



2019 Maryland General Assembly Final Report

Fiscal Year 2020 Budget

The final budget for the upcoming 2020 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. Future rate increases are provided for in legislation that passed to increase Maryland's minimum wage, *House Bill 166/Senate Bill 280 - Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen)*. Attached is a fact sheet from Public Policy Partners with information on both the planned wage and rate increases over the next few years. As with all mandated funding increases, while the Governor must build the rate increases into the budget, companion legislation to the budget bill called the Budget Reconciliation and Financing Act, is a vehicle that can be used to reduce those mandates. Given that state budget officials are projecting significant budget deficits in the coming years, it is likely providers and their allies will need to engage in significant advocacy each year to retain the rate increases.

Legislation

Medication Assisted Treatment in Jails

House Bill 116/Senate Bill 846 – Public Health - Correctional Services - Opioid Use Disorder Examinations and Treatment > Passed

As passed, the bill requires screening, evaluation, and access to medication assisted treatment for people with opioid use disorders in local correctional facilities and in the Baltimore Pre-trial Complex by January 2023. Howard, Montgomery, Prince George's and St. Mary's Counties will be the first four locals to participate. There will also be a pilot within the Baltimore City Jail. That pilot is not yet defined. The State will pay for these services with additional federal funding it has just received. NCADD-MD played a lead role in passage of the legislation.

Overdose Prevention Sites

House Bill 139/Senate Bill 135 – Public Health - Overdose and Infectious Disease Prevention Site Program > Withdrawn

While these bills were both withdrawn, there is growing interest in this and other harm reduction strategies among legislators. The sponsor of the House Bill, Delegate Joseline Peña-Melnyk, made it clear she is interested in helping her colleagues learn more about this strategy during the interim.

Public Behavioral Health System Structure

*House Bill 846/Senate Bill 482 – Maryland Medical Assistance Program - Managed Care Organizations - Behavioral Health Services > **Withdrawn***

*House Bill 938/Senate Bill 975 – Behavioral Health Transformation Act of 2019 > **Withdrawn***

*House Bill 941/Senate Bill 976 – Public Behavioral Health System - Implementation Plans to Improve Efficiency, Accountability, and Outcomes - Workgroup > **Withdrawn***

The first of this trio of proposals was brought to the attention of the Behavioral Health Coalition by representatives of the managed care organizations (MCOs) in January who offered to take providers' concerns into consideration as possible amendments to the bill that they had been working on, according to them, with Maryland Department of Health (MDH) Secretary Robert Neall for several months. This was the proposal to end the existing carve-out in Medicaid and have all SUD and mental health services managed by the MCOs. The Coalition responded by having the other two bills introduced, the first of which offered a managed behavioral health system as an alternative structure to consider, and the second proposed a workgroup to look at ways to improve and measure the outcomes of the system.

Legislators were heavily lobbied by providers and advocates and it was clear that legislators were not interested in getting behind such a large structural change without much more discussion and input from stakeholders. NCADD-MD participated in meetings and hearings on the bills, opposing the carve-in legislation (HB 846/SB 482) and expressing support for a stakeholder process that would examine the current system and identify ways to make improvements, and if need be, change how the system is financed and administered.

Parity

*House Bill 599/Senate Bill 631 - Health Insurance – Coverage for Mental Health Benefits and Substance Use Disorder Benefits – Treatment Criteria > **Passed***

As passed, the bill requires commercial carriers to use ASAM criteria in medical necessity determinations. The bill had been significantly amended, with the legislature removing the pieces of the bill that required certain reporting on Parity compliance by carriers to the Maryland Insurance Administration (MIA). This was one of two bills introduced at the request of the Parity at 10 Coalition. The other bill, *House Bill 837/Senate Bill 761 - Health Insurance – Payments to Non-contracting Specialists and Non-contracting Non-physician Specialists*, was intended as an incentive to carriers to expand their networks by requiring a specific reimbursement rate for approved out-of-network SUD and mental health services. This bill did not pass. NCADD-MD participated in many meetings with legislators on these bills and provided testimony in support of both. NCADD-MD had actively participated in the development of the bills as part of the Parity at 10 Coalition.

Collateral Consequences

Expungement

*House Bill 13/Senate Bill 328 - Criminal Procedure - Partial Expungement and Expungement of Misdemeanor Conviction > **Failed***

House Bill 977/Senate Bill 833 - Criminal Procedure - Expungement – Expansion > Failed

These two main pieces of legislation dealing with expungement of criminal records led to a serious discussion and attempt by the House and Senate Committees to craft a successful bill. Portions of the more comprehensive bill (HB 977/SB 833), led by Job Opportunities Task Force, were amended into HB 13/SB 328, but the House and Senate versions had differences that were not reconciled in a conference committee before the end of session.

House Bill 994/Senate Bill 839 - Labor and Employment - Criminal Record Screening Practices (Ban the Box) > Passed

This bill passed, banning certain employers in the private sector from asking about arrests or convictions of job applicants on initial applications.

Decriminalization

House Bill 88 - Criminal Law and Civil Offenses – Classifications > Passed

This legislation makes violations of the prohibition of having open containers of alcohol in certain public spaces a civil offense, not a criminal offense. The offenses would be subject to a citation and fine up to \$100. It also sets up a Task Force to Study Crime Classification and Penalties to review penalties for violations in the Maryland Code and make recommendations regarding the current statutory scheme throughout the Code. This Task Force was added because there have been a growing number of bills introduced to decriminalize certain activities in attempts to reduce the number of people who are arrested and incarcerated for low-level offenses, especially when they involve behavioral health issues.

House Bill 113/Senate Bill 842 - Criminal Law - Gaming - Civil Offense > Passed

This bill decriminalizes and alters the penalties for various betting and gambling-related offenses.

House Bill 77/Senate Bill 395 - Criminal Law - Decriminalization of Attempted Suicide > Passed

This bill decriminalizes attempted suicide and repeals the common law offense of attempted suicide.

Cannabis

House Bill 33/Senate Bill 893 – Medical Cannabis - Provider Applications - Opioid Use Disorder > Failed

Once again, the legislature considered a bill that would encourage the Medical Cannabis Commission to approve applications to use medical cannabis to treat opioid use disorders (OUDs). NCADD-MD joined with the MD-DC Society of Addiction Medicine in opposition. In the Senate, the bill as amended to allowed medical cannabis for OUD treatment only if the patient had tried all other traditional treatments and was unsuccessful, or if the patient would use

cannabis in conjunction with traditional therapies. The House Health and Government Operations Committee did not vote on the measure.

House Bill 656/Senate Bill 771 - Cannabis - Legalization, Taxation, and Regulation > **Failed**

This legislation did not receive a vote in either committee. Current legislative leaders prefer issues that are designed or likely to be on a General Election ballot to be considered seriously in an election year.

Funding

House Bill 1274 - Opioid Restitution Fund > **Passed**

Senate Bill 643 - Criminal Procedure - Forfeiture Proceeds - Appropriation Percentage and Reporting > **Passed**

Senate Bill 644 - Circuit Court Fines, Penalties, and Forfeitures - Funding - Drug Treatment and Education > **Failed**

These bills were aimed at either capturing future funding or developing new funding sources for treatment and recovery services. The Opioid Restitution Fund will be in place to receive settlement and/or judgment awards as a result of law suits against opioid manufacturers. The forfeiture bill that passed will result in a minimal amount of new money for support services.

Criminal Penalties

House Bill 337 - Criminal Law - Opioids - Distribution Causing Death of Minor > **Failed**

Senate Bill 570 - Distribution of Fentanyl Resulting in Death > **Failed**

These bills failed with the help of family members providing testimony at the bill hearings.

Stigma

Senate Bill 312 - Life Insurance - Prohibition on Discrimination - Opioid Overdose Reversal Drug > **Failed**

This legislation would have prohibited insurance companies from discriminating against an individual based on their possession of naloxone.



Medicaid Provider Rate Increases as Included in Maryland’s New Minimum Wage Law – Fight for Fifteen

House Bill 166/Senate Bill 280 (Chapters 10 & 11)

Minimum Wage Increases

	Large Employers (15 or more employees)	Small Employers (14 or fewer employees)
01/01/20	\$11.00	\$11.00
01/01/21	\$11.75	\$11.60
01/01/22	\$12.50	\$12.20
01/01/23	\$13.25	\$12.80
01/01/24	\$14.00	\$13.40
01/01/25	\$15.00	\$14.00
01/01/26	\$15.00	\$14.60
07/01/26	\$15.00	\$15.00

Medicaid Rate Increases

	Behavioral Health	Developmental Disabilities	Home- and Community- Based Services ¹
FY2020 ²	3.5%	3.5%	3%
FY2021	4	4	4
FY2022	3.5	4	4
FY2023	3.25	4	4
FY2024	3	4	4
FY2025	4	4	4
FY2026	4	4	4

¹ This includes nursing home services, medical day care services, private duty nursing services, personal care services, home- and community-based services, assisted living facilities, and services provided through the community first choice program.

² Rates for FY20 are not included in HB 166/SB 280 but were included in budget submitted by the Governor.