



## **Maryland Chapter National Council on Alcoholism & Drug Dependence 2016 Maryland General Assembly Wrap-Up Report**

The 2016 Maryland General Assembly was historic in the amount of progress made in addressing substance use disorders. As the damage caused by opioid use disorders continues to grow, so does the interest among policy makers to find solutions. Both Governor Hogan and the General Assembly made great strides toward providing direct assistance, planning and other tools necessary help people get treatment and succeed in recovery. NCADD-Maryland thanks the people in recovery, family members, providers, and partner organizations, as well as members of the Hogan Administration and Legislators, who participated in policy decisions and coalition activities that led to these successes.

### ***FY 2017 Budget***

The final FY17 budget includes a 2% rate increase for both mental health and substance use disorder (SUD) service providers. There is also an additional \$3 million for SUD treatment for those being diverted from the criminal justice system. Funding for some of the recommendations from the Heroin Task Force is also included:

- Implementing a Good Samaritan law public awareness campaign (\$697,653);
- Providing recovery support specialists to assist pregnant women with SUDs (\$622,622);
- Moving toward requiring mandatory registration and querying of the prescription drug monitoring program (\$522,245);
- Implementing a statewide buprenorphine access expansion plan (\$206,480); and
- Expanding online overdose education and naloxone distribution (\$10,000).

The \$1.1 million that had been earmarked in the Governor's proposed budget for the creation of a Center of Excellence (\$1 million) and for the development of a screening tool (\$100,000) was redirected by the legislature to an expansion of current (SUD) treatment services.

### ***Legislation***

Numerous pieces of positive legislation passed the General Assembly. The bills that passed include:

- **Parity Compliance in Medicaid** (*SB 899/HB 1217 - Maryland Medical Assistance Program - Specialty Mental Health and Substance Use Disorder Services - Parity*) – NCADD-Maryland led efforts on this bill that will require Maryland's Medicaid program to bring its substance use and mental health disorder benefits into compliance with the federal Parity Act three months earlier than federal rule requires.
- **Crisis Services Strategic Planning** (*SB 551/HB 682 - Behavioral Health Advisory Council - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan*) – This bill, a priority of the Maryland Behavioral Health Coalition will result in the development of a plan on how every jurisdiction in the state can develop crisis and walk-in behavioral health services.
- **School Behavioral Health Act** (*SB 494/HB 713 - State Department of Education - Community-Partnered School Behavioral Health Services Programs - Reporting System and Report (School Behavioral Health*

- *Accountability Act*) – This bill, led by the Maryland Mental Health Association will require the development of outcome measures to determine successful practices in providing school-based behavioral health services.
- **Syringe Services Program** (*SB 97 - Public Health - Opioid-Associated Disease Prevention and Outreach Programs*) – Spearheaded by the University of Maryland Law School’s Drug Policy Clinic, this bill will allow counties across the state to start their own syringe services programs to help reduce the transmission of diseases such as HIV and hepatitis, as well as connect people to health care services and behavioral health treatment.
- **Justice Reinvestment Act** (*SB 1005 - Justice Reinvestment Act*) – This bill makes some significant changes in certain criminal sentencing and parole and probation processes that will result in fewer people incarcerated and a reduction in recidivism. Provisions in the bill also provide funding for behavioral health services to assist in meeting the Act’s goals.
- **Powdered Alcohol** (*SB 587 - Alcoholic Beverages - Sale of Powdered Alcohol - Prohibition*) – As originally introduced, this bill would have created a total ban on the sale of powdered alcohol products in Maryland. As amended, it creates a two-year moratorium.
- **Network Adequacy** (*SB 929/HB 1318 - Health Benefit Plans - Network Access Standards and Provider Network Directories*) – This bill, whose efforts were led by the Maryland Mental Health Association and the Maryland Women’s Coalition for Health Care Reform, advances commercial insurance network adequacy and accuracy requirements to ensure consumers have appropriate access to health care providers, including behavioral health providers.
- **Recovery Residence Certification** (*SB 1094/HB 1411 - Health - Recovery Residences - Certification*) – This bill will encourage recovery residences to become certified and ensure that at least minimal housing standards are met by those promoting themselves as recovery residences.
- **Prescription Drug Monitoring Program** (*SB 537/HB 437 - Department of Health and Mental Hygiene - Prescription Drug Monitoring Program - Modifications*) – This bill will advance the use of the state’s PDMP by prescribers and dispensers to help reduce overdoses, deaths and health care costs associated with the misuse of certain prescription drugs.

There were two significant pieces of legislation that did not pass that NCADD-Maryland will discuss with sponsors and coalition allies about bringing back in the 2017 Session.

- **Long-Term Funding for Behavioral Health Services** (*HB 1618/SB 1144 - Cigarette Restitution Fund - Establishment of Behavioral Health Treatment Account and Funding for Substance Use Treatment Services*) – This bill would have created a fund to collect possible tobacco control settlements that could result in substantial, long-term funding for behavioral health crisis services, treatment, recovery supports, and provider rate enhancements.
- **Provider Rates** (*HB 595/SB 497 - Behavioral Health Community Providers - Keep the Door Open Act*) – This bill, a priority of the Maryland Behavioral Health Coalition, would have required annual provider rate increases in the field of behavioral health services.

A bill to require suspected overdoses in Harford County be reported to law enforcement was withdrawn in the face of opposition from family advocacy groups who feared it would undermine Good Samaritan efforts. There were also several bills that would have put restrictions on the siting and licensing of opioid treatment programs (OTPs) and enhanced certain criminal penalties near programs based on negative stereotypes and incorrect perceptions regarding such treatment programs and their patients. None of these bills passed.