young) – FAILED TO PASS

When an individual is in a mental health crisis, time is of the essence. Studies show that the earlier an individual is stabilized, the more likely they can stay on their treatment journey and return to living well with mental illness. Extended stays in places like hospital emergency departments or even local jails can cause individuals in crisis to spiral down even further, making their path to treatment even more perilous. Nurse practitioners proposed to change their role and authority in the admissions and dismissal process for involuntary admissions to Maryland hospitals. As drafted, the bill did not achieve the goals set forth by the nurse practitioners and may have actually made it more difficult for individuals to be admitted involuntarily. After much back and forth and debate regarding amendments, the legislation was tabled for this session. We expect the bill to return and NAMI will continue to work to improve the bill and protect the involuntary admissions processes to ensure that individuals who are sick have the access to treatment they need.

NAMI Maryland Priority Issue #3: Protect and Increase Funding for Behavioral Health Services

Maryland's mental health service delivery system is fragmented and remains underfunded. Many with mental illness still experience disparities in the quality, timeliness, and availability of mental health

services based on where they live. In 2017, we successfully passed the HOPE Act, legislation that requires funding for increased services and reimbursement rates for behavioral health providers. In 2018, we successfully passed the Behavioral Health Crisis Response Grant Program, legislation that provides \$12 million in funding spread out over three years for local community crisis services support. Advocating in support of funding is an important part of our advocacy work.

Increased State Funding for Behavioral Health – Fiscal Year 2021 Budget – VICTORY!

Governor Hogan’s Fiscal Year 2021 budget came in low on funding for community behavioral providers. The overall funding fell short of promised increases legislatively mandated in the 2016 Keep the Door Open Act and in 2019 legislation to raise the minimum wage. The 2% raise was less than the 4% required to keep the state’s funding commitments to the behavioral health community.

All throughout session NAMI worked with our partners at the Mental Health Association and the Community Behavioral Health Providers to meet with all members of the health subcommittees on the House Appropriations and Senate Budget and Tax Committees to discuss our concerns about what a lack of funding means for the behavioral health community.

A 2% funding gap might not sound like a lot, but rising demand behavioral health services means every dollar counts. Marylanders are losing their lives to overdose deaths and suicides are alarming rates, and with 300,000 Marylanders relying on the state’s public behavioral health system we must do all we can to ensure timely access to effective treatment.

The FY 2021 budget includes the full 4% increase of about \$25 million for behavioral health. We’re grateful to the budget leaders in the General Assembly who helped us to restore this funding for the coming year.

Crisis Services for Kids – HB 1140/SB 624 - Del. Nick Charles and Sen. Joanne Benson- FAILED TO PASS

This bill would require the Maryland Department of Health and the Governor’s Commission to Study Mental Health and Behavioral Health in Maryland to jointly develop a comprehensive mobile response and stabilization system for children and families. The lack of a comprehensive continuum of care for kids in Maryland means a struggle to find help in times of crisis. Across the state, there are 29 acute care general hospitals that provide inpatient psychiatric services for adults 18 and older. Only five of those hospitals provide acute care for adolescents between 13 and 17, and only two provide care for children from 0 to 12 years of age.

We need a model that’s child and family focused, works with crisis as defined by the family, avoids law enforcement, provides ‘round the clock access to face-to-face provider services, and is no-cost. This legislation was passed by the Senate but failed to make it out of the House for full and final passage prior to the end of session.

The Kirwan Commission Bill - Blueprint for Maryland's Future – SB 1000/HB 1300

You’ve likely read about the Kirwan Commission and their work over the past few years. The primary goal of the bill is to implement sweeping policy reform and investments in the Maryland public education system, including educator training to identify student behavioral health issues and provide connections services, ramping up in-school behavioral health services across the state, and policies that will improve access to treatment and better equip schools to appropriately serve students with behavioral health needs.

Ensuring students have access to behavioral health services will create better learning environments and give more kids the chance at a healthy future. Due in large part to work by the Children's Behavioral Health Coalition, this legislation passed with strong measures to implement enhanced behavioral health services and funding earmarked to back up these provisions. NAMI Maryland supported this legislation and the work of the Coalition.

Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans – SB 904/HB 1515 (Sen. Will Smith/Del. Pat Young)- FAILED TO PASS

NAMI supported similar legislation last year to help expand service provision and community supports focused on promoting behavioral health for veterans. We are proud to partner with the Easter Seals on this legislation that would have established the Behavioral Health Services Matching Grant Program for Service Members and Veterans to ensure that behavioral health providers who serve the 400,000 veterans and service members in Maryland have adequate resources to provide these critical services.

Maryland Department of Budget and Management – Personnel Budget Hearing

This session, NAMI Maryland teamed up with AFSCME to advocate strongly for increased staffing resources in our state psychiatric hospitals. We are concerned by the recent reports of working conditions in the psychiatric facilities operated by the Department of Health. According to AFSCME Council 3, there are a number of factors that present a security risk and the potential for poorer health outcomes for the individuals receiving treatment at the hospitals. Without the necessary resources for adequate staffing, security, and training, appropriate patient care may suffer. We will continue to work with AFSCME to ensure the state is investing the funding needed for a safe and therapeutic environment to care for this population of individuals with mental illness.