

# Licensed Clinical Professional Counselors of Maryland – Final Bill Report 2021 Session

## Bills that Passed

| Bill  | Analysis   | Position & Comment            |
|---|--|-------------------------------|
| <b>Budget</b>   |  |                               |
| <p><b><u>HB 588</u></b><br/> <i>Budget Bill (Fiscal Year 2022)</i></p> <p>The Speaker et al.</p>  | <p>At the request of LCPCM, budget committee narrative was successfully approved by the General Assembly that requires the Board of Professional Counselors to review the existing fee structure of licensees. A report is due by October 1, 2021.</p>   |                               |
| <p><b><u>HB 589/SB 493 *</u></b><br/> <i>Budget Reconciliation and Financing Act of 2021</i></p> <p>The Speaker et al./President et al.</p> <p>*SB 493, the crossfile, did not pass</p> | <p>The General Assembly approved language granting the Governor authority to transfer \$1.5 million from the Board of Professional Counselors and Therapists to the Behavioral Health Administration.</p> <p>The Governor originally proposed a transfer \$2 million in Board funding but the Senate amended the BRFA down to \$1.5 million.</p> | <p>Support with Amendment</p> |
| <b>Licensure, Scope of Practice, Practitioner Requirements, and Licensing Board</b>   |  |                               |
| <p><b><u>HB 9</u></b><br/> <i>Family Law - Mandatory Reporter Training</i></p> <p>Del. Emily Shetty</p>   | <p>Requires the Department of Human Services to post on its website a free online course on the identification, prevention, and reporting of child abuse.</p>  | <p>Monitor</p>                |

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| <p><b>HB 224/SB 262</b><br/> <i>Department of Information Technology - Study of a Common Information Technology Platform for Health Occupations Boards</i></p> <p>Del. Susan Krebs/Sen. Adelaide Eckardt</p>                        | <p>The Department of Information Technology shall review the information technology of all the health licensing boards and make a recommendation on the cost and feasibility of developing a common platform for:</p> <ul style="list-style-type: none"> <li>• Licensure and certification</li> <li>• Meeting schedule and agendas; and</li> <li>• Compliant processing.</li> </ul> <p>In addition to efficiency, the goal is also to make available accurate licensing information on health care providers for the purposes of facilitating network adequacy.</p>  | <p>Support</p>                |
| <p><b>HB 689/SB 466</b><br/> <i>Mental Health - Assent to and Certificates for Admission - Licensed Certified Social Worker-Clinical and Licensed Clinical Professional Counselor</i></p> <p>Del. Susan McComas/Sen. Chris West</p> | <p>This bill permits Licensed Certified Social Workers – Clinical (LCSW-C) and Licensed Clinical Professional Counselors (LCPC) to provide for the: 1) assent of voluntary admission of a minor; and 2) certificate of involuntary admission of an adult.</p> <p><b>Assent of a Minor</b></p> <p>The bill permits a LCSW-C or LCPC to provide the secondary signature (along with a physician) to give for the admission of a minor to a child or adolescent unit of a state facility, including a state RICA. Currently, assent must be given by:</p> <ul style="list-style-type: none"> <li>• 2 physicians;</li> <li>• 1 physician and 1 psychologist; or</li> <li>• 1 physician and 1 psychiatric nurse practitioner</li> </ul> <p>The bill does not change the assent requirements for minors admitted to non-state facilities, which require the assent by the admitting physician.</p> | <p>Support with Amendment</p> |

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|  | <p><b>Certification of an Adult</b></p> <p>This bill permits a LCSW-C or LCPC to provide the secondary signature (along with a physician) to certify an individual for involuntary admission. Currently, an involuntary admission must be certified by:</p> <ul style="list-style-type: none"> <li>• 2 physicians;</li> <li>• 1 physician and 1 psychologist; or</li> <li>• 1 physician and 1 psychiatric nurse practitioner</li> </ul>  |                    |
| <p><b><u>HB 736/SB 571</u></b><br/> <i>Interstate Licensed Professional Counselors Compact</i></p> <p>The Speaker et al./President et al.</p>  | <p>This bill joins Maryland into the Instate Licensed Professional Counselors Compact. The Compact becomes effective once 10 states enacted identical legislation. It is an emergency bill.</p>  | <p>Support</p>     |
| <p><b><u>HB 881/SB 815</u></b><br/> <i>Mental Health Facilities - Sexual Abuse and Harassment - Reporting and Prevention</i></p> <p>Del. Geraldine Valentino-Smith/Sen. Katherine Klausmeier</p> | <p>Under existing law, state facilities must report complaints of sexual abuse and sexual harassment to local law enforcement. In addition, all mandatory reporters are required to report suspected abuse or neglect to local departments of social services and/or local law enforcement.</p> <p>This bill extends reporting requirements to licensed residential treatment centers and hospitals with a separate inpatient psychiatric services. All reports must now be made within 24 hours of a complaint being made to the Behavioral Health Administration and Office of Health Care Quality; Child Protective Services if the complaint involves a minor; and the state designated protection and advocacy system (Maryland Disability Rights).</p> | <p>Monitor</p>     |

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|   | BHA and OHCQ must develop a uniform reporting system.  |                        |
| <p><b><u>HB 970/SB 500</u></b><br/> <i>Psychology Interjurisdictional Compact</i></p> <p>Del. Steve Johnson/Sen. Clarence Lam et al.</p>  | <p>The emergency bill establishes a Psychology Interjurisdictional Compact to allow telepsychological practice across state lines, as well as temporary, in-person, face-to-face services into a state in which the psychologist is not licensed.</p> <p>The compact will be facilitated, coordinated, and administered by a Psychology Interjurisdictional Compact Commission, which must establish a Coordinated licensure information and reporting system for all licensees participating in the compact.</p> <p>The commission may levy and collect an assessment from each compact state or impose fees on other parties, to raise enough revenue to cover its annual budget (if not provided by other sources).</p> | No position            |
| <p><b><u>HB 1287/SB 646</u></b><br/> <i>Alcohol and Drug Counseling - Alcohol and Drug Trainees - Practice Through Telehealth</i></p> <p>Del. Robbyn Lewis/Sen. Mary Carozza et al.</p> | <p>Current law authorizes an individual to practice alcohol and drug counseling, as well as clinical alcohol and drug counseling, without a license for a period of time determined by the Board of Professional Counselors and Therapists if the individual is working as a trainee under the supervision of an approved alcohol and drug supervisor while completing study requirements.</p> <p>The bill extends this authorization to counseling delivered by the trainee through telehealth.</p>   | Monitor                |
| <p><b><u>SB 82/HB 233 *</u></b><br/> <i>State Board of Examiners for Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists -</i></p>                                   | <p>This bill creates a new licensing category for music therapists under the Examiners for Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists. Music therapists must be licensed in Maryland starting Jan. 1, 2022.</p> <p>This change will also change the name of the Board to read “State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists,</p>  | Support with Amendment |

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| <p><i>Maryland Music Therapists Act</i></p> <p>Sen. Malcolm Augustine/Del. Sheree Sample-Hughes</p> <p>*HB 233, the crossfile, did not pass</p>   | <p>and Music Therapists” and adds two new members to the Board who are licensed music therapists.</p> <p>Licensed music therapists may not represent to the public that they are authorized to treat a communication disorder, although music therapists are authorized to work with individuals who have a communication disorder and address communication skills.</p> <p>The bill does not prohibit other licensed professionals from utilizing music in their professional work as long as they do not represent themselves as a licensed music therapist.</p>  |                    |
| <b>Health Equity</b>  |   |                    |
| <p><b><u>HB 78/SB 52</u></b><br/> <i>Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)</i></p> <p>Del. Joseline Pena-Melnyk et al./Sen. Mary Washington</p> | <p>Establishes a Maryland Commission on Health Equity to develop a comprehensive plan to achieve health equity in the state.</p> <p><b>Commission Membership</b><br/> Commission membership consists of Secretaries and directors of State agencies, as well as a local health department representative. Membership does not include the public. However, the Commission may form advisory committees to solicit and consider information from stakeholders and the general public.</p> <p><b>Commission Recommendations</b><br/> The Commission shall study and make recommendations each year in a report. The areas of study include:</p> <ul style="list-style-type: none"> <li>• Health considerations that may be incorporated into State’s general decision-making process;</li> <li>• Requirements for implicit bias training</li> </ul> | <p>Monitor</p>     |

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|   | <ul style="list-style-type: none"> <li>• Training for providers on collection of patient self-identified race, ethnicity, and language data</li> <li>• Requirements to comply with, and for enforcement of, National Standards for Culturally and Linguistically Appropriate Services (HHS guidance).</li> </ul> <p><b>Data Collection and Release</b></p> <p>The Commission shall establish an advisory committee, including participation of the Health Information Exchange. The purpose is to increase the availability of data relevant to the Commission’s mission. The Commission:</p> <ul style="list-style-type: none"> <li>• May request data consistent with the Advisory Committee.</li> <li>• Data shall be provided to the extent authorized by federal and State privacy law.</li> </ul>   |                    |
| <p><b>HB 463/SB 172</b><br/> <i>Maryland Health Equity Resource Act</i></p> <p>Del. Erek Barron/Sen. Antonio Hayes et al.</p> | <p>This emergency bill establishes a process by which the Maryland Community Health Resources Commission approves “Health Equity Resource Communities” (HERCs) to target State resources to specific areas of the State to reduce health disparities and improve health outcomes in those areas. The Commission must also establish a Pathways to Health Equity Program to provide the foundation and guidance for a permanent HERC program and provide grant funding. The Chesapeake Regional Information System for our Patients must provide technical assistance to the Commission by maintaining a data set and supporting program evaluation.</p> <p><u>Who may apply</u></p> <p>The following organizations may apply to the Commission on behalf of an area to receive the designation as a HERC. Applications must include the provision of health and wraparound services by federally qualified health centers or other community-based providers. Special consideration must be given to proposals from areas previously designated as Health Enterprise Zones. Designations are good for five years.</p> | <p>Monitor</p>     |

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|      | <ul style="list-style-type: none"> <li>• nonprofit community-based organizations,</li> <li>• nonprofit hospitals,</li> <li>• institutions of higher education,</li> <li>• federally qualified health centers,</li> <li>• local government agencies</li> </ul> <p><u>What will be funded</u></p> <ul style="list-style-type: none"> <li>• Program Funding: Health and wraparound services provided by federally qualified health centers or community-based organizations</li> <li>• Systems and Policy Goals: <ul style="list-style-type: none"> <li>○ Building provider capacity</li> <li>○ Improving health care service delivery</li> <li>○ Effectuating community improvements</li> <li>○ Conducting outreach and education efforts</li> <li>○ Facilitating policy changes to effect upstream determinants of health</li> <li>○ Implementing scalable approaches to meet the nonmedical social needs of populations identified in the most recent community health needs assessment such as unstable housing, inadequate food, or job development.</li> </ul> </li> <li>• Loan repayment for health care practitioners and community health workers</li> <li>• Capital equipment for health and dental needs of amounts \$25,000 or less</li> <li>• Capital improvements for health and dental that support HERCs in addressing health disparities</li> <li>• Evaluation – HERC must hire a full-time person to manage the data or contract with an HBCU.</li> </ul> <p><u>Implementation</u></p> <p>The Community Health Resource Commission will implement, with advice of the Advisory Committee (see next section) the Pathway to Health Equities Program for the first two years beginning in July 2021 with \$14 million annually. Then, the</p> |                    |

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|  | <p>Commission will establish a permanent HERC Program by July 2023. Funding will increase to \$15 million annually from fiscal 2022-2025 with a fund transfer from the Reinsurance Fund. The bill is silent about funding after this time.</p> <p><u>Health Equity Resource Community Advisory Committee</u><br/> Members include: 1) the Commission chair, or designee, 2) the Director of the Office of Minority Health and Health Disparities, or designee, 3) three members appointed by the Governor, including a representative of the Department of Health and an individual with expertise in health care financing, 4) three members appointed by the Senate President, including an individual with expertise in the social determinates of health, and a member of the general public who lives in an area that may potentially be designated as a HERC, and 5) three members appointed by the House Speaker, including an individual with expertise in health equity, and a member of the general public who lives in an area that may potentially be designated as a HERC.</p> <p><u>Reporting</u><br/> The Commission must report on the Building the Pathways to Equity Program with an interim report in December 2021 and a final report in January 2023 to the Maryland General Assembly.</p> <p>After the Commission receives applicants for permanent designation of HERCs (which is after the Building Pathways to Equity), the Commission must report the list of applicants to the HGO and Senate Finance Committees.</p> <p>After that, the Commission must issue an annual report to the Maryland General Assembly on December 15th.</p> |                    |
| <p><b>HB 28/SB 5</b><br/> <i>Public Health - Implicit Bias Training and the Office of Minority Health and Health Disparities</i></p> | <p><b>Implicit Bias Training Requirements</b><br/> All licensed or certified health care providers must complete implicit bias training on the first renewal application submitted after April 1, 2022.<br/> The training must be approved by the relevant health occupations board and the</p>   | <p>Support</p>     |



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| <p>Del. Joseline Pena-Melnyk et al./Sen. Melony Griffith et al.</p>  | <p>Cultural and Linguistic Health Care Professional Competency Program (under the Maryland Department of Health).</p> <p><b>Office of Minority Health and Health Disparities</b><br/> <i>Required Budget for the Office:</i> The Governor must include at least \$1,788,314 or .012% of the Department of Health’s budget (whichever is higher) starting in 2023.</p> <p>The Office currently relies on federal and special funding sources, and must continue to pursue these sources to supplement state funding and report on its efforts to the House Health and Government Operations Committee and the Senate Finance Committee each year.</p> <p><i>Data:</i> The Office must update data collected by the Office at least once every six months.</p> <p><i>Reporting:</i> Adds dementia to the list of diseases that the Office must report on in its annual health disparities report card.</p> |                    |
| <b>Behavioral Health Services &amp; Access to Care</b>   |  |                    |
| <p><b><u>HB 108/SB 286</u></b><br/> <i>Behavioral Health Crisis Response Services - Modifications</i></p> <p>Del. Lorig Charkoudian/Sen. Malcolm Augustine</p> | <p>This bill makes changes to the Behavioral Health Crisis Response Grant Program, including:</p> <ul style="list-style-type: none"> <li>• Level funds the annual budget at \$5M through FY 25. Starting in FY 23, at least 1/3 of the funding must be competitively awarded to mobile crisis teams. (Previous legislation had only required funding through FY 22)</li> <li>• Grant prioritization must focus on: cultural competency, community feedback, and strong partnerships with family and consumer organizations, and regional stakeholders.</li> <li>• Crisis Response System must coordinate with 311, 211, or other local mental health hotlines (in addition to currently coordinating with local</li> </ul>   | <p>Support</p>     |

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|   | <p>behavioral health authorities, emergency medical service personnel, and behavioral health providers)</p> <p>The bill also includes multiple data collection and reporting requirements, including annually developing recommendations with the goal of decreasing criminal detention and improving crisis diversion programs and linkages to effective community health services.</p>   |                    |
| <p><b><u>HB 123/SB 3</u></b><br/> <i>Preserve Telehealth Access Act of 2021</i></p> <p>Del. Joseline Pena-Melnyk et al./Sen. Melony Griffith et al.</p> | <p>This bill expands telehealth reimbursement provisions under Medicaid and private insurance.</p> <p><b><u>Medicaid</u></b></p> <ul style="list-style-type: none"> <li>• <b>Who Can Be Reimbursed for Telehealth:</b> Includes all licensed or certified health practitioners, including dental practitioners. Also includes behavioral health programs, developmental disabilities programs, and a Medicaid provider of long-term care services.</li> <li>• <b>What Services are Reimbursable:</b> Any service that may appropriate be provided through telehealth. This means Medicaid could still impose some restrictions, e.g. services that require a physical exam. Clinic facility as well as room &amp; board fees are not reimbursable.</li> <li>• <b>Originating and Distance Site:</b> Permanently repeals Medicaid’s policy that required both patient and provider be an approved clinical site. Note: federal restrictions called the “Four Wall” policy would still apply.</li> <li>• <b>Audio Only: Requires the reimbursement of audio-only services through June 2023.</b></li> <li>• <b>Payment Parity:</b> Requires all types of telehealth services, including audio-only, be reimbursed at the in-person rate through June 2023.</li> <li>• <b>Behavioral Health Parity:</b> MDH must revised its Medicaid regulations to reflect federal parity requirements by October 1, 2021.</li> </ul> | <p>Support</p>     |

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|   | <p><b><u>Private Insurance</u></b></p> <ul style="list-style-type: none"> <li>• <b>What Services are Reimbursable:</b> Any service that may appropriate be provided through telehealth. This means Medicaid could still impose some restrictions, e.g. services that require a physical exam. Clinic facility as well as room &amp; board fees are not reimbursable.</li> <li>• <b>Audio Only: Requires the reimbursement of audio-only services through June 2023.</b></li> <li>• <b>Payment Parity:</b> Requires all types of telehealth services, including audio-only, be reimbursed at the in-person rate through June 2023.</li> <li>• <b>Network Requirements:</b> Prohibits insurers from requiring covered individual use specific telehealth providers.</li> <li>• <b>Behavioral Health Parity:</b> Prohibits insurers from excluding coverage of in-person services solely because they could be provided through telehealth.</li> </ul> <p><b><u>Reporting and Sunset Provision</u></b></p> <p>The MHCC shall conduct a study and submit a report regarding recommendations for long-term reimbursement policies regarding telehealth. The MHCC shall include recommendation from the Maryland Insurance Administration regarding network adequacy requirements and telehealth.</p> <p>The report is due on December 1, 2022. This would allow the Maryland General Assembly to consider the findings and introduce legislation regarding reimbursement for audio-only and payment parity beyond June 2023.</p> |                    |
| <p><b><u>HB 466/SB 405</u></b><br/> <i>Higher Education - Student Identification Cards - Required Information</i></p> | <p>This bill requires institutions of higher education that issue student ID cards to include the following information on the card or a sticker on the card:</p> <ul style="list-style-type: none"> <li>• The telephone number for Maryland’s Helpline; or</li> </ul>  | <p>Monitor</p>     |

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| <p>Palakovich Carr/Sen. Malcolm Augustine</p>  | <ul style="list-style-type: none"> <li>An on-campus crisis center that operates 24 hours day and 365 days a year</li> </ul> <p>Schools may also provide on the card (or sticker on the card): the National Suicide Prevention Lifeline, the Crisis Text Line, the National Domestic Violence Hotline, or any on-campus crisis center.</p> <p>The bill does not apply to cards already issued to students before the effective date of the bill.</p>   |                    |
| <p><b>HB 548/SB 299</b><br/> <i>Human Services - Trauma-Informed Care - Commission and Training (Healing Maryland's Trauma Act)</i><br/>           Del. Robbyn Lewis/Sen. Jill Carter et al.</p> | <p>The bill establishes a Commission on Trauma-Informed Care within the Department of Human Services to work with state agencies to prevent and mitigate the impact of trauma on children, youth, families, and older adults, and to make recommendations regarding statutory or regulatory changes that would help in this effort. The commissino must also study and implement an Adverse Childhood Experiences Aware program to screen for adverse childhood experiences and toxic stress to provide interventions to improve individual and family well-being and reduce health care costs.</p> <p>The Commission must submit an annual report to the Governor and General Assembly.</p> <p><u>Commission members</u> – 1) two members of the senate, appointed by the Senate president, 2) two members of the house, appointed by the house speaker, 3) the Secretary of Budget and Management, or designee, 4) the Secretary of Disabilities, or designee, 5) the Secretary of Health, or designee, 6) the Secretary of Human Services, or designee, 7) the Secretary of Juvenile Services, or designee, 8) the Secretary of State Police, or designee, 9) the State superintendent of schools, or designee, 10) the Executive Director of the Office, or designee, 11) the Executive Director of the State Council on Child Abuse and Neglect, or designee, and 12) the following members appointed by the Governor, i) two licensed mental health clinicians with expertise in trauma, including experience in child and adolescent care and family care, ii) one licensed geriatric mental health clinician with expertise</p> | <p>Support</p>     |

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|  | <p>in trauma, iii) two members of the research community with expertise in trauma, iv) six representatives from community organizations, nonprofit organizations, or youth organizations with an expertise in trauma, v) one representative of the Office of Child Care Advisory Council, vi) one representative of the Maryland Network Against Domestic Violence, vii) one representative of an urban municipal government with expertise in trauma, viii) one representative of a rural municipal government with expertise in trauma, ix) one representative of a suburban municipal government with expertise in trauma.</p> |                    |
| <p><b><u>HB 605/SB 164</u></b><br/> <i>Veterans - Behavioral Health Services - Mental Health First Aid</i></p> <p>Del. Nicholas Kipke/Sen. Bryan Simonaire</p>                             | <p>This bill requires the Maryland Department of Health to include mental health first aid training when coordinating behavioral health services for veterans. The training should be for veterans and their immediate families on how to identify and respond to signs of mental illness and substance use disorders.</p> <p>Training entities must report to the Department on the number of veterans and their families who took the course. The Department is then required to report on the aggregate data annually.</p>   | Support            |
| <p><b><u>HB 780/SB 729</u></b><br/> <i>Maryland Health Benefit Exchange - State-Based Young Adult Health Insurance Subsidies Pilot Program</i></p> <p>Del. Ken Kerr/Sen. Brian Feldman</p> | <p>The bill requires the State Health Exchange to establish and implement a Pilot Program to provide subsidies to young adults to purchase health plans in the individual market.</p> <p>The bill authorizes up to \$20,000,000 in annual subsidies be available to participants in calendar years 2022 and 2023.</p> <p>SV</p>   | Support            |
| <p><b><u>HB 812/SB 719</u></b><br/> <i>2-1-1 Maryland - Mental Health Services Phone Call</i></p>  | <p>2-1-1 is a statewide resource that that connects people with health and human services.</p> <p>The bill requires the Department of Health to make recommendations to 2-1-1-Maryland regarding the establishment of an opt-in mental health services phone</p>  | Monitor            |

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| <p><i>Program (The Thomas Bloom Raskin Act)</i></p> <p>Del. Bonnie Cullison/Sen. Craig Zucker et al.</p>  | <p>call program. The governor may appropriate funds to the Department to carry out the bill's requirements.</p> <p>SV</p>   |                    |
| <p><b><u>HB 872/SB 550</u></b><br/> <i>Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans - Establishment</i></p> <p>Del. Nick Charles/Sen. Pamela Beidle et al.</p> | <p>This bill establishes the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans in the Department of Health. The purpose is to provide funds to local nonprofit organizations to establish and expand community behavioral health programs to serve service members, veterans, and their families. The bill requires \$2.5 million each year.</p> <p>The program consists of competitive matching grants, with nonprofits responsible for at least 50%. Among the focuses are to integrate mental health and substance use treatment. Only nonprofits with a mission to provide behavioral health services or provide service to service members, veterans, or their families are eligible.</p> <p>MDH is required to produce an annual report on the grant.</p> | Support            |
| <p><b><u>HB 919/SB 638</u></b><br/> <i>Maryland Insurance Commissioner - Specialty Mental Health Services and Payment of Claims - Enforcement</i></p> <p>Del. Heather Bagnall/Sen. Malcolm Augustine et al.</p>       | <p>Current law requires the Department of Health to establish a delivery system for specialty mental health services for enrollees of Medicaid managed care organizations.</p> <p>The emergency bill requires the Maryland Insurance Commissioner to enforce this law. MIA may fine and charge interest to an Administrative Service Organization for failing to pay clean claims as required by law and to investigate potential violations.</p>   | Support            |

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|  | The bill terminates after two years.  |                    |
| <p><b>HB 1022/SB 748</b><br/> <i>Public Health - State Designated Exchange - Clinical Information</i></p> <p>Del. Shane Pendergrass/Sen. Pamela Beidle</p> | <p><u>Requirement for Nursing homes to submit clinical information</u><br/> The bill requires nursing homes in the state to electronically submit clinical information to the state designated information exchange if requested to do so by the Department of Health.</p> <p><u>Authorization for the use of the nursing home information</u><br/> The exchange may then provide this information to:</p> <ul style="list-style-type: none"> <li>• a health care provider,</li> <li>• an authorized health information exchange user,</li> <li>• a health information exchange authorized by the Maryland Health Care Commission,</li> <li>• a federal official, and</li> <li>• a state official.</li> </ul> <p>The information may also be combined with other data maintained by the exchange to facilitate:</p> <ul style="list-style-type: none"> <li>• a state health improvement program,</li> <li>• mitigation of a public health emergency, and</li> <li>• improvement of patient safety.</li> </ul> <p><u>Regulations to implement the bill</u><br/> Regulations adopted by the Maryland Health Care Commission must provide a uniform, gradual implementation of the exchange of clinical information that limits redisclosure of financial information, restricts data of patients who have opted out of records sharing, and restricts data from health care providers that possess sensitive health care information.</p> | Monitor            |

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|  | <p><u>Funding</u> – Uncodified language requires the Department of Health to seek funding to implement the bill.</p> <p><u>Reporting</u> – Uncodified language requires the Maryland Health Care Commission to report to the Governor and General Assembly on: 1) funding available to implement the bill, and 2) the sustainability of the technical infrastructure to implement the bill by January 1, 2022.</p>  |                    |
| <p><b><u>HB 1372/SB 965 *</u></b><br/> <i>Blueprint for Maryland's Future - Revisions</i></p> <p>The Speaker/President</p> <p>*SB 965, the crossfile, did not pass</p> | <p>This bill alters policies and funding provisions relating to the Blueprint for Maryland's Future, primarily related to:</p> <ul style="list-style-type: none"> <li>• The 1-year delay in implementing due to the 2020 veto and pushing out some dates, including reporting requirements; and</li> <li>• Prioritizing certain provisions to respond to learning loss/behavioral health services over the summer and upcoming school year. This includes \$10 million in funding for behavioral health service during the 2021 summer and another \$15 million for the 2021-2022 school year.</li> </ul> | No Position        |
| <p><b><u>HB 1375</u></b><br/> <i>Health Information Exchanges - Electronic Health Information - Sharing and Disclosure</i></p> <p>Del. Ariana Kelly</p>                | <p>This bill:</p> <ul style="list-style-type: none"> <li>• Enhances a consumer’s ability to decide if they want their personal health information to be share through electronic health record systems.</li> <li>• Creates a “one-stop” system by which a consumer may request to opt-out of the sharing of personal health information through CRISP or private systems such as “MyChart”.</li> </ul> <p>The opt-out system would be established by CRISP under the auspices of the Maryland Health Care Commission.</p>   | No Position        |



| Bill   | Analysis  | Position & Comment |
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| <p><b>SB 41/HB 132 *</b><br/> <i>Health - Mental and Emotional Disorders - Consent (Mental Health Access Initiative)</i></p> <p>Sen. Malcolm Augustine/Del.<br/> Heather Bagnall</p> <p>*HB 132, the crossfile, did not pass</p> | <p>Current law permits minors who are 16 years or older to consent to consultation, diagnosis, and treatment of an emotional disorder; and clinicians have the discretion to inform a parent or guardian if it is in the best interest of the child.</p> <p>This bill:</p> <ul style="list-style-type: none"> <li>• Changes the age of consent to 12 years of age. The exception is that minors must still need to be at least 16 years of age to consent to prescription medications;</li> <li>• Clarifies that the health care provider has the authority to determine if the minor is mature enough to consent;</li> <li>• Specifies that a health care provider may provide information to a parent, guardian, or custodian unless the provider believes the disclosure will lead to harm of the minor or deter the minor from seeking care.</li> </ul> | <p>Support</p>     |

**Bills that did not pass**

| Bill                                     | Analysis | Position & Comment |
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| <p><b>Scope and Licensure Issues</b></p> |          |                    |

| Bill   | Analysis   | Position & Comment |
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| <p><b>HB 29</b><br/> <i>Health - Standards for Involuntary Admissions and Petitions for Emergency Evaluation - Substance Use Disorder</i></p> <p>Del. Julian Ivey</p>                              | <p>Allows for the petition for emergency evaluations and involuntary admissions for individuals with substance use disorders.</p> <p>The requirements for evaluation and admission are the same as those for a mental disorder.</p>  | <p>Monitor</p>     |
| <p><b>HB 537/SB 398 *</b><br/> <i>Mental Health Law - Petitions for Emergency Evaluation - Procedures</i></p> <p>Del. Sheila Ruth/Sen. Jill Carter</p> <p>*SB 398, the crossfile, did not pass</p> | <p>Under current law, a petition for an emergency evaluation of an individual may be made if the petitioner believes that the individual has a mental disorder and presents a danger to the life and safety of the individual or to others. If the petitioner is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer or designee, they <i>must</i> give the petition to a peace officer. The peace officer then brings the individual to an emergency facility.</p> <p>Under the bill, the health professionals listed above <i>may</i> share the petition with a peace officer, but are not required to. This enables those professionals to bring an emergency evaluatee to an emergency facility directly.</p> | <p>Monitor</p>     |
| <p><b>HB 701</b><br/> <i>Child Abuse and Neglect - Training of Health Care Professionals</i></p> <p>Del. Susan McComas</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.</p> <p>This bill requires the Department of Health to provide Health Occupations 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>   | <p>Monitor</p>     |

| Bill  | Analysis  | Position & Comment |
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| <p><b><u>HB 732/SB 568 *</u></b><br/> <i>Health Care Practitioners - Telehealth - Out-of-State Health Care Practitioners</i></p> <p>The Speaker et al./President et al.</p> <p>*SB 568, the crossfile, did not pass</p> | <p><b>Bill Summary:</b> The bill establishes a process by which out-of-state health care practitioners may register with the appropriate Maryland Health Occupations Board to provide telehealth services to patients in the state.</p> <p><b>Who it applies to:</b> Out-of-state practitioners with unrestricted licenses or certificates in another state who: 1) undergo a criminal history records check; and 2) agrees to cooperate with the relevant Maryland board in a disciplinary investigation; and 3) pays a registration fee.</p> <p><b>What services can they provide:</b> Any telehealth service within the scope of the relevant Maryland health occupations code.</p> <p><b>What services are they prohibited:</b></p> <ul style="list-style-type: none"> <li>• In person services</li> <li>• Setting up a physical office</li> <li>• Prescribe a controlled dangerous substance</li> </ul> <p><b>How do health boards implement?</b></p> <ul style="list-style-type: none"> <li>• Set requirements for registration</li> <li>• Process applications</li> <li>• Investigate and discipline registrants for violations of law while providing telehealth services to patients in Maryland.</li> </ul> | <p>Oppose</p>      |
| <p><b><u>HB 1006/SB 938 *</u></b><br/> <i>Health Occupations - Service Members, Veterans, and Military Spouses - Temporary</i></p>  | <p>This bill requires all health occupation boards to issue an expedited temporary license, certificate, or registration to a service member, veteran, or military spouse.</p> <p>The board must determine that requirements for licensure are substantially</p>  | <p>Monitor</p>     |

| Bill  | Analysis  | Position & Comment            |
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| <p><i>Licensure, Certification, and Registration</i></p> <p>Del. Brian Crosby/Sen. Douglas Peters</p> <p>*SB 938, the crossfile, did not pass</p> | <p>equivalent to or exceed Maryland’s requirements.</p> <p>The applicant must:</p> <ul style="list-style-type: none"> <li>• show proof of a valid license, certificate, or registration in good standing from another state</li> <li>• proof of residency in the state</li> <li>• proof of application for a criminal records check (if the board requires it)</li> <li>• proof of application for a permanent license, certificate, or registration</li> <li>• payment of any application fee</li> </ul> <p>Temporary licenses are valid until the earlier of 6 months; or when a license, certificate, or registration is granted or denied.</p> <p>Boards may apply to the Secretary for an alternative process and are not required to issue temporary licenses if it would pose a risk to the public health, welfare, or safety.</p>   |                               |
| <p><b>HB 1041</b></p> <p><i>Health Occupations Boards - Uniform Reporting</i></p> <p>Del. Ariana Kelly</p>  | <p>This bill requires the Health Occupation Board to request the uniform information from all health care practitioners upon initial application, renewal, or reinstatement, including:</p> <ul style="list-style-type: none"> <li>• Identifying Information: name; address including zip code; telephone number; email address; National Provider Identifier;</li> <li>• Practice Area (if applicable): primary care, pediatric are, obstetrics/gynecological care, behavioral health for adults or children, and substance use for adults or children</li> <li>• For Prescribers: if they intend to regularly prescribe medication</li> <li>• Location of Care Practice: Primarily treat patients in state; in another state or country; conduct research; or remain inactive</li> <li>• Professionals Providing Care in-State must provide uniform contact information of their practice location</li> </ul> | <p>Support with Amendment</p> |

| Bill   | Analysis   | Position & Comment   |
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|  | <p>The Boards must post this information on their websites and provide an opt-out of posting the practitioner's telephone and email address online.</p> <p>The bill also includes IT support and provisions during a state of emergency for the sharing of information with the Executive Branch.</p>  |  |
| <p><b>SB 952</b><br/> <i>Health Occupations - Internship and Residency Training Requirements - Waiver for Former Service Members Injured in Combat</i><br/><br/>           Sen. Malcolm Augustine</p>  | <p>Requires all health occupation boards to waive internship or residency training requirements for licensure, certification, or registration for a former service member who is disabled as a result of combat injury.</p>  | <p>No Position</p> <p>The bill would have been amended, if it moved, that it only applied to physicians.</p> |
| <p><b>Health Coverage</b></p>  |  |  |
| <p><b>HB 167/SB 290 *</b><br/> <i>Health Insurance - Out-of-Pocket Maximums and Cost-Sharing Requirements - Calculation</i><br/><br/>           Del. Pat Young/Sen. Joanne Benson<br/><br/>           *SB 290, the crossfile, did not pass</p> | <p>This bill requires health insurance carriers to include any payments made by, or on behalf of, the insured, subscriber, or member, when calculating the overall contribution to an out-of-pocket or maximum cost-sharing requirement. This essentially requires health insurance carriers to take into account third-party financial assistance in the calculation.</p> | <p>Monitor</p>   |
| <p><b>HB 235</b><br/> <i>Correctional Services - Pregnant Incarcerated</i></p>   | <p>This bill requires screening and treatment for incarcerated pregnant individuals with a substance use disorder, including those up to 12-weeks postpartum. It also requires that correctional units arrange health coverage for those individuals, refer</p>  | <p>Monitor</p>   |

| Bill   | Analysis  | Position & Comment |
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| <p><i>Individuals - Substance Abuse Assessment and Treatment</i></p> <p>Del. Wanika Fisher</p>   | <p>them to reproductive health care providers, as well as community-based mental health and substance use professionals upon release.</p>   |                    |
| <p><b>HB 434</b><br/><i>Public Health - Telehealth - Health Care Practitioners and the Maryland Medical Assistance Program</i></p> <p>Del. Karen Young</p> | <p>Current law requires the Medicaid program to cover mental health services delivered via telehealth to patients in their home or other secure setting. The bill expands this by requiring Medicaid to cover <i>all</i> health care services that can be appropriately delivered via telehealth.</p> <p>The bill also provides that telehealth services include audio-only calls.</p> <p><b><u>HB 123/SB 3 had similar provisions and was signed into the law by the Governor.</u></b></p>   | Support            |
| <p><b>HB 534</b><br/><i>Public Health - Healthy Maryland Program - Establishment</i></p> <p>Del. Gabriel Acevero</p>                                       | <p>The bill establishes a “Healthy Maryland Program” to provide universal health coverage for all state residents, which would replace Medicaid, MCHP, Medicare, the Affordable Care Act, and any other federal program. Those programs, and the funding they consume, would be merged via federal waivers, approvals, and arrangements into the Healthy Maryland Program, which would operate as a single-payer program. Coverage must be offered without premiums or other cost sharing. Additional funding for the program would be raised via a payroll premium on employers and employees.</p> | No position        |
| <p><b>HB 551/SB 393 *</b><br/><i>Maryland Medical Assistance Program and Health Insurance - Coverage and Reimbursement of Telehealth Services</i></p>      | <p><b>Under current Medicaid law,</b> Medicaid is required to provide telehealth reimbursement for mental health services. Under regulation, Medicaid is more expansive and covers telehealth services for all provider types. However, current regulations limit reimbursement to 1) both provider and patient must be at a clinical site; and 2) telehealth is limited to audio-visual communications and some remote patient monitoring.</p> <p><b>Under current private insurance law:</b> Telehealth does not include audio-only.</p>  | Support            |

| Bill   | Analysis   | Position & Comment |
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| <p>Del. Heather Bagnall/Sen. Malcolm Augustine</p> <p>*SB 393, the crossfile, did not pass</p>   | <p><b>The bill: for Medicaid and Private Insurance:</b></p> <ul style="list-style-type: none"> <li>○ Removed the requirement that patients and providers be at clinical sites</li> <li>○ Requires reimbursement for audio-only</li> <li>○ Imposes certain provisions to make the law consistent with federal Parity law for behavioral health</li> </ul> |                    |
| <p><b>HB 634/SB 621 *</b><br/><i>Association Health Coverage Plans</i></p> <p>Del. Wendell Beitzel/Sen. George Edwards</p> <p>*SB 621, the crossfile, did not pass</p> | <p>Establishes association plans for labor unions or chambers of commerce.</p>   | <p>Monitor</p>     |
| <p><b>SB 567/HB 731 *</b><br/><i>Telehealth Services - Expansion</i></p> <p>President et al./The Speaker et al.</p> <p>*HB 731, the crossfile, did not pass</p>        | <p>This was the Governor’s proposal for telehealth. It largely reflected the same provisions as HB 123/SB 3 as introduced.</p> <p><b><u>HB 123/SB 3 was signed into law by the Governor.</u></b></p>   | <p>Support</p>     |
| <p><b>SB 543</b><br/><i>Insurance - Health Care Sharing Ministries - Exemption</i></p>   | <p>Exempts health care sharing ministries from State insurance requirements, including mandated benefits.</p>  | <p>Oppose</p>      |

| Bill  | Analysis  | Position & Comment |
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| Sen. Adelaide Eckardt   |   |                    |
| <b>Children, Youth, and Education</b>   |   |                    |
| <p><b>HB 461</b><br/> <i>Public Schools - Student Attendance - Excused Absences for Mental Health Needs</i></p> <p>Del. Alonzo Washington</p>                 | <p>This bill would state in law that a student’s absence from a mental health need is a lawful absence; and require local school systems to excuse at least 1 day of absence in each quarter of the school year for a student’s mental health needs. Local school systems cannot require a note for the 1 day/quarter mental health absence.</p>  | Monitor            |
| <p><b>HB 496</b><br/> <i>Primary and Secondary Education - Mental Health Services - Expansion (Counselors Not Cops Act)</i></p> <p>Del. Jheanelle Wilkins</p> | <p>This bill makes changes to the Center for School Safety’s practices.</p> <p><b>Funding:</b> Changes how \$10 million currently earmarked to local school systems and law enforcement agencies can be allocated; whereby the funding can only be used by local school systems for:</p> <ul style="list-style-type: none"> <li>• Hiring or contracting with school psychologists, school social workers, school counselors, and behavioral specialists.</li> <li>• Hiring or contracting with community school coordinators, developing community schools, and providing wraparound services in the school system; developing trauma-informed schools in the school system.</li> </ul> <p>Grants are based on the number of schools in each local school system in proportion to the total number of public schools in the State the preceding year. Funding should also be used, when practicable, to hire professionals who reflect the diversity of the student population.</p> <p><b>Reporting:</b> Local school systems who receive grants are required to provide the Center with information on insurance claims for behavioral health services to show</p> | Monitor            |



| Bill   | Analysis  | Position & Comment |
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|  | <p>how external funding is being maximized. Annual data also needs to be reported on the number of school social workers, school psychologists, school counselors, and behavioral specialists; along with job status items and caseload data. Local school system must affirm that it has enough staff to meet national caseload standards or describe what steps are being taken to meet standards.</p> <p>Existing data collected from local school systems for SROs should also include school security staff data.</p> <p><b>School Safety Subcabinet Advisory Board:</b> Adds the following new members: a school counselor, restorative approaches practitioner, behavioral specialist, community school coordinator, representative from a trauma-informed school (or a school with strong implementation of trauma-informed practices), representative from a community medication group, an additional member of the public, and a public school student who has experienced school-based arrest (or their parent). In addition, the Board must have both a school psychologists and a clinical social worker; not one or the other.</p> <p><b>School Security:</b> Specifies that school security (who are not SROs) cannot carry a firearm and or arrest students.</p> |                    |
| <p><b>HB 774</b><br/> <i>Public Health - Adverse Childhood Experience Screening - Requirement and Practitioner Training Program</i><br/><br/>           Del. Pam Queen</p> | <p>Current law requires that children entering the public school system for the first time must have a physical exam.</p> <p>The bill requires that the exam include a screening for adverse childhood experiences. It also requires the Medicaid program to reimburse a physician, PA, or NP for provides the required screening and attests to having completed an approved childhood experiences training program.</p>   | <p>Monitor</p>     |

| Bill  | Analysis  | Position & Comment |
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| <p><b>HB 1089</b><br/> <i>Primary and Secondary Education - Expansion of Mental Health Services and Prohibition of School Resource Officers (Police-Free Schools Act)</i></p> <p>Del. Gabriel Acevero</p> | <p>This bill makes changes to the Center for School Safety’s practices and the hiring of SROs in schools.</p> <p><b>Funding:</b> Changes how \$10 million currently earmarked to local school systems and law enforcement agencies can be allocated; whereby the funding can only be used by local school systems for:</p> <ul style="list-style-type: none"> <li>• Hiring or contracting with school psychologists, school social workers, school counselors, and behavioral specialists.</li> <li>• Hiring or contracting with community school coordinators, developing community schools, and providing wraparound services in the school system; developing trauma-informed schools in the school system.</li> </ul> <p>Grants are based on the number of schools in each local school system in proportion to the total number of public schools in the State the preceding year.</p> <p>Funding should also be used, when practicable, to hire professionals who reflect the diversity of the student population.</p> <p><b>Reporting:</b> Local school systems who receive grants are required to provide the Center with information on insurance claims for behavioral health services to show how external funding is being maximized. Annual data also needs to be reported on the number of school social workers, school psychologists, school counselors, and behavioral specialists; along with job status items and caseload data. Local school system must affirm that it has enough staff to meet national caseload standards or describe what steps are being taken to meet standards. Existing data collected from local school systems for SROs should also include school security staff data.</p> <p><b>School Safety Subcabinet Advisory Board:</b> Adds the following new members: a school counselor, restorative approaches practitioner, behavioral specialist, community school coordinator, representative from a trauma-informed school (or</p> | <p>Monitor</p>     |

| Bill  | Analysis   | Position & Comment |
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|   | <p>a school with strong implementation of trauma-informed practices), representative from a community medication group, and a public school student who has experienced school-based arrest (or their parent). In addition, the Board must have both a school psychologist and a social worker; not one or the other.</p> <p><b>SROs/School Security:</b> Eliminates SROs from schools by specifying that local school systems cannot contract with state or local law enforcement to have police officers with arrest authority in schools or on school property, or have their own police force. School security (who are not SROs) cannot carry a firearm and or arrest students.</p> |                    |
| <p><b><u>HB 1379/SB 961 *</u></b><br/> <i>Consortium on Collective Impact for Student and Family Well-Being - Renaming and Revisions</i></p> <p>Del. Brenda Thiam/Sen. Paul Corderman</p> <p>*SB 961, the crossfile, did not pass</p> | <p>Expands the existing provisions for the Consortium to include a focus on family well-being.</p>   | <p>No Position</p> |
| <p><b>Commissions and Workgroups</b></p>  |  |                    |
| <p><b><u>HB 209/SB 168 *</u></b><br/> <i>Public Health - Maryland Suicide Fatality Review Committee</i></p> <p>Del. Lisa Belcastro/Sen. Adelaide Eckardt</p>  | <p>This bill establishes a Maryland Suicide Fatality Review Committee (or State Team) to facilitate system changes in the state to prevent suicides.</p> <p><u>Committee Reporting</u><br/> The Committee must report at least annually to the Governor and General Assembly on its activities and recommendations:<br/> 1) on law or policy changes that would promote suicide prevention, and</p>  | <p>Monitor</p>     |

| Bill  | Analysis   | Position & Comment |
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| <p>*SB 168, the crossfile, did not pass</p> | <p>2) improving the availability of sources of information regarding reported suicide fatality investigations.</p> <p><u>Records Requests</u><br/>Health care providers or state or local government agencies must provide any records to the committee regarding a specific fatality when requested by the committee chair.</p> <p><u>Committee Membership</u></p> <ul style="list-style-type: none"> <li>• 1) The Secretary of Health, or designee, 2) the Secretary of the Behavioral Health Administration, or designee, and 3) the chair of the Governor’s Commission on Suicide Prevention.</li> <li>• The Secretary <i>may</i> include the following members: 1) the Chief Medical Examiner, or designee, the Chair of the Health Subcommittee of the Senate Education, Health, and Environmental Affairs Committee, or designee, and 3) the chair of the House Health and Government Operations Committee, or designee.</li> <li>• The Secretary <i>may also</i> include the following members: 1) a suicidologist or an academic with a specialty in the study and prevention of suicide, 2) a health care provider representative, 3) representative of an organization having expertise in suicide prevention, 4) a representative of an organization having expertise in the treatment and prevention of substance abuse, 5) a representative of an organization that advocates for individuals with mental illness, 6) a representative of law enforcement and correctional services, and 7) any additional members determined by the Secretary.</li> </ul> |                    |
| <p><b><u>HB 244/SB 161</u></b> *</p>        | <p>This bill creates a Task Force to Study Access to Mental Health Care in Higher Education to review and make recommendations on improve access to mental health services on and off campus. The Maryland Higher Education Commission</p>   | <p>Support</p>     |

| Bill   | Analysis  | Position & Comment            |
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| <p><i>Task Force to Study Access to Mental Health Care in Higher Education</i></p> <p>Del. Geraldine Valentino-Smith/Sen. Adelaide Eckardt</p> <p>*SB 161, the crossfile, did not pass</p> | <p>will staff, with an interim report due by Dec. 1, 2021 and a final report due by Dec. 1, 2022.</p> <p>Members:</p> <ul style="list-style-type: none"> <li>• Two members of the Senate</li> <li>• Two members of the House</li> <li>• Two representatives of the University System of Maryland</li> <li>• Two representatives of private nonprofit institutions of higher education</li> <li>• One representative of the Mental Health Assoc of Maryland</li> <li>• One representative of the Maryland Chapter of NAMI</li> <li>• Three family members of a student enrolled in higher education or a former student with experience using mental health services on campus</li> <li>• One psychiatrist</li> <li>• One nurse psychotherapist</li> </ul>                     |                               |
| <p><b>HB 377</b><br/><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. Staffed by the Behavioral Health Administration. Reports are due Dec. 1, 2021 and Dec. 1, 2022.</p> <p>Members, include one member/representative from:</p> <ul style="list-style-type: none"> <li>• State Senate</li> <li>• House of Delegates</li> <li>• Mental Health Assoc. of Maryland</li> <li>• Maryland Assoc. of Student Councils</li> <li>• Public School Superintendents' Assoc.</li> <li>• Maryland Boards of Education</li> <li>• Maryland Assoc. of School Psychologists</li> </ul> | <p>Support with Amendment</p> |

| Bill  | Analysis  | Position & Comment |
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|   | <ul style="list-style-type: none"> <li>• School Administrator</li> <li>• School-based health center employee</li> <li>• School nurse</li> </ul>   |                    |
| <p><b><u>HB 470/SB 522 *</u></b><br/> <i>Public Health - Commission on Universal Health Care</i></p> <p>Del. Sheila Ruth/Sen. Paul Pinsky et al.</p> <p>*SB 522, the crossfile, did not pass</p>          | <p>The bill establishes a Commission on Universal Health Care to develop a plan for the State to establish a Single-payer health benefits system for all state residents by January 2024.</p> <p>The Commission must submit an interim progress report by June 2022, and a final plan by October 2023.</p> <p><b><u>Commission members</u></b></p> <ul style="list-style-type: none"> <li>• The Secretary of Health, or designee</li> <li>• Four members appointed by the Governor</li> <li>• Four members appointed by the Senate President</li> <li>• Three members appointed by the House Speaker</li> </ul>                   | No position        |
| <p><b><u>HB 783/SB 425 *</u></b><br/> <i>Workgroup on Screening Related to Adverse Childhood Experiences</i></p> <p>Del. Pam Queen/Sen. Malcolm Augustine</p> <p>*SB 425, the crossfile, did not pass</p> | <p>The bill establishes a “Workgroup on Screening Related to Adverse Childhood Experiences” to prevent and mitigate adverse childhood experiences and risk behaviors, and to promote positive childhood experiences. The work includes updating, improving, and developing screening tools for primary care providers, as well as recommending ways to improve the Youth Risk Behavior Survey and Youth Tobacco Survey.</p> <p>The workgroup must submit a report to the Governor and General Assembly by October 1, 2022.</p> <p><b><u>Workgroup members</u></b></p> <p>1) The State Superintendent of Schools, or designee,</p> | Monitor            |

| Bill | Analysis  | Position & Comment |
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|      | <p>2) the Secretary of Health, or designee,</p> <p>3) the Director of the Maryland Department of Health’s Office of Population Health Improvement, or designee,</p> <p>4) the Executive Director of the Maryland State Council on Child Abuse and Neglect, or designee,</p> <p>5) the following members, appointed by the Secretary of Health, i) one mental health expert, ii) one managed care expert, iii) one behavioral health expert, iv) one child welfare expert, v) one primary care provider who performs physical exams on children entering school for the first time, vi) the coordinator and epidemiologist charged with administering Maryland’s Youth Risk Behavior Survey, vii) one representative from the Behavioral Health Administration with expertise in adverse childhood experiences and positive childhood experiences, viii) two members of the research community with expertise in adverse childhood experiences and positive childhood experiences, ix) one coordinator of a local adverse childhood experiences initiative in the state, x) one director of a local management board in the state with expertise in adverse childhood experiences and positive childhood experiences, xi) one director of a county parks and recreation department or a similar department in the state, xii) one director of children’s services for a county library system in the state, and xiii) one individual with expertise in public health communications and marketing on issues and policies related to children’s well being,</p> <p>6) the following members, appointed by the state superintendent of schools: i) one parent of a child in a public primary or secondary school, ii) one local superintendent or principal implementing efforts to have the superintendent’s school system or principal’s school become trauma-informed, iii) one parent of a public middle or high school student in the state interested in and knowledgeable about the impact of adverse childhood experiences and positive childhood experiences and active in the student’s local public school, iv) one school nurse in a local school system in the state with expertise in adverse childhood experiences and positive childhood experiences research, and v) local school system coordinator of mental health services or student support services,</p> <p>7) one representative of the Maryland School Psychologists’ Association,</p> |                    |

| Bill   | Analysis  | Position & Comment |
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|  | designated by the President of the Association, and<br>8) one representative of the Maryland Psychological Association, designated by the Association President.  |                    |
| <p><b>HB 915</b><br/><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, and Other Underrepresented Mental Health Professionals to study the shortage of these individuals in the mental health profession and make recommendations on how to increase their representation, especially in underserved communities.</p> <p>A report is due July 1, 2022.</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 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 or Latino communities, ii) three representatives from the mental health profession in the State, and iii) three individuals who provide social services in the State.</p> | Monitor            |
| <b>Other</b>   |   |                    |
| <p><b>HB 25/SB 311 *</b><br/><i>Catastrophic Health Emergencies - Health Care Providers - Definition and Immunity (Maryland Health Care Heroes Protection Act)</i></p> <p>Del. Bonnie Cullison/Sen. Shelly Hettleman</p> | <p>There is existing law that provides immunity from civil and criminal liability under a catastrophic health emergency proclamation. The existing law applies to acts of good faith performed by a health care facility, health care practitioner, or EMS provider.</p> <p>The bill:</p> <ul style="list-style-type: none"> <li>Expands the immunity provisions to protect employee, agent, or contractor of the health care facility.</li> </ul>  | Monitor            |



| Bill  | Analysis  | Position & Comment |
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| <p>*SB 311, the crossfile, did not pass</p>   | <ul style="list-style-type: none"> <li>Expands the time period that immunity is granted to include the 180 days after a catastrophic health emergency.</li> <li>Clarifies that immunity is granted for an act <i>or an omission</i> related to the proclamation.</li> <li>Applies all new provisions of the law retroactively to any catastrophic health emergency occurring on or after March 5, 2020.</li> </ul>  |                    |
| <p><b><u>HB 88/SB 74 *</u></b><br/> <i>Maryland Police Accountability Act of 2021 - Prohibition Against Penalization for Seeking Mental Health Services</i></p> <p>Del. Benjamin Brooks et al./Sen. Mary Washington et al.</p> <p>*SB 74, the crossfile, did not pass</p> | <p>Requires law enforcement agencies to provide access to an Employee Assistance Program or mental health program for all police officers employed in the agency. Services must include: counseling, crisis counseling, stress management counseling, mental health evaluations, and peer support services.</p> <p>Additional Components:</p> <ul style="list-style-type: none"> <li>Voluntary mental health services for police officers who return to full duty after a serious injury, an officer-involved shooting, an accident resulting in a fatality, or any use of force resulting in a fatality or serious injury.</li> <li>Services designed to protect the mental health of police officers during periods of public demonstrations and unrest.</li> </ul> | Monitor            |
| <p><b><u>HB 124</u></b><br/> <i>Occupational Safety and Health Standards to Protect Employees - Aerosol Transmissible Diseases and COVID-19</i></p> <p>Del. Kriselda Valderrama</p>   | <p>This bill requires two new sets of standards related to worker protections.</p> <p><b>Occupational Safety and Health Standard:</b> Developed by the Maryland Commission of Labor and Industry to protect employees from exposure to occupational aerosol transmissible diseases. Regulations must be adopted by Oct. 1, 2021 and contain:</p> <ul style="list-style-type: none"> <li>Industry-appropriate standards;</li> <li>Require employers to develop and implement a comprehensive infectious disease expose plan</li> </ul>   | Monitor            |

| Bill  | Analysis   | Position & Comment |
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|   | <ul style="list-style-type: none"> <li>• And prohibit retaliatory action against an employee who reports a problem to media or a regulatory agency.</li> <li>• <b>Emergency Temporary Occupational Safety Health Standard to Protect Employees From COVID-19:</b> For use by employers, these standards must be developed in consultation with the Maryland Department of Health and posted on the Department of Labor’s website by March 1, 2021 in English, Spanish, and Haitian Creole. They are effective through 6 months after the Governor’s State of Emergency ends.</li> </ul> <p>This is an emergency bill.</p>  |                    |
| <p><b><u>HB 442/SB 557 *</u></b><br/> <i>Suicide Treatment Improvements Act</i></p> <p>Del. Karen Young/Sen. Ronald Young</p> <p>*SB 557, the crossfile, did not pass</p> | <p>The bill aims to improve the treatment of suicidal individuals, and those who have attempted suicide, via the four areas outlined below.</p> <p><b><u>Department of Health Crisis Hotline</u></b> – The Department of Health currently operates a toll-free Health Crisis Hotline. The bill requires that hotline staff be trained to provide general counseling as well as counseling for suicidal individuals who may be in crisis.</p> <p><b><u>Behavioral Health Facilities</u></b> – Facilities must ensure that suicidal patients and patients who have attempted suicide are treated with respect and dignity by all staff, and must employ a sufficient number of staff trained to provide counseling to those individuals. The bill outlines specific counseling frequency requirements and counselor to patient ratios.</p> <p>The bill prohibits facilities from discharging a patient who will be homeless, or transferring a suicidal patient to a correctional facility or detention center unless the patient is a danger to others. The Department of Health may revoke the license of a private, inpatient facility that violates this provision.</p> <p><b><u>Insurance</u></b> – All health insurers in the state (except small employer grandfathered</p> | <p>Monitor</p>     |

| Bill  | Analysis  | Position & Comment |
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|   | <p>health plans) must provide coverage for counseling and assessment for suicidal individuals or individuals who have attempted suicide <i>without cost sharing</i>.</p> <p><b>Police officer training</b> – The Maryland Police Training and Standards Commission must implement standards for police officers to ensure that they approach suicidal individuals appropriately and are accompanied by an individual trained to provide counseling and assessment to suicidal individuals.</p>  |                    |
| <p><b>HB 851</b><br/><i>Corrections - Restrictive Housing - Serious Mental Illness</i></p> <p>Del. Sheila Ruth</p>      | <p>This bill prohibits the placement of individuals with serious mental illness who are incarcerated from being placed in restrictive housing unless the person presents an immediate and ongoing threat of imminent harm to themselves or others. Those placed in restrictive housing:</p> <ul style="list-style-type: none"> <li>• may not remain for more than 15 days</li> <li>• must have daily wellness check to determine if they continue to present immediate and ongoing threat of imminent harm to themselves or others</li> </ul> <p>The Dept. of Corrections must provide an interim report by Jan. 1, 2022 and a final report by Jan. 1, 2023 on steps to improve restrictive housing conditions; improvements to health, mental health, wellness services; and data on use of restrictive housing.</p> | Monitor            |
| <p><b>HB 1084</b><br/><i>Catastrophic Health Emergencies - Immunity From Civil Liability</i></p> <p>Del. April Rose</p> | <p>The emergency bill provides civil liability protection for a person’s failure to comply with guidance during a catastrophic health emergency unless clear and convincing evidence shows that the act or omission was committed with malice or gross negligence.</p> <p>The bill applies retroactively to March 5, 2020.</p>  | Monitor            |
| <p><b>HB 1344/SB 928 *</b></p>  | <p>This bill creates the following criteria/definition for Maryland’s “dangerousness standard” when determining an involuntary admission.</p>   | Monitor            |

| Bill  | Analysis   | Position & Comment |
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| <p><i>Mental Health Law - Reform of Laws and Delivery of Service</i></p> <p>Del. Nicholas Kipke/Sen. Justin Ready</p> <p>*SB 928, the crossfile, did not pass</p> | <p>(C) "DANGER TO THE LIFE OR SAFETY OF THE INDIVIDUAL OR OF OTHERS" MEANS A SUBSTANTIAL RISK, IN CONSIDERATION OF THE INDIVIDUAL'S CURRENT CONDITION AND, IF AVAILABLE, PERSONAL AND MEDICAL HISTORY, THAT AS A RESULT OF THE MENTAL DISORDER THE INDIVIDUAL WILL:</p> <p>(1) CAUSE BODILY HARM TO THE INDIVIDUAL OR ANOTHER INDIVIDUAL;</p> <p>(2) BE UNABLE, EXCEPT FOR REASONS OF INDIGENCE, TO PROVIDE FOR THE INDIVIDUAL'S BASIC NEEDS INCLUDING FOOD, CLOTHING, SHELTER, HEALTH, OR SAFETY; OR</p> <p>(3) SUFFER SUBSTANTIAL DETERIORATION OF THE INDIVIDUAL'S JUDGMENT, REASONING, OR ABILITY TO CONTROL BEHAVIOR, PROVIDED THAT THE INDIVIDUAL IS CURRENTLY UNABLE TO MAKE A RATIONAL AND INFORMED DECISION AS TO WHETHER TO SUBMIT TO TREATMENT.</p> <p>The bill also changes when applying the dangerousness standard throughout the law, including when deciding on an admission to a facility and when making a petition for emergency evaluation. The current standard states that an individual needs to present a danger to the life or safety of the individual or others.</p> <p>The bill would no longer require an immediate present danger by specifying that an <b>individual is reasonably expected, if not hospitalized, to present a danger to the life or safety of the individual or of others.</b></p> <p>Finally, the bill requires the Maryland Police Training and Standards Commission must provide information on the new dangerousness definition to all schools that conduct police entrance-level and in-service training courses.</p> |                    |
| <p><b>SB 42</b></p> <p><i>Public Safety - Police Officers - Screening for Violent Behavior, Aggressive Behavior, and Bias</i></p>                                 | <p>This bill prohibits law enforcement agencies from hiring police officers unless they undergo and pass a psychological screening. Screenings can only be provided by a licensed psychologist or psychiatrist.</p> <p>Applicants who fail the screening due to violent or overly aggressive behaviors or bias cannot work as a police officer for 1 year and must undergo the screening</p>   | <p>Monitor</p>     |

| Bill   | Analysis  | Position & Comment |
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| Sen. Ronald Young  | <p>again before they can be hired.</p> <p>Police officers are also required to get periodic screenings every 5 years and receive training every 3 years by the Maryland Police Training and Standards Commission. The bill includes conditions if a police officer screening finds violent or overly aggressive behaviors or bias or they miss their 3-year training.</p>   |                    |
| <p><b>SB 332</b><br/> <i>Campaign Finance - For-Profit Substance Abuse and Mental Health Treatment Providers - Disclosure of Contributions</i></p> <p>Sen. Cory McCray</p> | <p>This bill requires for-profit substance use and mental health treatment providers that have a Medicaid reimbursable contract must file and initial financial disclosure statement and semi-annual statements thereafter with the State Board of Elections.</p> <p>Statements must include information pertaining to financial contributions to candidates and the nature of the providers business with the state.</p> | No position        |
| <p><b>SB 608</b><br/> <i>Public Safety - Maryland Police Training and Standards Commission</i></p> <p>Sen. Michael Jackson</p>   | <p>The bill expands the topics that must be included in the training required for entry-level police as well as training required for in-service level police every 3 years to include training on discrimination and profiling based on race, ethnicity, religion, and other identifying characteristics.</p>  | Monitor            |