



2018 Maryland General Assembly Final Report

Fiscal Year 2019 Budget

The final budget for the 2019 fiscal year provides additional funding for the 3.5% reimbursement rate increase for community-based behavioral health providers. This was the amount mandated in 2017's HOPE Act. While the Governor provided the funds in his proposed FY19 budget, he also reduced the increase to 2% through the accompanying Budget Reconciliation and Financing Act (BRFA). Strong advocacy on the part of the behavioral health provider and advocacy community, as well as a revised revenue projection that showed a significant increase in expected revenues to the state, led to an amendment to the BRFA that allowed for the full 3.5% increase. NCADD-Maryland was pleased to work with its partners in the Maryland Behavioral Health Coalition in this effort.

The operating budget also includes an additional \$3 million in grant funding for local boards of education to implement policies and practices that address opioid addiction and prevention. Finally, the budget has \$1.2 million to study the feasibility of a new Community Adult Rehabilitation Center to be located in Baltimore City to provide critical release re-entry programs and job readiness services for offenders who are being released from prison. Some substance use disorder treatment is envisioned to be included among the services. Related, there is a significant amount of budget language requesting information from the Department of Public Safety and Correctional Services (DPSCS) regarding substance use disorder treatment services for people who are incarcerated.

Priority Legislation

NCADD-Maryland led efforts on two separate pieces of legislation in the 2018 Maryland General Assembly Session. With the organization's in-depth work on issue with and for certified peer recovery specialists, NCADD-Maryland requested a bill be introduced requiring Medicaid to reimburse certain peer services. In addition, the organization requested legislation to clarify the state's Good Samaritan law based on information in news reports and from the Office of the Public Defender that demonstrated victims of non-fatal overdoses were being arrested for the offenses covered by the law. The results were mixed.

Peer Counseling

House Bill 772/Senate Bill 765 – Maryland Department of Health - Reimbursement for Services Provided by Certified Peer Recovery Specialists - Workgroup and Report > PASSED

Sponsored by Delegate Antonio Hayes and Senator Jim Mathias

As passed, this bill that was introduced at the request of NCADD-Maryland requires a workgroup be convened to examine the issue of Medicaid reimbursement for certified peer recovery specialists and make recommendations. It is clear that legislators are generally interested in and supportive of efforts to ensure this part of the workforce is financially supported in a sustainable way. The workgroup should consider what services provided by peers are appropriate to be reimbursed by Medicaid.

Good Samaritan, Criminalization of Overdosing, and Involuntary Treatment

House Bill 799/Senate Bill 625 – Criminal Procedure - Medical Emergency – Immunity > FAILED

Sponsored by Delegate Jazz Lewis and Senator Will Smith

This bill was intended to clarify the existing Good Samaritan law to ensure that the person who was the victim of the overdose was also immune from arrest, charge and prosecution of the specified offenses. While the bill flew through the House unanimously, it hit a roadblock in the Senate with several members of the Judicial Proceedings Committee stating they would not support it because they believe that people who survive overdoses will not seek treatment absent the threat of jail. This was the sentiment of *House Bill 771 – Public Health - Opioid Overdoses - Prohibition and Rehabilitation Order*, which would have made overdosing illegal. This bill died without a vote.

The frustration felt in the community about the increasing number of overdoses as well as the repeat overdoses of individuals, was also manifest in proposals to expand the state's involuntary commitment for mental health treatment laws to include people who overdose (*House Bill 499 – Health - Standards for Involuntary Admissions and Petitions for Emergency Evaluation - Modification* and *Senate Bill 527 – Health - Standards for Involuntary Admissions and Petitions for Emergency Evaluation - Modification*). Neither of these bills passed. Both Good Samaritan implementation and involuntary treatment are issue areas NCADD-Maryland will further explore.

Other Legislation

Crisis Response and Collaborative Care

House Bill 1092/Senate Bill 703 – Behavioral Health Crisis Response Grant Program - Establishment

Thanks to the work of the Maryland Behavioral Health Coalition, of which NCADD-Maryland is a member, Maryland's Governor is mandated to start providing funding for crisis services in FY 2020. While the total amount of funding and timing are not ideal, this is the first significant investment that will be required of the state for these kinds of services.

House Bill 1682/Senate Bill 835 – Maryland Medical Assistance Program - Collaborative Care Pilot Program

Another initiative of the Behavioral Health Coalition, this legislation will create a pilot program aimed at better coordinating primary care and behavioral health care.

Dental Coverage

Senate Bill 284 – Maryland Medical Assistance Program – Dental Coverage for Adults – Pilot Program

Led by the Maryland Dental Action Coalition, legislation passed to require the establishment of a pilot program for adult dental coverage in Medicaid. MDH may design the program to fit within its budget and must consult with interested stakeholders with the design. NCADD-Maryland provided important testimony related to the intersection of dental health and both the opioid crisis and recovery.

Data Reporting and Sharing

House Bill 359 – Health - Reporting of Overdose Information

This bill, introduced by the Governor, authorizes an emergency medical services provider or law enforcement officer who treats an individual experiencing a suspected or actual overdose to report the incident using an appropriate information technology platform, including the Washington/Baltimore High Intensity Drug Trafficking Area overdose detection mapping application program. NCADD-Maryland worked closely with the Governor's office in support of the legislation.

House Bill 922 – Maryland Department of Health - “Pill Mill” Tip Line and Overdose Report

This bill has three components, one of which requires the Maryland Department of Health (MDH), in collaboration with other state agencies, to examine and report annually on the treatment history of people who suffered fatal overdoses in the immediately preceding four calendar years. In addition, MDH is to report annually on myriad factors and data sets related to all report fatal and non-fatal overdoses. The purpose is to identify methods of intervention for people at risk of an overdose and provide recommendations for improving statewide prevention, response and data collection efforts related to substance use disorders.

The other two components of the bill require MDH to identify a method for establishing a tip line for a person to report a licensed prescriber who they suspect is prescribing or overprescribing medication, and require MDH to examine and report on the feasibility of establishing a Hub and Spoke model program in the state and determine the cost of the model.

Harm Reduction

House Bill 326/Senate Bill 288 – Public Health - Overdose and Infectious Disease Prevention Supervised Drug Consumption Facility Program

While this bill failed, this was the first year it was crossfiled and received a hearing in the Senate. This resulted in an initial vote in favor of the bill, in a form that would allow two pilot sites. After a strong negative reaction from some conservative Senators, the committee decided that an election year was not the time to pass the bill, especially given the votes would be used against two of its members who are facing serious challenges in the General Election. The bill was reconsidered by the Finance Committee and killed.

The other harm reduction measure passed was a quiet amendment to one of the crime bills that passed (Senate Bill 1137 described below). The measure removed testing equipment from the drug paraphernalia law, decriminalizing it, so people will be able to use fentanyl testing strips to learn if the substance they have contains fentanyl. The Drug Policy Alliance provided assistance in this success.

Substance Exposed Newborns

House Bill 1744 – Child Abuse and Neglect - Substance-Exposed Newborns – Reporting

This legislation will bring Maryland law into compliance with federal law regarding the reporting of substance-exposed newborns to local Departments of Social Services (DSSs). The bill, in part, changes existing law by removing the exemption that pregnant women in medication assisted treatment who give birth will not have to have their babies reported. With implementation of this new law, regardless of being in treatment with medication, if an infant shows signs of withdrawal, a report will be made to DSS.

Commissions and Task Forces

House Bill 2 – Natalie M. LaPrade Medical Cannabis Commission Reform Act

The top priority of the Maryland Legislative Black Caucus was reforming of the Medical Cannabis Commission and Program. Among the many changes to the Commission was the removal of the seat for an NCADD-Maryland representative. The new designations for seats on the Commission make room for experts in the field of addictions. The other component of the bill of interest is the requirement that the Commission submit a report on the use of medical

cannabis for the treatment of opioid use disorders. The Commission's Education and Research Committee will take on the task.

House Bill 1316 – Task Force to Study State Alcohol Regulation, Enforcement, Safety, and Public Health

Passage of this bill was largely a response to the Comptroller's work to reform state laws regulating the craft beer brewing industry. With support from Dr. David Jernigan, the bill was amended to add more representation from the public health field, as well as a representative from NCADD-Maryland.

Private Insurance and Health Care Reform

House Bill 1132/Senate Bill 858 – Health Insurance - Access to Local Health Departments

This bill was one of the few that passed this Session that creates a mandate for health insurers. It requires certain kinds of commercial carriers to contract with local health departments who want to do so. There is an emphasis in the bill on behavioral health services.

House Bill 1782/Senate Bill 387 – Health Insurance - Individual Market Stabilization (Maryland Health Care Access Act of 2018) and House Bill 1795 – Maryland Health Benefit Exchange - Establishment of a Reinsurance Program

These bills were passed to help stabilize the individual insurance market in light of continued dramatic increases in premiums. The bills require the state to apply for a federal waiver to establish a reinsurance program, creates a funding mechanism for the program, and charges to the Maryland Health Insurance Coverage Protection Commission to study and make recommendation on a number of issues, including whether to pursue a Medicaid buy-in program for the individual market.

Crime and Violence Bills

The crime problem in Baltimore City was a big topic among lawmakers this Session. Mayor Pugh and the City Delegation sought various legislative and budgetary tools to address it. The results include a mix of funding for community-based programming aimed at addressing violence, an increase in various penalties for violent offenses, and some changes in sentencing specific to the possession of fentanyl, the decriminalization of testing strips, and denial of access to treatment for people convicted of violence offenses.

House Bill 113 – Public Safety - Baltimore City Safe Streets Initiatives - Funding (The Tyrone Ray Safe Streets Act) mandates the Governor appropriate \$3.6 million annually in the state budget for Baltimore City's Safe Streets Initiatives which provides grants to community-based organizations to operate these programs.

House Bill 432/Senate Bill 545 – Public Safety - Grant Programs and Funding (Public Safety and Violence Prevention Act of 2018) establishes the Maryland Violence Intervention and Prevention Program Fund within the Governor’s Office of Crime Control and Prevention and allows the Governor to annually appropriate up to \$10 million to the fund. The purpose will be to support effective violence reduction strategies by providing grants to local jurisdictions to fund evidence-based and evidence-informed health programs. In addition, the bill mandates various levels of funding over the course of four years to Baltimore City for its Law Enforcement Assisted Diversion Program (\$425,000), its witness protection and relocation program, and the Baltimore Chesapeake Bay Outward Bound School.

Senate Bill 122 – Criminal Law - Comprehensive Crime Bill of 2018 was the omnibus bill passed out the Senate and died in the House, and included some of the pieces of funding that ended up in the bills mentioned above. It also included a number of sentencing changes that were divvied up into two other bills described below. NCADD-Maryland signed on to an opposition letter along with its partners due to two pieces in SB 122 that unfortunately ended up in these bills.

Senate Bill 101 – Criminal Law – Crimes of Violence, Expungement, and Drug Treatment includes a prohibition on access to treatment through the 8-505/8-507 process for people convicted of violent offenses, until they are eligible for parole. This prohibition does not deny a person access to other treatment options that might be available.

Senate Bill 1137 – Criminal Law - Prohibitions, Prosecutions, and Corrections includes a number of sentencing increases and new mandatory minimums. It also includes the component that makes possession of 5 grams or more of fentanyl a crime punishable by a 5 year mandatory minimum. This creates some concerns about a possible negative impact on the use of the Good Samaritan law. One piece of good news (mentioned earlier) is that the bill also removes from the paraphernalia law the equipment used to test and analyze controlled dangerous substances. This is a harm reduction measure to allow people to test a substance for the presence of fentanyl.