



MARYLAND'S FY26 BUDGET

Maryland's FY 2026 budget is especially challenging due to a shortfall of over \$3 billion. There are significant disagreements between the two chambers regarding what spending cuts and revenue increases should be pursued to address the budget deficit. Maryland Department of Health budget decisions have yet to be made but the Governor's proposed budget includes funding for a 1% rate increase for behavioral health providers. A subsequent supplemental budget also included full funding for the 988 Trust Fund. At the time of Crossover (March 17), the House and Senate had not passed the FY26 budget. The regular session is scheduled to end on April 7 so the budget must be approved by then or a special session or extension will be required.

ADDRESS MARYLAND'S BEHAVIORAL HEALTH WORKFORCE SHORTAGE

- **HB345/SB174: Interstate Social Work Licensure Compact**

BHSB supports. Both House & Senate bills PASSED.

These bills direct Maryland to join more than 20 other states in participating in the interstate social work compact that allows social workers to obtain an interstate license to practice in any of the participating states. Joining the compact will help address behavioral health workforce shortages and reduce licensure barriers for social workers practicing in compact states.

- **HB1521/SB379: State Board of Social Work Examiners – Membership and Examination Requirements**

BHSB supports. The House bill PASSED but the Senate bill has not moved forward.

These bills would implement recommendations from the Maryland Workgroup on Social Worker Requirements for Licensure to eliminate exam requirements for lower-level social work licenses. Eliminating the exam requirement would help address racial disparities in social work licensure exam passage and reduce our behavioral health workforce shortage.

SUSTAINABLY FUND MARYLAND'S 988 HELPLINE AND RELATED BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES

- **HB421/SB36: Public Safety – 9-1-1 Trust Fund – 9-8-8 Suicide Prevention Hotline**

BHSB supports. Both House & Senate bills PASSED.

These bills eliminate the strict prohibition on using 911 Trust Fund dollars to improve coordination between 911 and 988. This will make it easier to improve interoperability between the 911 and 988 systems and to conduct joint trainings of 911 and 988 specialists.

- **HB1049/SB599: Behavioral Health Crisis Response Grant Program – Funding**

BHSB supports. The Senate bill PASSED but the House bill has not moved forward.

These bills would mandate level funding of \$5 million over the next three years for the Behavioral Health Crisis Response Grant Program. This grant supports mobile crisis teams, walk-in clinics, school-based interventions, and other crisis services throughout the state.



STRENGTHEN AND EXPAND QUALITY BEHAVIORAL HEALTH SERVICES FOR CHILDREN, YOUTH, AND FAMILIES

- **HB1083/SB790: Behavioral Health Advisory Council and the Commission on Behavioral Health Care Treatment and Access - Plan to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements**

BHSB supports. Both House & Senate bills PASSED.

These bills direct an existing workgroup of the Commission on Behavioral Health Care Treatment and Access Commission to craft recommendations regarding recent federal guidance on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for children in Medicaid. The guidance directs states to ensure the EPSDT requirements are being met and that children, including young children and those with complex needs, are receiving proper coverage and services.

ESTABLISH OVERDOSE PREVENTION SITES AND OTHER EFFECTIVE HARM REDUCTION AND RECOVERY STRATEGIES TO PREVENT FATAL OVERDOSE

- **HB556/SB370: Drug Paraphernalia for Administration – Decriminalization**

BHSB supports. The House & Senate bills failed to advance.

The criminal penalties for drug paraphernalia possession make it challenging to participate in syringe service programs (SSP) and harm reduction efforts. SSP participants are supposed to be exempt from criminal prosecution for drug paraphernalia, but law enforcement does not always abide by this exemption. These bills would decriminalize paraphernalia without qualification to ensure SSP staff and participants do not face arrest or harassment for paraphernalia possession. There appeared to be enough support to pass these bills, but neither was called for a committee vote in either chamber.

- **HB729/SB594: Public Health - Use of Opioid Restitution Fund and Training Under the Overdose Response Program**

BHSB supports. Both House & Senate bills PASSED.

These bills direct the Maryland Department of Health to provide training on compassionate overdose reversal that minimizes withdrawal symptoms and provides support after the overdose. They also clarify that the Maryland Opioid Restitution Fund can be used for any purpose included in the opioid settlement agreements, not just those enumerated in statute.

- **HB845/SB83: Public Health - Overdose and Infectious Disease Prevention Services Program**

BHSB supports. The House & Senate bills failed to advance.

These bills would authorize up to six overdose prevention sites (OPS) demonstration projects to provide medical supervision while individuals use pre-obtained drugs. OPS programs are highly effective at preventing fatal overdose and are well-established in dozens of other countries. The Baltimore Mayor's Office formally endorsed the legislation but neither bill was called for a committee vote.



- **HB1131: Public Health - Buprenorphine - Training Grant Program and Workgroup**
BHSB supports. The House bill PASSED.

This bill establishes a small grant program to train paramedics in administering buprenorphine to address opioid withdrawal and cravings after an overdose. It also directs the Maryland Office of Overdose Response to convene a workgroup to develop recommendations for increasing buprenorphine access and use in the state.

- **HB1398/SB604: Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law)**
BHSB opposed. Neither the House nor Senate bill advanced.

These bills would create a new enhanced penalty of up to an additional 20 years in prison for those found liable for distributing drugs that led to an overdose. Such harsh penalties do not deter drug use or distribution and discourage reporting potentially reversible overdoses. BHSB helped organize advocacy efforts to oppose these bills and neither was called for a vote in committee.

IMPROVE QUALITY AND ACCOUNTABILITY WITHIN THE PUBLIC BEHAVIORAL HEALTH SYSTEM

- **HB722: Maryland Department of Health - Report on Oversight of Substance Use Disorder Treatment Programs and Recovery Residences**
BHSB supports. The House bill PASSED.

This bill requires the Maryland Department of Health to report on improvements to the oversight of substance use disorder treatment programs and recovery residences. This is in response to media reports of abuse and neglect in some programs and residences.

- **HB798/SB589: Opioid Restitution Fund - Interactive Dashboard**
BHSB supports. Both the House & Senate bills PASSED.

These bills require the state to create a publicly available dashboard on Maryland Opioid Restitution Fund (ORF) funding decisions and programs. This will improve transparency and ensure ORF dollars are being used effectively.

- **HB1066: Commission on Behavioral Health Care Treatment and Access – Workgroups**
BHSB supports. The House bill PASSED.

This bill creates a new workgroup within the Commission on Behavioral Health Care Treatment and Access that will review research and programming related to substance use. The workgroup will provide recommendations for mitigating the harms related to substance use and for ensuring proper discharge planning from treatment programs, among other concerns.

- **HB1146/SB900: Maryland Behavioral Health Crisis Response System – Integration of 9–8–8 Suicide and Crisis Lifeline Network and Outcome Evaluations**
BHSB supports. Both the House & Senate PASSED.

These bills clarify the required reporting within the Maryland crisis response system, and also define the role of 988 in that system. These modest clarifications will improve system transparency and aid in planning for future system improvements.



OTHER SIGNIFICANT LEGISLATION

- **HB32/SB43: Maryland Department of Health - Forensic Review Board and Community Forensic Aftercare Program – Established**
BHSB supports. Both the House & Senate bills PASSED.
These bills establish baseline requirements for the operation of forensic review boards at state psychiatric facilities. These requirements provide basic due process protections and clear expectations for making discharge determinations for patients committed at state facilities.
- **HB382/SB111: Maryland Medical Assistance Program and Health Insurance - Step Therapy, Fail-First Protocols, and Prior Authorization - Prescription to Treat Serious Mental Illness**
BHSB supports. The House & Senate bills failed to advance.
These bills would prohibit Medicaid and private insurers from requiring step therapy, fail-first protocols, or prior authorization for certain medications used to treat serious mental illnesses. These policies allow the state and insurers to provide preferential status to certain medications, but they also can be a barrier to patients obtaining the medications that work best for them. This is especially problematic for individuals with serious mental illness because the effectiveness of a given medication varies greatly from one person to the next. These bills did not move forward due to cost concerns.
- **HB869/SB372: Preserve Telehealth Access Act of 2025**
BHSB supports. Both the House & Senate bills PASSED.
These bills remove the sunset for telehealth access, establishing telehealth as a permanent policy in Maryland. The House and Senate bills differ on the expectations of health professionals who provide telehealth services so the chambers will need to work together to resolve these differences.
- **SB741: Forensic Mental Health Treatment**
BHSB supports. The Senate bill failed to advance.
This bill aims to address the backlog in placements and discharges at state forensic mental health facilities. It included provisions that would make it more difficult to close psychiatric facilities, as well as earmarked funding for increasing the number of psychiatric beds. It also established a workgroup to review forensic mental health cases and make recommendations to improve the system. BHSB proposed an amendment to add a member of the Maryland Association of Behavioral Health Authorities to the workgroup. The bill did not move forward due to stakeholder opposition, but this issue will remain pertinent for the foreseeable future.