

Licensed Clinical Professional Counselors of Maryland Final Bill Analysis Report for 2022 Session

BILLS THAT PASSED

Bill	Analysis	Position & Comment
Board of Professional Counselors – Licensure Issues		
<p><u>HB 353/SB 253</u> <i>Maryland Health Care Commission - User Fee Assessments</i></p> <p>Del. Cheryl Landis/Sen. Delores Kelley</p>	<p>The Maryland Health Care Commission is funded through user fees on hospitals, nursing homes, payors, and health care practitioners. There is a statutory cap on the assessments at \$16M annually. The bill proposed to raise the cap to \$20M.</p>	Monitor
Health Professional Shortage		
<p><u>HB 97</u> <i>Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals</i></p> <p>Del. Marlon Amprey</p>	<p>The bill establishes a Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals to study the shortage of these individuals in the behavioral health profession and make recommendations on how to increase their representation, especially in underserved communities. A report is due July 1, 2023.</p> <p><u>Members include</u> – 1) the President of Bowie State University, or designee, 2) the President of Coppin State University, or designee, 3) the President of Morgan State University, or designee, 4) the President of University of Maryland Eastern Shore, or designee, and 5) the following</p>	Support

Bill	Analysis	Position & Comment
<p><u>HB 97 continued</u></p>	<p>members, appointed by the Secretary of Health i) one representative each from at least three different hospital networks in the state that primarily serve Black, Latino, or Asian American Pacific Islander communities, ii) three representatives from the behavioral health profession in the State, iii) three individuals who provide social services in the State, and iv) between 2 and 4 representatives of organizations, networks, or associations of behavioral professionals that are majority, Black, Latino, Asian American Pacific Islander, or other underrepresented behavioral health professionals, and primarily represent those communities.</p>	
<p><u>HB 625/SB 440</u> <i>Commission to Study the Health Care Workforce Crisis in Maryland - Establishment</i></p> <p>Del. Ariana Kelly/Sen. Pamela Beidle</p>	<p>This emergency bill establishes a Commission to Study the Health Care Workforce Crisis in Maryland.</p> <p>The Commission must report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee by December 31, 2022 and again in 2023. The bill terminates December 31, 2023.</p> <p><u>Commission members:</u> 1) two members of each the house and senate, appointed by the senate president and house speaker, 2) the Secretary of Health, or designee, 3) the Secretary of Commerce, or designee, 4) the Secretary of Labor, or designee, 5) the Deputy Secretary of Behavioral Health, or designee, 6) the Deputy Secretary of Developmental Disabilities, or designee, 7) The Deputy secretary of public health, or designee, 8) the Chairman of the Maryland Health Care Commission, or designee, 9) the Executive Directors or designees of the following boards: Nursing, Pharmacy, Physicians, and Dental Examiners, and one other board, 10) the Department of Health’s Liaison to Boards and Commissions, or designee, 11) the Director of the State Office of Rural Health, or</p>	<p>Support</p> <p>LCPCM successfully advocated for amendments to: 1) Add the Dep. Secretary of Behavioral Health to the Commission; 2) require that the Commission consult with stakeholder advisory groups; and 3) expand the focus to shortages in school settings</p>

Bill	Analysis	Position & Comment
<p><u>HB 625/SB 440 continued</u></p>	<p>designee, 12) the Director of the Office of Minority Health and Health Disparities, or designee, 13) the Director of the Office of Health Care Quality, or designee, 14) the Provost of the Graduate School of the University of Maryland Baltimore Campus, or designee, 15) the Chair of the Maryland Higher Education Commission Private Advisory Council, or designee, 16) a representative from the Department of Veterans Affairs, designated by the VA secretary, and 17) the Executive Director of the Maryland Longitudinal Data System Center, or designee.</p> <p>The commission must establish advisory committees or stakeholder workgroups with individuals who are not commission members, <i>and</i> are members of either a health care industry stakeholder group, a health care workforce representative, or a representative of a community college.</p> <p><u>Commission Study:</u></p> <ol style="list-style-type: none"> 1. Determine the extent of the health care workforce shortage in the State including the shortages by health care setting, region, languages spoken, environmental services, and different levels of health care providers including entry level through provider extenders 2. Turnover rates and average length of tenure 3. Short term solutions by: which boards have backlogs; 4. Are there options for streamlining or expediting licensure process? 5. Determining whether additional temporary or certification for health occupations is viable? 6. Whether the state has adequate State educational and training programs. <ol style="list-style-type: none"> 1. Capacity to meet the demands including alternative degree models, access, cost, and barriers posed by clinical requirements. 	

Bill	Analysis	Position & Comment
<p><u>HB 625/SB 440 continued</u></p>	<ol style="list-style-type: none"> 2. Cost of training programs and whether the Department of Labor should have a role 3. Comparing training programs for the direct health care workforce in nursing got programs in traditionally male industries. 7. Needs as the health care workforce ages 8. Incentives for individuals to enter the workforce from high school – with thought to tax incentives, grant program, enhanced benefits, tuition subsidies, and potential rate increase 9. Facilitate career advancement and retention by identifying and elevating career ladders 10. Special needs of rural areas 11. Impact of Medicaid reimbursement on the workforce shortages 12. Examine the relationship between the health occupation boards and MDH to determine 13. What authority the Secretary should have over the boards; 14. What additional support the Department could provide the boards to assist with workloads, staffing, technology, etc. . . 15. Ways to transition active and retired military to civilian health care workers; 16. Barriers confronting foreign-born health professionals. 	
<p>Public Behavioral Health System/Behavioral Health Crisis</p>		
<p><u>HB 32/SB 2</u> <i>Mental Health Law - Petitions for Emergency Evaluation - Electronic Record</i></p>	<p>This bill authorizes petitions for emergency evaluation to be submitted electronically.</p>	<p>Support</p>

Bill	Analysis	Position & Comment
<p>Del. Heather Bagnall/Sen. Malcolm Augustine</p>		
<p>HB 48/SB 94 <i>Public Health - Maryland Suicide Fatality Review Committee</i></p> <p>Del. Lisa Belcastro/Sen. Adelaide Eckardt et al.</p>	<p>This bill establishes a Maryland Suicide Fatality Review Committee to identify and address the factors contributing to suicide deaths and facilitate system changes in the State to prevent suicide deaths.</p> <p><u>Committee Members</u></p> <p>1) Secretary of Health (ex officio); 2) Deputy Secretary of Health (ex officio); 3) Chair of the Governor’s Commission on Suicide Prevention; 4) Chief Medical Examiner; 5) a suidiologist or academic with expertise in suicide prevention; 5) one representative of health care providers; 6) one representative of an organization with expertise in suicide prevention; 7) one representative of an organization with expertise in substance use disorder treatment; 8) one representative of an organization that advocates for individuals with mental illness; 9) one representative of law enforcement or correctional services; and 10) any additional members as selected by the Secretary.</p> <p><u>Reporting</u></p> <p>The Committee must report annually to the Governor and Maryland General Assembly on:</p> <ul style="list-style-type: none"> • Recommendations on changes in law or policy; • Improving the availability of sources of information related to the investigation of reported suicide fatalities; • Statistics on causes, trends, and patterns. 	<p>Monitor</p>

Bill	Analysis	Position & Comment
	<p>Health care providers and first responders must provide records to the Committee.</p>	
<p><u>HB 129/SB 12</u> <i>Behavioral Health Crisis Response Services and Public Safety Answering Points - Modifications</i></p> <p>Del. Lorig Charkoudian/Sen. Malcolm Augustine</p>	<p>Under current law, the Behavioral Health Crisis Response Grant Program provides grants to local jurisdictions to establish and expand community behavioral health crisis response systems.</p> <p>This bill adds a requirement that grant proposals include response standards that prioritize mobile crisis units over law enforcement when responding to individuals in crisis.</p> <p>In addition, 911 call centers must have procedures in place regarding triaging calls involving people experiencing a mental health crisis.</p>	<p>Support</p>
<p><u>HB 293/SB 241</u> <i>Behavioral Health Crisis Response Services - 9-8-8 Trust Fund</i></p> <p>Del. Karen Young et al./Sen. Malcolm Augustine et al.</p>	<p>Federal legislation passed in 2020 designated the number 9-8-8 as the universal telephone number within the U.S. to access the National Suicide Prevention and Mental Health Crisis Hotline System. 9-8-8 replaced a ten digit, toll-free number. States may collect a fee on certain phone lines, like the 911 system, to help fund the operation of expanded crisis call services.</p> <p>This bill establishes a 9-8-8 Trust Fund to cover costs associated with designating and maintaining 9-8-8, and implementing a statewide initiative to coordinate and deliver behavioral health crisis response services in the state. The bill includes a one-time mandated funding level of \$5.5 million for FY 2024 only.</p>	<p>Support</p>

Bill	Analysis	Position & Comment
<p><u>HB 513</u> <i>Infant and Early Childhood Mental Health Support Services Program - Established</i></p> <p>Del. Eric Ebersole et al.</p>	<p>This bill establishes an Infant and Early Childhood Mental Health Support Services Program within the Department of Education. The program would identify young children with developmental, social, emotional, or behavioral issues, and help them through:</p> <ul style="list-style-type: none"> • referrals to appropriate clinics or programs, • Training, coaching, and mentoring teachers and caregivers, • Building partnerships with community resources, • Ensuring children have stable, quality childcare programs, • Awarding grants <p>The bill creates a mandated annual appropriation of \$3,000,000 beginning in fiscal 2024. If money is left after serving the children above, the program may expand services to children in kindergarten through second grade.</p>	<p>Monitor</p>
<p><u>HB 684/SB 659 *</u> <i>Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)</i></p>	<p>This bill prohibits the Department of Health from limiting or restricting a Medicaid recipient from being admitted to a hospital for inpatient psychiatric services until the Department establishes regulations outlining when admissions are medically necessary, and bases its decision on those regulations.</p>	<p>Monitor</p>

Bill	Analysis	Position & Comment
<p>Del. Heather Bagnall et al./Sen. Joanne Benson et al.</p> <p>*SB 659, the crossfile, did not pass</p>	<p>In addition, the Department must annually report to the Senate Finance Committee and House Health and Government Operations Committee with data for the preceding fiscal year regarding Medicaid recipients' hospital length of stay, transfers, and federal funding withheld due to the policy established under the bill.</p>	
<p><u>HB 725/SB 506</u> <i>Children - Therapeutic Child Care Grant Program - Establishment</i></p> <p>Del. Eric Luedtke et al./Sen. Nancy King</p>	<p>This bill establishes a program within the Department of Education to provide grants for specialized child care and early childhood education providers of children under 6 with developmental delays, physical disabilities, or delays in social, emotional, or behavioral functioning.</p> <p><u>Funding</u> The bill includes a mandated annual appropriation of \$3,700,000 to the program in fiscal years 2023 through 2025.</p>	<p>Monitor</p>
<p><u>HB 971</u> <i>Maryland Medical Assistance Program - Substance Use Disorder Treatment - Network Adequacy</i></p> <p>Del. Nicholas Kipke</p>	<p>Under current law, the Department of Health must establish a delivery system for mental health services for Medicaid enrollees.</p> <p>This emergency bill requires that the Department and the Behavioral Health Administration ensure that the delivery system has an adequate network of providers available for substance use disorder treatment for children under 18.</p>	<p>Monitor</p>
<p><u>HB 1005/SB 350</u> <i>Maryland Medical Assistance Program - Community Violence Prevention Services</i></p>	<p>This bill requires the Medicaid program to provide community violence prevention services to recipients who have been exposed to, or have sustained injuries as a result of community violence, and are at an increased risk of violent injury or retaliation resulting from community violence.</p>	<p>Support</p>

Bill	Analysis	Position & Comment
Del. Stephanie Smith/Sen. Charles Sydnor	<ul style="list-style-type: none"> • Program recipients must be referred by a certified or licensed health care provider or social services provider to receive services under the bill. • Services must be provided by a “certified violence prevention professional”. • The Department of Health must approve at least one accredited training and certification program by January 1, 2023 for professional certification. • Bill implementation is contingent on receiving a waiver from the Centers for Medicare and Medicaid Services. 	
<p><u>HB 1018/SB 781 *</u> <i>Governor's Office of Crime Prevention, Youth, and Victim Services - Required Performance Data and Scorecard</i></p> <p>Del. Ned Carey/Sen. Katie Hester</p> <p>*SB 781, the crossfile, did not pass</p>	<p><u>The bill:</u></p> <ul style="list-style-type: none"> • Mandates an annual appropriation of \$500,000 to the Maryland Behavioral Health and Public Safety Center of Excellence in the Governor’s Office of Crime Prevention, Youth, and Victim Services. Activities supported will include regional planning sessions <p>In addition, in the annual report currently required of the Governor’s Office of Crime Prevention, Youth, and Victim services, the bill requires that a scorecard of quantifiable safety indicators be included. The bill outlines which safety indicators must be included, and requires that the office work with relevant state departments to determine any others that might be appropriate.</p>	Monitor
<p><u>HB 1080/SB 778 *</u> <i>Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)</i></p>	The bill would provide full Medicaid coverage to pregnant women who are not qualified because of immigration status.	Support

Bill	Analysis	Position & Comment
<p>Del. Joseline Pena-Melnyk/Sen. Clarence Lam</p> <p>*SB 778, the crossfile, did not pass</p>	<p>The bill also intends to say that children born to these women must automatically be enrolled in MCHP.</p> <p>The Department shall apply for CMS approval through a waiver.</p> <p>The bill goes into effect July 1, 2022</p>	
<p><u>SB 290/HB 300 *</u> <i>Budget Bill (Fiscal Year 2023)</i></p> <p>President et al./The Speaker et al.</p> <p>*HB 300, the crossfile, did not pass</p>	<p>Includes:</p> <ul style="list-style-type: none"> • A 7.25% increase for community behavioral health providers under Medicaid. • \$35 million for 23-hour programs under OMHCs. • \$5 million for 988. 	
Private Insurance Coverage		
<p><u>HB 413/SB 395 *</u> <i>Health Insurance - Individual Market Stabilization - Extension of Provider Fee</i></p> <p>The Speaker et al./President et al.</p> <p>*SB 395, the crossfile, did not pass</p>	<p>This bill extends the existing State health insurance provider fee assessment through 2028 to continue the Reinsurance Program. The bill exempts both dental and vision carriers from the assessment beginning in 2024, as the reinsurance program is not used to subsidize the premiums of those plans.</p> <p>The bill also requires the Maryland Insurance Administration, with the Exchange and Maryland Health Care Commission, to report to the Governor and General Assembly on the impact and sustainability of the reinsurance program by December 1, 2023 including:</p> <ul style="list-style-type: none"> • Whether the funding level is appropriate taking into account population and enrollment growth; 	<p>Support</p>

Bill	Analysis	Position & Comment
	<ul style="list-style-type: none"> • How the assessment is distributed amongst the carriers or should be expanded to include other business sectors; • Should the design be modified because of the establishment of other programs, including the Adult Subsidy and the Easy Enrollment Programs. <p>The sustainability of the program to support the stability of the individual market.</p>	
<p><u>HB 912/SB 707</u> <i>Health Insurance - Provider Panels - Coverage for Nonparticipation</i></p> <p>Del. Sheree Sample-Hughes et al./Sen. Katherine Klausmeier</p>	<p>This bill requires state regulated health insurance plans to cover services provided by an out-of-network provider for mental health or substance use disorders at no greater cost than in-network benefits in cases where a member is diagnosed with a condition or disease that requires specialized services or medical care that are not available or reasonably accessible in the carrier’s provider panel. In this case, a procedure must be in place to ensure that the member can access a specialist or nonphysician specialist outside of the panel.</p> <p>Nonphysician specialist currently includes any licensed health care provider who is not a physician but trained to provide care for a specific condition or disease within the provider’s scope. The bill extends the</p>	<p>Support</p>

Bill	Analysis	Position & Comment
	<p>definition of nonphysician specialist to include licensed behavioral health programs.</p> <p>Health occupations boards that regulate mental health and substance use disorder providers must report to the Senate Finance Committee and House Health and Government Operations Committee on their progress in developing a process for informing the providers affected under the bill about participating in insurance carrier provider panels.</p> <p>The bill terminates June 30, 2025.</p>	
Public Health/Other		
<p><u>HB 6/SB 150</u> <i>Maryland Medical Assistance Program - Dental Coverage for Adults</i></p> <p>Del. Bonnie Cullison et al./Sen. Malcolm Augustine et al.</p>	<p><u>Who is eligible?</u></p> <p>The bill requires Medicaid to provide dental benefits to:</p> <ul style="list-style-type: none"> • All adults enrolled in Medicaid • All youth who have aged out of foster care in Maryland (it's only optional now) 	<p>Support</p>

Bill	Analysis	Position & Comment
	<p><u>What services will be covered?</u></p> <p>Subject to the state budget, covered services will include preventative, diagnostic, restorative, and periodontal. The bill does not require, but doesn't prohibit, other types of services, such as orthodontics, being covered. Coverage of those services will depend on the State budget.</p> <p><u>When will coverage begin?</u></p> <p>The bill requires coverage to begin January 2023. Before coverage can begin, the Department must obtain approval of CMS and have regulations in place.</p>	
<p><u>HB 118</u> <i>Public Schools - Student Attendance - Excused Absences</i></p> <p>Del. Alonzo Washington</p>	<p>This bill requires the Department of Education and county school boards to adopt an attendance policy for public school students that treats an absence due to a student's behavioral health needs the same as one due to illness.</p>	<p>Monitor</p>
<p><u>HB 1082</u> <i>Public Health - Consumer Health Information - Hub and Requirements</i></p> <p>Del. Joseline Pena-Melnyk et al.</p>	<p>This bill designates the Maryland Herschel Horowitz Center for Health Literacy to serve as the State's Consumer Health Information Hub, to promote and ensure public access to information about health, safety, and social services benefits.</p> <p>The bill mandates \$350,000 annually to the hub beginning in FY 2024, but the bill terminates June 30, 2026.</p>	<p>Support</p>

Bill	Analysis	Position & Comment
<p><u>HB 1248/SB 820</u> <i>Child Abuse and Neglect - Investigations - Timeliness</i></p> <p>Del. Geraldine Valentino-Smith/Sen. Clarence Lam et al.</p>	<p>The bill:</p> <ul style="list-style-type: none"> • Delineates accountability measures for the timeliness of child abuse and neglect investigations; • Adds LCPCs to the list of clinicians that may conduct investigations. <p>The bill goes into effect October 1, 2022.</p>	<p>Support</p>
<p>Other Professions</p>		
<p><u>HB 155/SB 103</u> <i>State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists - Revisions</i></p> <p>Del. Sheree Sample-Hughes/Sen. Malcolm Augustine</p>	<p>Provides for primarily technical amendments to the law pertaining to the State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists; and Music Therapists.</p> <p>Authorizes audiologists to delegate to an assistant.</p> <p>Clarifies that a music therapists may not falsely represent the services/advice of a physician, use the word “doctor” in their title if not accurate, or practice music therapy with an unlicensed individual or helps an unlicensed individual practice music therapy.</p>	<p>Monitor</p>

BILLS THAT DID NOT PASS

Bill	Analysis	Position & Comment
<p>Board of Professional Counselors – Licensure Issues</p>		

Bill	Analysis	Position & Comment
<p><u>HB 292/SB 555</u> <i>Occupational Licensing Boards and Commission on Judicial Disabilities - Reporting Disciplinary Activities</i></p> <p>Del. Debra Davis/Sen. Ron Watson et al.</p>	<p>This bill establishes reporting requirements for the Commission on Judicial Proceedings as well as business and health occupations boards with the goal of identifying discriminatory disciplinary activity.</p>	<p>Monitor</p>
<p><u>HB 533/SB 523</u> <i>Occupations and Professions - Licenses, Certificates, and Registration - Immigrants</i></p> <p>Del. Joseline Pena-Melnyk et al./Sen. Cheryl Kagan</p>	<p>This bill prohibits a business and health occupations boards in the state from denying a professional license, certification, or registration to an immigrant who meets all applicable educational, training, or professional requirements.</p>	<p>Monitor</p>
<p><u>HB 982</u> <i>Health Occupations - Faith-Based Counseling - Exemption</i></p> <p>Del. Shaneka Henson</p>	<p>This bill establishes an exemption from licensure under the Maryland Professional Counselors and Therapists Act for individuals offering faith-based marriage and family counseling services through a religious organization. Individuals who receive an exemption may only provide nonmedical treatment methods such as prayer, moral guidance, spiritual counseling, and scriptural study.</p>	<p>Oppose</p>
<p><u>HB 1169</u> <i>Child Abuse and Neglect - Training of Health Care Professionals</i></p>	<p>Current law requires health practitioners, police officers, educators, or human service workers to report suspected child abuse to the local department of social services or appropriate law enforcement agency. This bill requires the Department of Health to provide Health Occupations</p>	<p>Monitor</p>

Bill	Analysis	Position & Comment
Del. Susan McComas et al.	Boards with a list of generally recommended courses on the obligation to report abuse and neglect as required by state law, and how to identify abused and neglected children. Health Occupations Boards must share this information with regulated health professionals either via the website, newsletter, or other media.	
<p>HB 1318 <i>Health Occupations - Mental Health Services - Cultural Competency and Diversity</i></p> <p>Del. Stephanie Smith</p> <p>HB 1318 continued</p>	<p>This bill seeks to increase cultural competency among mental health professionals through changes to relevant occupational health boards, education requirements, a task force and workgroup, and various funding mandates.</p> <p>Board member changes -- The Board of Professional Counselors and Therapists, Board of Examiners of Psychologists, and Board of Social Work must include three board members who are from underrepresented communities.</p> <p>Education requirements - As a condition of licensure renewal, the boards listed above must require a licensee to complete at least 6 continuing education hours that increase cultural competency.</p> <p>Task Force --The bill establishes a Culturally Informed and Culturally Responsive Mental Health Task Force to recommend ways to increase both culturally competent mental health professionals in the workforce, and mental health professionals from underrepresented communities in the workforce.</p> <p>Report - A preliminary report is due October 1, 2024, and a final report October 1, 2025 to the Governor and General Assembly.</p> <p>Members – 1) Secretary of Human Services, or designee, 2) Executive Director of the Behavioral Health Administration, 3) a member representing the Board of Examiners of Psychologists, designated by the board’s Executive Director, 4) a member representing the Board of Social Work Examiners, designated by the board’s Executive Director, 5) a member representing the State Board of Professional Counselors and</p>	Support with Amendment

Bill	Analysis	Position & Comment
<p><u>HB 1318 continued</u></p>	<p>Therapists with credentials to practice marriage and family therapy, designated by the board’s executive director, 6) the following members appointed by the Governor by August 1, 2022, i) three members representing undergraduate and graduate mental health programs, ii) three mental health providers who represent underrepresented communities, iii) two members representing mental health advocacy organizations, and iv) an expert in providing training and education in cultural competency and cultural responsiveness.</p> <p><u>Workgroup</u> - The bill also establishes a workgroup to identify barriers to licensure in mental health professions and make recommendations for creating alternative pathways to licensure and for ensuring provider competency and professionalism.</p> <p>A report is due October 1, 2025 to the Senate Education, Health, and Environmental Affairs Committee and House Health and Government Operations Committee.</p> <p>Members – Members representing each of the following State Boards: 1) Examiners of Psychologists, 2) Professional Counselors and Therapists, 3) Social Work Examiners. In addition, representatives from mental health providers from diverse cultural communities and mental health graduate programs.</p> <p><u>Funding Mandates</u></p> <ol style="list-style-type: none"> 1. \$150,000 in each FY 2024 and 2025 to staff and develop recommendations for the Culturally Informed and Culturally Responsive Mental Health Task Force. 2. \$500,000 in each FY 2024 and 2025 for the Maryland Department of Health to create a grant program for continuing education for mental health providers from underrepresented communities. 	

Bill	Analysis	Position & Comment
	<p>3. \$3,000,000 in each FY 2024 and 2025 to the Maryland Department of Health for loan forgiveness under the Janet L. Hoffman Loan Assistance Repayment Program. \$1,000,000 must be used for mental health professionals who are black, indigenous, persons of color, or members of an underrepresented community.</p>	
<p>HB 1402 <i>Health Care Practitioners - Sexual Abuse - Reporting and Statute of Limitations</i> Del. Rachel Jones et al.</p>	<p>Under current law, health care practitioners, police officers, educators, and human service workers who are acting in a professional capacity and who have reason to believe that a child has been subjected to abuse (including sexual abuse) or neglect, must notify the local department of social services or the appropriate law enforcement agency. If the worker is acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, then the individual must notify the head of the institution or the designee.</p> <p>This bill establishes a similar section under the health occupations article that addresses sexual abuse only, and requires health care practitioners to report cases of sexual abuse to the patient, patient’s guardian, and patient’s health care agent.</p>	<p>Oppose</p>
<p>SB 77 <i>Health Occupations Boards - Investigations - Right to Counsel</i> Sen. Chris West</p>	<p>This bill requires that a licensee or certificate holder being investigated by a Maryland Health Occupations board be allowed to be represented by counsel if the investigation may result in charges or sanctions.</p>	<p>Monitor</p>

Bill	Analysis	Position & Comment
<p>SB 111 <i>Occupational Licenses or Certificates - Pre-application Determinations - Criminal Convictions</i></p> <p>Sen. Cory McCray</p>	<p>This bill authorizes an applicant for an occupational license or certificate to request from a state department (Agriculture, Environment, Health, Human Services, Labor, or Public Safety and Correctional Services) a determination as to whether a specific criminal conviction would cause a denial of that license or certificate. The determination is binding except if the applicant has subsequent convictions, pending charges, or previously undisclosed convictions.</p>	<p>Monitor</p>
<p>HB 1455/SB 899 <i>Health Occupations Boards - Authority Over Staffing and Infrastructure Operations</i></p> <p>Del. Sue Krebs/Sen. Cheryl Kagan</p>	<p>This bill provides that the Secretary of Health has authority over the infrastructure operations of health occupations boards and commissions.</p> <p>Infrastructure Support The Secretary will provide general fund support to support the following for all health occupation boards:</p> <ul style="list-style-type: none"> • Human resources • Information technology • Procurement • Budget and management resoruces • Office space • Telecommunications • Audit compliance <p>Infrastructure support does not include licensing, investigation, scope of practice or disciplinary activities.</p> <p>The Secretary has authority over infrastructure operations.</p>	<p>Oppose</p> <p>The incorrect version of SB 899 was introduced. The sponsor introduced an amendment to make SB 899 match HB 1455.</p>

Bill	Analysis	Position & Comment
<p><u>HB 1455/SB 899</u></p>	<p><u>Staff and Executive Director</u> For each board, the Secretary, with the advice and consent of the Board may:</p> <ul style="list-style-type: none"> • Employee a staff for the Board • Appoint an Executive Director • Have flexibility to set salaries (in practice this means that some salaries might be higher than the existing State personnel grades). 	
<p>Licensure Reciprocity</p>		
<p><u>HB 112/SB 230</u> <i>Health Occupations - Service Members, Veterans, and Military Spouses - Temporary Licensure, Certification, Registration, and Permitting</i></p> <p>Del. Brian Crosby/Sen. Michael Jackson et al.</p>	<p>Current law requires the health occupation boards to expedite licensure applications for military members, military spouses, and veterans.</p> <p><u>For Applicants with Valid 1-Year Licenses, Certificates, Registrations, or Permits</u></p> <ul style="list-style-type: none"> • The bill establishes expedited temporary licenses, certificates, registrations, or permits for service members, veterans, of military spouses when the application includes: <ol style="list-style-type: none"> 1. Proof that the applicant is a service member, veteran, or military spouse; 2. Proof: <ol style="list-style-type: none"> 0. that the applicant has held a valid license, certificate, registration, or permit in good standing issued in another state for at least 1 year; and 1. Each license, certificate, registration, or permit held in another state is in good standing 	<p>Support with Amendment</p> <p>LCPCM advocated and obtained amendments that removed temporary licensure for individuals who did not meet state licensure requirements. The Senate adopted these amendments. The House did not move any aspects of the bill forward.</p>

Bill	Analysis	Position & Comment
<p><u>HB 112/SB 230 continued</u></p>	<ol style="list-style-type: none"> 3. Proof of legal residence in Maryland 4. Proof or an application or results from a national criminal history records check completed within 1 year. 5. Payment of any fee required by the Board. <ul style="list-style-type: none"> • The temporary licenses, certificates, registrations, or permits are for <ul style="list-style-type: none"> ○ a 6-month period; ○ Or less than 6 months if the applicant obtains a permanent license, certificate, registration, or permit. • A board may apply to the Secretary for approval of an alternative process (e.g. a board may already have a 3-month temporary license). <p><u>For Applicants with Valid Less Than 1-Year Licenses, Certificates, Registrations, or Permits</u></p> <ul style="list-style-type: none"> • The bill establishes a process by which a service member, veteran, or military spouse who has held a valid license, certificate, registration, or in good standing for less than one year. <ul style="list-style-type: none"> ○ A board may issue a temporary license, certificate, registration, or permit: <ul style="list-style-type: none"> ▪ For a limited period of time as determined by the Board ▪ To perform services regulated by the Board while the service member, military spouse, or veteran completes the requirements for permanent licensure, certification, registration or permits. 	

Bill	Analysis	Position & Comment
	<ul style="list-style-type: none"> ▪ A board may deny a temporary license if it would post a public health, welfare, or safety risk. 	
<p>HB 421/SB 398 <i>Out-of-State Health Care Practitioners - Provision of Behavioral Health Services via Telehealth - Authorization</i></p> <p>The Speaker et al./President et al.</p>	<p>Current law requires health care practitioners providing services, including through telehealth, to be licensed in Maryland or practice under a compact adopted by Maryland. This bill affects out of state practitioners only.</p> <p>A practitioner from out-of-state may provide services through telehealth in Maryland if the practitioner:</p> <ul style="list-style-type: none"> • Holds a valid, unrestricted license in another state, district, or U.S. Territory; • Has not been subject to any disciplinary action of a health licensing authority, other than nonpayment of fees; • Complies with all applicable rules of the State, including the rules government their profession under a health occupations board • Must comply with any State requirements regarding maintenance of liability insurance; • Must consent to the jurisdiction of the relevant Maryland health occupation board; and • If applicable, must hold a CDS permit that has never been suspended or revoked • Be held to the same standards of practice that are applicable to in-person health care settings. 	<p>Oppose</p>

Bill	Analysis	Position & Comment
<p><u>HB 421/SB 398 continued</u></p>	<p>The practitioner who fails to comply shall be subject to disciplinary action by a State board, including:</p> <ul style="list-style-type: none"> • Revocation of the health care practitioner’s Maryland practice privileges; and • Referral of the matter to the licensing authority of the state in which the practitioner is licensed. <p>Venue for a civil or administrative action initiated against an out-of-state health care practitioner shall be held in the patient’s county. A health occupations board may adopt regulations to carry out this subsection.</p>	
<p><u>HB 670</u> <i>Maryland Health Care Commission - Study on Expansion of Interstate Telehealth</i> Del. Jheanelle Wilkins et al.</p>	<p>Requires the Maryland Health Care Commission, in consultation with the State Board of Physicians, Health Services Cost Review Commission, the Maryland Department of Health, the Maryland Insurance Administration, malpractice providers, and any other relevant stakeholders to study ways that interstate telehealth can be expanded to allow State residents to use telehealth to receive services from out-of-state practitioners:</p> <ul style="list-style-type: none"> • How to address insurance implications, including malpractice, • Use of interstate health compacts • How to alter licensure requirements and the impact an expansion would have on Maryland-based health practitioners; and • Any other areas that the Maryland Health Care Commission considers relevant. 	<p>Support with Amendment</p> <p>LCPCM suggested an amendment to limit the study to an inventory of health occupation licensure compacts and recommendations for supporting the compacts in other states. The Committee agreed and is planning to send a letter to MHCC asking them to conduct that assessment. The Committee is also asking the Maryland Insurance Administration to study the issue of malpractice for</p>

Bill	Analysis	Position & Comment
	On or before December 1, 2023 the Maryland Health Care Commission shall report its findings.	telehealth services provided by Maryland providers in other states.
Health Professional Shortage		
<p><u>HB 407/SB 407</u> <i>Health Occupations - Health Care Staffing Shortage Emergency - Declaration and Licensing and Practice Requirements (Health Care Heroes Act of 2022)</i></p> <p>The Speaker et al./President et al.</p>	<p>Overview</p> <p>This bill gives the Secretary of Health to take certain actions if he issues a Declaration of a Health Staffing Shortage Emergency for up to 180 days, which is separate and apart from a public health emergency declaration. The Secretary shall establish the criteria for a health care emergency shortage in consideration of the following factors:</p> <ol style="list-style-type: none"> 1. Staffed beds occupancy rate; 2. State vacancy rate for the specific category of health care practitioner include in the shortage; 3. Average emergency department wait times; 4. Duration of vacancy rate for the specific category of health care practitioner included in the shortage; 5. Average staff vacancy rate for the immediately preceding 12 months for the specific category of health care practitioner included in the staffing shortage; 6. Any other factors determined relevant by the Secretary. 	Support with Amendment

Bill	Analysis	Position & Comment
<p><u>HB 407/SB 407 continued</u></p>	<p><u>Expedited Licensure</u> On the declaration of the health care staffing shortage emergency, the Secretary may direct the boards included in the identified staffing shortage to implement the expedited licensing process delineated in the bill. Proposed expedited licensure process</p> <ul style="list-style-type: none"> • Each health board shall establish processes for the issuance of an initial health occupation license, a temporary licenses, and a temporary practice letter on an expedited basis during a health care staffing shortage emergency: • The following individuals are eligible for expedited licensing: <ul style="list-style-type: none"> ○ An initial health occupation license ○ An inactive license ○ A retired health care practitioner and ○ A nursing graduate as defined as follows: <ul style="list-style-type: none"> ▪ An individual who has satisfactorily completed all the requirements for a diploma or a degree from: <ul style="list-style-type: none"> ▪ (An RN education program approved by the State Board; or ▪ An out-of-state nursing education program determined to be equivalent to a state-approved nursing program <p><u>Temporary Licensure or Practice Letter</u></p> <ul style="list-style-type: none"> • Temporary licenses or letters may be issued to applicant for a limited period of time, as determined by the health occupations board and subject to the duration of the health care staffing emergency. Boards may deny a temporary license or practice letter based on public health risk. 	

Bill	Analysis	Position & Comment
<p><u>HB 407/SB 407 continued</u></p>	<ul style="list-style-type: none"> • A temporary license authorizes the licensee to practice for a limited period of time, as determined by the health occupations board, while the licensee complete additional requirements for licensure in the State, if required. • To apply for an expedited, temporary license, or temporary practice letter, an applicant must submit the following to a board: 1) an application; 2) any documentation required by the board; 3) criminal history records check or proof of application if required; 4) a fee; 5) any other information required by the board. <p>Facility Exemption from Temporary License/Letter of Practice Requirements</p> <p>A health care practitioner may practice without first obtaining a license or letter only if</p> <ul style="list-style-type: none"> • Practitioner holds a valid, unexpired health occupation license from another state; and • Doing so is necessary to all the facility to meet required staffing rations or otherwise ensure the continued safe delivery of health care services to patients in the facility. • The health care practitioner must submit an application for temporary licenses or a temporary letter within 10 days of beginning to work at the facility 	
<p><u>HB 845/SB 623</u> <i>Income Tax - Subtraction Modification - Income of Health Care Workers</i></p>	<p>This emergency bill authorizes health care workers to deduct \$25,000 for purposes of determining state income taxes for the period December 31, 2020 to January 1, 2023.</p> <p>Essential health care workers include licensed or certified practitioners working in the following areas:</p>	<p>Support</p>

Bill	Analysis	Position & Comment
<p>Del. Jason Buckel/Sen. Paul Corderman et al.</p> <p>*</p>	<ul style="list-style-type: none"> • Primary care, including obstetrics, gynecological services, pediatric services, or geriatric services • Behavioral health services, including mental health or alcohol and substance abuse services • Dental services 	
<p>HB 902 <i>State Board of Professional Counselors and Therapists - Out-of-State Licensing Reciprocity - Study</i></p> <p>Del. Julian Ivey</p>	<p>This bill requires the State Board of Professional Counselors and Therapists to study and make recommendations on updating State law granting reciprocity for clinical marriage and family therapists licensed in DC and Virginia to practice in Maryland.</p> <p>Recommendations are due by December 1, 2022 to the Senate Education, Health, and Environmental Affairs Committee and House Health and Government Operations Committee.</p>	Monitor
<p>HB 916 <i>Higher Education - Programs for Behavioral Health Professionals in Primary and Secondary Schools - Requirements and Grant Program</i></p> <p>Del. Kirill Reznik</p>	<p>This bill seeks to increase the number and diversity of behavioral health professionals in primary in secondary schools through a grant program that helps institutions of higher education:</p> <ol style="list-style-type: none"> 1) develop education programs that prepare students to provide behavioral health services in a primary or secondary school setting that are accessible to nontraditional students, and 2) help students from historically underrepresented populations to prepare for and achieve certified professionals. 	Monitor
<p>HB 1130 <i>Health Occupations - Prohibition on Expiration of Licenses, Certificates, Permits, and Registrations</i></p> <p>Del. Shane Pendergrass</p>	<p>This bill extends the expiration date of licenses and certification of health professional until IT systems have been restored after the cybersecurity attack on MDH.</p>	Support

Bill	Analysis	Position & Comment
Public Behavioral Health System/Behavioral Health Crisis		
<p><u>HB 56</u> <i>Commission on Student Behavioral Health and Mental Health Treatment</i></p> <p>Del. Heather Bagnall</p>	<p>This bill establishes a Commission on Student Behavioral Health and Mental Health Treatment to study, evaluate, update, and revise guidelines for student behavioral health and mental health treatment and practices in general, including school-based health centers.</p> <p>Reports are due July. 1, 2023 and Dec. 1, 2023.</p> <p>Members, include one member/representative from:</p> <ul style="list-style-type: none"> • State Senate 	<p>Support</p> <p>The Community Health Resources Commission has agreed voluntarily to staff this Commission.</p>

Bill	Analysis	Position & Comment
	<ul style="list-style-type: none"> • House of Delegates • Mental Health Association of Maryland • Maryland Association of Student Councils • Public School Superintendents' Assoc. • Maryland Boards of Education • School Administrator • School-based health center employee • School nurse • Maryland Association of School Psychologists • Maryland Chapter of the National Association of Social Workers • A community partnered school behavioral health services program, and • two representatives from different organizations that provide behavioral health services primarily to racial and ethnic minorities 	
<p>HB 406 <i>Children in Out-of-Home Placements - Placement in Medical Facilities</i></p> <p>Del. Kirill Reznik</p>	<p>This bill establishes new restrictions and procedures regarding children in out-of-home placements who are placed in a medical facility, including prohibiting a local department of social services from keeping a child in a hospital or other facility after a medical examination of the child determines that the child doesn't require medical intervention or care.</p> <p>It also creates:</p> <ul style="list-style-type: none"> • a Foster Children Support Fund to provide resources and support to children in out-of-home placements and organizations with a focus on supporting these children, and • a Task Force to Examine the Placement of Foster Children in Emergency Departments, and make recommendations on how to 	<p>Monitor</p>

Bill	Analysis	Position & Comment
	<p>improve and expand services, so that more appropriate placements can be made for foster children.</p> <p>A task force report is due December 31, 2022.</p> <p><u>Task Force Members:</u> 1) two members from each the house and senate, 2) the following members appointed jointly by the house speaker and senate president, i) an attorney who serves as counsel for foster children in federal class action litigation, ii) representatives of Maryland Legal Aid who represents children in need of assistance, the Office of the Public Defender, the Maryland Association of Resources for Families and Youth, and Disability Rights of Maryland, 3) representatives of the following agencies, appointed by the Governor: Department of Human Services, Department of Juvenile Services, the Interagency Rates Committee, the Maryland Department of Health, State Department of Education, Maryland Hospital Association.</p>	
<p><u>HB 517/SB 460</u> <i>Consumer Health Access Program for Mental Health and Addiction Care - Establishment</i></p> <p>Del. Robbyn Lewis/Sen. Malcolm Augustine et al.</p>	<p>This bill establishes a Consumer Health Access Program for Mental Health and Addiction Care, to:</p> <ol style="list-style-type: none"> 1. Help state residents access mental health and substance use disorder services under public and private health insurance, and 2. Address insurance-related barriers to mental health and substance use disorder services through consumer outreach and education, client assistance and representation, data collection and analysis, and to resolve barriers in the system. <p><u>Who Administers</u> -- The program is administered by the University of Maryland Baltimore School of Social Work Center for Addiction Research,</p>	<p>Monitor</p>

Bill	Analysis	Position & Comment
	<p>Education, and Services, along with an “hub entity” selected by the University. The hub entity must be a private, community-based, nonprofit corporation or organization with offices located in the state or a public university in the state, and meet other criteria outlined in the bill. The hub entity, with the help of the University, must contract with other private, community-based nonprofit corporations or organizations to provide services in each of the eight geographical regions in Maryland that have been designated by the Exchange as needing insurance-related outreach, education, and enrollment under the Affordable Care Act.</p> <p>Funding – The bill establishes a fund to support the program, and includes an annual mandated appropriation of \$1,000,000 for fiscal years 2024 through 2026.</p>	
<p><u>HB 627</u> <i>Maryland Medical Assistance Program - Registered Behavior Technicians - Reimbursement</i></p> <p>Del. Ariana Kelly</p>	<p>This bill requires that Medicaid cover applied behavior analysis services provided by registered behavior technicians for individuals with Autism. Technicians work under the supervision of a licensed psychologist, board certified behavior analyst-doctoral, or a board certified behavior analyst. The bill <i>authorizes</i> the Department of Health to require that individuals obtain, as a condition of reimbursement, a current certification issued by the Behavior Analyst Certification Board or other credentialing entity within 90-days of providing services in the program.</p>	<p>Monitor</p>
<p><u>HB 657</u></p>	<p>Legislation passed in 2020, the Blueprint for Maryland’s Future, included the establishment of a “Maryland Consortium on Coordinated Community</p>	<p>Monitor</p>

Bill	Analysis	Position & Comment
<p><i>Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation</i></p> <p>Del. Michele Guyton et al.</p>	<p>Supports”, to coordinate community behavioral health supports and services in school, including providing grants to support services in schools.</p> <p>This bill requires the Consortium to develop guidelines for a standardized screening to identify students with behavioral health services needs. Guidelines must be updated every 5 years.</p> <p>The consortium must select stakeholders from the following organizations in developing the guidelines: 1) Maryland Optometric Association, 2) State Traumatic Brain Injury Advisory Board, 3) Maryland Education Coalition, 4) Maryland Association of School Health Nurses, 5) Division of Early Intervention and Special Education Services in the Department, 6) Maryland Academy of Audiology, 7) Maryland Association of Nonpublic Special Education Facilities, 8) an expert in early childhood trauma and development, and 9) an expert on data protection.</p>	
<p>HB 715/SB 549 <i>Administrative Services Organizations - Requirements for Retraction, Repayment, or Mitigation of Claims</i></p> <p>Del. Geraldine Valentino-Smith/Sen. Malcolm Augustine</p>	<p>For the current Optum situation, the bill:</p> <ol style="list-style-type: none"> 1. Prohibits an ASO from retracting, requiring repayment or seeking mitigation of a claim unless the ASO provides the health care provider <ul style="list-style-type: none"> o A form 835 for every encounter that can be uploaded in the standard format, contains the denial reasons, 	<p>Support</p>

Bill	Analysis	Position & Comment
	<ul style="list-style-type: none"> ○ For all claims processed or reprocessed, a full claims history AND access to electronic reporting and search capacity that meets industry standards 2. If an ASO does not comply with these requirements, the ASO shall incur the expense of retaining an independent auditor 3. If the health care provider disagrees with the auditor they may appeal. 4. The ASO must use reasonable efforts to reach a resolution. 5. An ASO may not use state money to pay the auditor. 6. MDH should provide a comprehensive report in the number, status, dollar figure, etc of claims paid within 30 days of enactment of the bill. 	
<p>HB 908 <i>Mental Health - Emergency Evaluations - Modification to Peace Officer Transport Requirement</i></p> <p>Del. Heather Bagnall</p>	<p>Current law requires a peace officer to transport an emergency evaluatee to the nearest emergency facility. This law will change that requirement to be an emergency facility, which does not have to be the nearest one.</p>	<p>Support</p>
<p>HB 935/SB 637 <i>Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)</i></p>	<p>This bill expands both Medicaid and grant-based reimbursement for behavioral health programs.</p> <p><u>Grant Programs:</u> Requires minimum funding for wellness and recovery centers, recovery community centers, and peer recovery services at: \$15M for fiscal 2024;</p>	<p>Support</p>

Bill	Analysis	Position & Comment
<p>Del. Heather Bagnall/Sen. Malcolm Augustine</p> <p><u>HB 935/SB 637</u></p>	<p>\$18M for fiscal 2025; \$21M for fiscal 2026; and \$24M for fiscal 2027 and each fiscal year thereafter.</p> <p><u>Medicaid</u> Requires Medicaid to reimburse for:</p> <ul style="list-style-type: none"> • Services provided by certified peer recovery specialists • Measurement based care which means an evidence-based practice that involves the systemic collection of data to monitor treatment progress, assess outcomes, and guide treatment decisions. • Behavioral health crisis response. <p>Because these items would be required, the bill repeals the collaborative care pilot program.</p> <p><u>Medicaid under the 1915(I) Mode</u> Requires the Governor to fund services under a 1915(I) model or mental health case management program at \$150K in fiscal 2024; \$250K in fiscal 2025; and \$350K in fiscal 2026 and each year thereafter. Starting in 2023, the Department shall also fund 100 slots in the Mental Health Case Management Program who are not eligible for 1915(I) services and at-risk for out-of-home placement. The Department shall provide reimbursement for:</p> <ul style="list-style-type: none"> • Wraparound services delivered by care coordinators under the 1915(I) Model or a mental health case management program that is commensurate with industry standards for the reimbursement; and 	

Bill	Analysis	Position & Comment
	<ul style="list-style-type: none"> Intensive in-home services delivered by providers using family-centered treatment and other evidenced based treatment 	
<p><u>HB 1029/SB 937</u> <i>Maryland Higher Education Commission - Access to Mental Health Advisory Committee - Establishment</i></p> <p>Del. Geraldine Valentino-Smith/Sen. Adelaide Eckardt</p> <p><u>HB 1029/SB 937 continued</u></p>	<p>This bill establishes an “Access to Mental Health Advisory Committee” to study access to mental health services at institutions of higher education, both on and off campus, and make recommendations on:</p> <ul style="list-style-type: none"> Ways to reduce costs and barriers to providing access to mental health services on the campus Providing mental health services through video conference and telemedicine Disseminating information to students related to mental health services on and off campus Implementing counseling services, both general and specialized Any other matters the committee considers <p><u>Report</u> -- due to the Governor and various general assembly committees by December 1, 2022.</p> <p><u>Committee Membership:</u> 1) Secretary of Higher Education, or Designee, 2) Chancellor of the University System of Maryland, or designee, 3) President of St. Mary’s College of Maryland, or designee, 4) President of Morgan State University, or designee, 5) Executive Director of the Maryland Association of Community Colleges, or designee, 6) President of the Independent College and University Association, or designee, 7) Director of a campus-based mental health counseling center, appointed by the center, 8) a campus-based clinical psychologist, appointed by the secretary, 9) two licensed clinical social workers with campus-based clinical experience, appointed by the secretary, 10) two behavioral health counselors from a community</p>	<p>Monitor</p>

Bill	Analysis	Position & Comment
	college, appointed by the executive director of the Maryland Association of Community Colleges, and 11) a behavioral health counselor from a nonpublic institution of higher education in the state, appointed by the Maryland Independent college and University Association.	
<p><u>HB 1377/SB 764</u> <i>Childhood Exposure to Violence - Health and Social Impacts - Public Awareness Campaign Workgroup</i></p> <p>Del. Roxane Prettyman et al./Sen. Charles Sydnor</p> <p><u>HB 1377/SB 764 continued</u></p>	<p>This bill establishes a Childhood Exposure to Violence Public Awareness Campaign Workgroup.</p> <p><u>Workgroup tasks</u></p> <ul style="list-style-type: none"> • Develop a public awareness and prevention campaign on child exposure to violence. • Identify, review, and evaluate resources that can be used to educate the public on child exposure to violence. • Identify cost-effective methods for the Department of Health to disseminate information to the public about the health and social impacts of childhood exposure to violence and actions to address the occurrence of such events. <p><u>Workgroup Members</u> Members appointed by the Secretary of Health – 1) two individuals who witnessed violence as a child or have a family member who witnessed violence as a child, 2) two hospital representatives, 3) one state-licensed emergency medicine physician, 4) one state-licensed primary care physician, 5) one state-licensed pediatrician, 6) one state-licensed mental health care provider, 7) one local health department representative, 8) one representative of the Maryland Department of Health, 9) two violence intervention community health workers, 10) one Boys and Girls Club representative from the state, 11) one individual with expertise in public communication.</p>	Monitor

Bill	Analysis	Position & Comment
	<p>Members appointed by the Secretary of Education – 1) one representative of the State Department of Education, and 2) a teacher who works in the state.</p> <p>Other members – 1) a representative of the Governor’s Office of Crime Prevention, Youth, and Victim Services, designated by the office, and 2) one representative of an accredited child advocacy center, designated by the Maryland Children’s Alliance.</p> <p><u>Report</u></p> <p>A report is due to the Senate Finance Committee and House Health and Government Operations Committee by December 1, 2022.</p>	
<p><u>HB 1392/SB 590</u> <i>Public Health - Behavioral Risk Factor Surveillance System - Requirements</i></p> <p>Del. Pam Queen/Sen. Malcolm Augustine</p>	<p>The Department of Health currently conducts the behavioral risk factor survey.</p> <p>The bill proposes that the survey should include the CDC’s module on adverse childhood experience in at least one version of the survey.</p> <p>The Department shall post a state and county-level data summary on data related to adverse childhood experiences or positive childhood experiences.</p>	<p>Support</p>

Bill	Analysis	Position & Comment
Private Insurance Coverage		
<p>HB 1035/SB 728 * <i>Health Insurance - Qualified Resident State Subsidy Program (Access to Care Act)</i></p> <p>Del. Joseline Pena-Melnyk/Sen. Clarence Lam</p>	<p>The bill proposed to expand eligibility for qualified health plans in the Maryland Health Benefit Exchange for minors not eligible for Medicaid, MCHP, or federal subsidies for Exchanges plans because of immigration status.</p> <p>Requires the Exchange to establish funding for the program. Funding may be federal or state funding.</p> <p>The Exchange, in consultation with the Maryland Insurance Commissioners, shall submit a State Innovation Waiver to establish the program.</p>	<p>Monitor</p>
Public Health/Other		
<p>HB 618 <i>Maryland Parental Rights Act</i></p> <p>Del. Daniel Cox et al.</p>	<p><u>Health</u></p> <p>Except as otherwise provided by law, a health care practitioner and the owner of a health care facility shall obtain consent from a minor's parent or guardian before providing health care services or prescribe medicinal drugs to a minor.</p> <p>A person who violates this section may be subject to disciplinary action by the appropriate licensing board and guilty of a misdemeanor is subject to imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both.</p> <p><u>Education</u></p>	<p>Oppose</p>

Bill	Analysis	Position & Comment
<u>HB 618</u>	<ul style="list-style-type: none"> • Requires county boards of education to establish policies, in consultation with parents, to promote parent involvement in the public school system. • Requires county boards of education to provide parents/guardians a written summary of student’s curriculum and explain any changes from the prior year. • Establishes a list of “parental rights” within the education article that include allowing a parent to opt-out of immunization requirements and sex-education. 	
<u>HB 643/SB 385</u> <i>Health - Disclosure of Medical Records - Penalty</i> Del. Heather Bagnall/Sen. Pamela Beidle et al.	Current law provides that health care practitioners must disclose medical records within a reasonable time, but no more than 21 working days, may be liable for actual damages. The bill will add a civil penalty of up to \$1,000. The bill also extends the definition of "medical record" to include electronic data or information.	Monitor
<u>HB 659/SB 676</u> <i>Firearm Safety - Storage Requirements and Youth Suicide Prevention (Jaelynn’s Law)</i> Del. Dana Stein et al./Sen. William Smith et al.	Existing law requires adults to ensure children up to the age of 16 cannot access guns in the home. The bill: Specifies that guns and ammunition must be locked Raises the age the minors must be protected up to age 18 Provides criminal penalties for cases in which harm has come to the minor.	Support
<u>HB 701</u>	This bill repeals the authority of the Governor of Maryland to declare a state of emergency due to a catastrophic health emergency.	Monitor

Bill	Analysis	Position & Comment
<p><i>Public Safety - Governor's Health Emergency Powers - Repeal</i></p> <p>Del. Daniel Cox</p>		
<p>HB 746/SB 682 <i>Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)</i></p> <p>Del. Anne Kaiser/Sen. Mary Washington et al.</p>	<p>This bill requires Medicaid to provide coverage for medically necessary gender-affirming treatment if it is prescribed to a Medicaid recipient because of the recipient's gender identity. The treatment must be assessed according to nondiscriminatory criteria that are consistent with current clinical standards of care.</p> <p><u>Treatment includes</u></p> <ul style="list-style-type: none"> • hormone therapy, hormone, blockers, and puberty blockers, • hair alterations for the purposes of altering, secondary sex characteristics • Laryngoplasty, voice modification, surgery, voice therapy, and voice lessons • Surgical alterations • Laser treatment for scars from treatment • Standard fertility preservation procedures • Revisions and reversal of treatments <p>Identification of Providers/Provider Networks: Annually beginning in 2023, MCOs must report to the Department of Health with information on contracted health care providers who offer gender-affirming treatment, and the type of treatment provided. Beginning in 2024, the Department must compile an annual report with this information, which must be</p>	<p>Monitor</p>

Bill	Analysis	Position & Comment
	published on the department's website, and included in the directories of the Department and each MCO.	
<p><u>HB 1004/SB 856 *</u> <i>Public Schools - Health Services - School Nurses</i></p> <p>Del. Geraldine Valentino-Smith/Sen. Adelaide Eckardt</p>	Requires there be a full-time registered nurse in every public school.	Support
<p><u>HB 1154</u> <i>Criminal Law - Felony Second-Degree Assault - Emergency Medical Care Workers</i></p> <p>Del. Barrie Ciliberti et al.</p>	<p>Under current law, it is a felony to assault a law enforcement officer, parole or probation agent, firefighter, EMT, rescue squad member, or any other first responder.</p> <p>The bill makes it a felony to assault a worker providing emergency and related services in an emergency department at a hospital or freestanding medical facility.</p>	Monitor
<p>Other Professions</p>		
<p><u>SB 195</u> <i>State Board of Examiners of Psychologists - Sunset Extension</i></p> <p>Chair, Education, Health, and Environmental Affairs Committee et al.</p>	This bill extends the sunset date of the State Board of Examiners of Psychologists by 10 years to July 1, 2033.	Monitor

Bill	Analysis	Position & Comment