HOUSE BILL 332

By: Delegates Bagnall, Cullison, Kipke, and Pena-Melnyk <u>Pena-Melnyk</u>, <u>Pendergrass, Belcastro, Bhandari, Carr, Charles, Chisholm, Hill, Johnson,</u> <u>Kelly, Kerr, Krebs, R. Lewis, Morgan, Reilly, Rosenberg, Saab, Szeliga, and</u> <u>K. Young</u>

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Committee Report: Favorable with amendments House action: Adopted Read second time: March 9, 2020

CHAPTER _____

1 AN ACT concerning

Mental Health - <u>Confidentiality of Medical Records and</u> Emergency Facilities List - <u>Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and</u> Crisis Treatment Centers

- $\mathbf{5}$ FOR the purpose of altering the definition of "health care provider" for the purposes of 6 certain provisions of law governing the confidentiality of medical records to include 7 comprehensive crisis response centers, crisis stabilization centers, and crisis 8 treatment centers; providing that the list of emergency facilities the Maryland 9 Department of Health is required to publish may include comprehensive crisis 10 response centers, crisis stabilization centers, and crisis treatment centers, and 11 outpatient mental health clinics; requiring the Department to give the list to each 12 local behavioral health authority; requiring the Department to develop a certain 13 model program structure; requiring the Department to submit a certain report to the General Assembly on or before a certain date each year; prohibiting the Department 14 from adding emergency facilities to a certain list before certain model facility 15standards are developed; and generally relating to the list of emergency facilities 16 17published by the Maryland Department of Health mental health.
- 18 BY repealing and reenacting, without amendments,
- 19 <u>Article Health General</u>
- 20 <u>Section 4–301(a) and 7.5–207</u>
- 21 <u>Annotated Code of Maryland</u>

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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1	(2019 Replacement Volume)
$2 \\ 3 \\ 4 \\ 5 \\ 6$	BY repealing and reenacting, with amendments, Article – Health – General Section <u>4–301(h) and</u> 10–621 Annotated Code of Maryland (2019 Replacement Volume)
$7 \\ 8$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
9	Article – Health – General
10	<u>4–301.</u>
11	(a) In this subtitle the following words have the meanings indicated.
12	(h) (1) <u>"Health care provider" means:</u>
$13 \\ 14 \\ 15 \\ 16$	(i) <u>A person who is licensed, certified, or otherwise authorized under</u> <u>the Health Occupations Article or § 13–516 of the Education Article to provide health care</u> <u>in the ordinary course of business or practice of a profession or in an approved education or</u> <u>training program; or</u>
17 18 19 20 21 22 23	(ii) A facility where health care is provided to patients or recipients, including a facility as defined in § 10–101(g) of this article, a hospital as defined in § 19–301 of this article, a related institution as defined in § 19–301 of this article, a health maintenance organization as defined in § 19–701(g) of this article, an outpatient clinic, [and] a medical laboratory, A COMPREHENSIVE CRISIS RESPONSE CENTER, A CRISIS STABILIZATION CENTER, AND A CRISIS TREATMENT CENTER ESTABLISHED UNDER § 7.5–207 OF THIS ARTICLE.
$\begin{array}{c} 24 \\ 25 \end{array}$	(2) <u>"Health care provider" includes the agents, employees, officers, and</u> directors of a facility and the agents and employees of a health care provider.
26	<u>7.5–207.</u>
27 28 29	(a) <u>Subject to subsection (b) of this section, the Administration shall establish</u> <u>crisis treatment centers that provide individuals who are in a mental health or substance</u> <u>use disorder crisis with access to clinical staff who:</u>
$\begin{array}{c} 30\\ 31 \end{array}$	(1) Perform assessments and level of care determinations 24 hours a day and 7 days a week; and
32	(2) Connect the individuals to care immediately.

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$rac{1}{2}$	<u>(b)</u> 2018.	<u>At least one crisis treatment center shall be established on or before June 1,</u>
$egin{array}{c} 3 \\ 4 \\ 5 \\ 6 \end{array}$	<u>developed b</u>	<u>The Administration shall establish the crisis treatment centers required</u> ection (a) of this section in a manner that is consistent with the strategic plan y the Behavioral Health Advisory Council, as required by Chapters 405 and 406 of the General Assembly of 2016.
$7 \\ 8 \\ 9 \\ 10 \\ 11 \\ 12$	subsection (of the State	On or before September 1, 2017, and on or before September 1 each year ntil the Administration establishes the crisis treatment centers required under a) of this section, the Administration shall submit, in accordance with § 2–1257 e Government Article, a report on the status of the establishment of crisis centers under this section to the Joint Committee on Behavioral Health and Disorders.
13	10–621.	
14	(A)	At least once a year, the Department shall:
15		(1) Publish a list of emergency facilities and their addresses; and
16 17 18	police static this State.	(2) Give the list to each health department, judge of a court, sheriff's office, on, <u>LOCAL BEHAVIORAL HEALTH AUTHORITY</u> , and Secret Service office in
19 20	(B) INCLUDE:	THE LIST PUBLISHED UNDER SUBSECTION (A)(1) OF THIS SECTION MAY
21		(1) COMPREHENSIVE CRISIS RESPONSE CENTERS;
22		(2) CRISIS STABILIZATION CENTERS; AND
$\begin{array}{c} 23\\ 24 \end{array}$	THIS ARTIC	(3) CRISIS TREATMENT CENTERS ESTABLISHED UNDER § 7.5–207 OF CLE <u>; AND</u>
25		(4) OUTPATIENT MENTAL HEALTH CLINICS.
26 27 28 29	CONSULT V	BEFORE INCLUDING A FACILITY UNDER SUBSECTION (B) OF THIS N THE LIST OF EMERGENCY FACILITIES, THE DEPARTMENT SHALL WITH STAKEHOLDERS TO DEVELOP A MODEL PROGRAM STRUCTURE THAT THAT A PROGRAM WISHING TO SERVE AS AN EMERGENCY FACILITY:
30 31	PETITION S	(1) IS ADEQUATELY STAFFED TO PROVIDE 24-HOUR EMERGENCY SERVICES;

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$\frac{1}{2}$	(2) PROVIDES THE NECESSARY SERVICES REQUIRED FOR AN EMERGENCY PETITION;
$egin{array}{c} 3 \ 4 \ 5 \end{array}$	(3) HAS WRITTEN PROCEDURES IN PLACE THAT PROVIDE FOR INVOLUNTARY ADMISSIONS, THROUGH AN EMERGENCY PETITION, INCLUDING TO A LICENSED HOSPITAL, AS NECESSARY;
6 7 8	(4) PROVIDES ADDITIONAL SUPPORT TO RESPECT THE DUE PROCESS RIGHTS OF PATIENTS RECEIVED THROUGH THE EMERGENCY PETITION PROCESS; AND
9 10	(5) <u>Complies with additional procedures as otherwise</u> <u>determined by the Department.</u>
11 12 13	(D) ON OR BEFORE SEPTEMBER 30 EACH YEAR, THE DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, ON:
$\begin{array}{c} 14 \\ 15 \end{array}$	(1) THE NUMBER OF FACILITIES THAT HAVE SOUGHT TO BE DESIGNATED AN EMERGENCY FACILITY;
16 17 18	(2) THE NUMBER OF THE FACILITIES REPORTED UNDER ITEM (1) OF THIS SUBSECTION THAT HAVE ATTEMPTED TO MEET THE MODEL FACILITY STANDARDS DEVELOPED UNDER SUBSECTION (C) OF THIS SECTION;
19 20	(3) <u>The progress of the facilities reported under item (2)</u> OF THIS SUBSECTION TOWARD MEETING THE MODEL FACILITY STANDARDS;
$\begin{array}{c} 21 \\ 22 \end{array}$	(4) <u>The development of collaborative models between</u> State, local, and private entities; and
$23 \\ 24 \\ 25$	(5) WHETHER THE DEPARTMENT, IN CONSULTATION WITH STAKEHOLDERS, HAS DETERMINED THAT ANY CHANGES TO THE MODEL FACILITY STANDARDS ARE NECESSARY.
26 27 28 29 30	<u>SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of</u> <u>Health may not add emergency facilities to the list published under § 10–621(a)(1), as</u> <u>amended by Section 1 of this Act, of the Health – General Article until the model facility</u> <u>standards required under § 10–621(c) of the Health – General Article, as enacted by Section</u> <u>1 of this Act, have been developed.</u>
31 22	SECTION 2. 3. AND BE IT FURTHER ENACTED, That this Act shall take effect

32October 1, 2020.