

SUPPORT:

HB 262: Criminal Procedure - Examination of Defendant by Maryland Department of Health - Access to Judicial Records: Requiring that the Maryland Department of Health have access to certain information maintained by the Judiciary about a criminal defendant who is subject to a certain examination, committed to the Health Department, or on conditional release under certain circumstances; and requiring the Department and the Judiciary to enter into an agreement regarding certain matters before exchanging any information. MPS supports House Bill 262 (HB 262) for it will assist the Maryland Department of Health (MDH) with supervising and monitoring those found Not Criminally Responsible or Incompetent to Stand Trial (collectively referred to herein as insanity acquittees) in the community. HB 262 would give MDH access to vital information, namely arrest and court supervision information, of insanity acquittees in the community that will provide the necessary insight to MDH as to whether these acquittees are following the conditions of their hospital release. Furthermore, information from the Maryland Judiciary is essential for it will ensure that court-ordered evaluations contain accurate information and that mandated forensic reports are submitted to the court in time to prepare for hearings.

HB 277/SB 367: State Department of Education - Guidelines on Trauma-Informed Approach: Establishing the Trauma-Informed Schools Initiative in the State Department of Education to expand the use of the trauma-informed approach used in schools and to intensively train schools on becoming trauma-informed schools; requiring the Department, to develop and distribute certain guidelines and to develop a website on the trauma informed approach; requiring, on or before July 1, 2020, the Department to select one school each from certain areas to receive intensive training on the trauma-informed approach; etc. MPS supports House Bill 277 (HB 277) as many Maryland children are all too often the victims of trauma, which may impact both their mental health as well as their functioning in school as well. Unfortunately, these children also do not receive the mental health treatment that they need. Trauma-Informed Schools Initiative established under HB 277 is a positive step for the state to take as it would aid Maryland schools in identifying children who are the victims of trauma as well as help these children and their families access meaningful mental health treatment.

HB 332/SB 441: Mental Health - Emergency Facilities List - Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers: Providing that the list of emergency facilities the Maryland Department of Health is required to publish may include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers.

HB 374/SB 453: Behavioral Health Administration - Children With Mental Disorders - List of Available Services: Requiring the Behavioral Health Administration to maintain an updated list of the specific service categories in psychiatric rehabilitation, therapeutic, care coordination, and home health aide services available to a child in the State who has a mental disorder; requiring that the list include services available to any child in the State who has a mental disorder and who is enrolled in the Maryland Medical Assistance Program or has health insurance coverage; etc. MPS supports House Bill 374 (HB 374) as many children throughout Maryland suffer from mental illness and yet do not have knowledge of the resources that provide meaningful mental health services. As a result, Maryland children are all too often not receiving the mental health treatment they so desperately need and would benefit. The list of services created under HB 274 would provide information about integrated mental health services, including necessary home medical support. Today, no resource exists that provides this degree of detailed information.

HB 447/SB 475: Health Insurance - Pediatric Autoimmune Neuropsychiatric Disorders - Coverage: Requiring the Maryland Medical Assistance Program, beginning January 1, 2021, to provide services for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome under certain circumstances; requiring carriers to provide coverage for certain diagnosis, evaluation, and treatment of pediatric autoimmune neuropsychiatric disorders; applying the Act to all policies, contracts and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2021; etc. MPS supports House Bill 447 (HB 447). Extensive research exists that documents the emergence of tics and obsessive-compulsive symptoms in some children who have been exposed to streptococcal infections. Referred to as PANDAS, Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infection, the first-line treatment is with antibiotics. However, for subset of children who develop severe symptoms from the infection, intravenous immunoglobulin (IVIG) has shown to be an effective treatment. MPS therefore supports insurance coverage of pediatric autoimmune neuropsychiatric disorders in order to ensure that children in need will have access to this treatment.

HB 455/SB 334: Health Insurance - Coverage for Mental Health Benefits and Substance Use Disorder Benefits - Treatment Criteria: Requiring certain carriers, on or before March 1 each year, to submit a report to the Maryland Insurance Commissioner to demonstrate the carrier's compliance with the federal Mental Health Parity and Addiction Eq-

uity Act; requiring a carrier, on or before March 1 each year, to submit a report to the Commissioner on certain data for certain benefits by certain classification; establishing the Parity Enforcement and Education Fund to provide funds to support and conduct outreach to inform certain consumers of certain rights; etc.

HB 607/SB 305: Public Safety - Crisis Intervention Team Center of Excellence: Establishing the Crisis Intervention Team Center of Excellence in the Governor's Office of Crime Control and Prevention to provide technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers and to develop and implement a crisis intervention model program; requiring the Office to appoint certain coordinators to the Center; requiring the Center to take certain actions; requiring a certain annual report; etc. The MPS supports this bill because crisis intervention services have long been determined as a critical service in the provision of comprehensive mental health care. Such services not only provide an immediate need for crisis intervention, but they often help to prevent the use of higher levels of care such as inpatient hospitalization and emergency room visits. Collaboration between police and crisis mental health care providers is also a well-studied and effective collaboration. Education of officers by mental health care providers allows for better management of citizens who have mental health care crises that necessitate police intervention. In addition, involvement of crisis providers in police responses to calls for mental health related matters results in better outcomes, including the use of less violent interventions by officers. Efforts to standardize and bolster such interventions would seemingly be beneficial.

HB 611: Baltimore County - Behavioral Health - Hub and Spoke Pilot Program: Establishing the Baltimore County Hub and Spoke Pilot Program to offer and provide addiction treatment on demand through a model that offers ongoing opioid use disorder treatment integrated with general health and wellness services; requiring the Baltimore County Department of Health, in consultation with the Behavioral Health Administration in the Maryland Department of Health and certain stakeholders, to develop and implement the Program in a certain manner; requiring a report on the pilot program's results by October 1, 2023: etc.

HB 656/SB 545: Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications: Authorizing a pharmacist who meets the requirements of certain regulations to administer a maintenance injectable medication to a patient under certain circumstances; requiring the State Board of Pharmacy, on or before September 1, 2021, and in consultation with the State Board of Physicians and the State Board of Nursing, to adopt certain regulations requiring pharmacists to complete a certain training program in order to administer a maintenance injectable medication; etc.

HB 736/SB 565: Police Officers – Mental Health – Employee Assistance Programs: Requiring each law enforcement agency to develop and implement an employee assistance program to protect the mental health of police officers and provide police officers access to confidential low- or no-cost mental health services; establishing certain requirements for a certain program; requiring each law enforcement agency to develop standards for annual assessments of the employee assistance program to identify deficiencies and areas for improvement; etc.

HB 1140/SB 624: Health - Mobile Response and Stabilization System for Children and Families in Maryland - Study: Requiring the Maryland Department of Health and the Governor's Commission to Study Mental and Behavioral Health in Maryland jointly to take certain actions in order to develop and implement a comprehensive mobile response and stabilization system for children and families in the State; and requiring the Department and the Commission jointly to submit their findings and recommendations to certain committees in the General Assembly on or before December 1, 2020.

SB 324: Veterans - Behavioral Health Services - Mental Health First Aid: Requiring that the behavioral health services for which the Maryland Department of Health provides service coordination for veterans under certain provisions of law include mental health first aid; requiring that mental health first aid consist of training for veterans and the immediate family members of veterans on how to identify and respond to signs of mental illness and substance use disorders; requiring entities teaching a mental health first aid course to report certain information to the Department; etc. MPS supports Senate Bill 324 (SB 324). The United States has been actively involved in military conflicts for almost two decades with many United States military personnel serving multiple deployments to places such as Afghanistan, Iraq, Syria, and Africa. Deployments of this nature are extremely stressful situations as modern-day combat has become much more non-conventional. Rates of post-traumatic stress disorder (PTSD), depression, and other psychiatric illnesses are extremely high with our military veterans. Unfortunately, suicide amongst active-duty soldiers and veterans has become all too commonplace. The United States Department of Veterans Affairs and the individual branches of the United States military are struggling to provide mental health care to both veterans and soldiers alike. Maryland, through bills such as SB 324, is taking thoughtful steps in assisting veterans and their families to heal.

SB 454: Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers: Requiring each first responder and law enforcement officer in the State to complete certain mental health awareness train-

ing approved by the Maryland Police Training and Standards Commission.

OPPOSE:

HB 317 /SB 541: Mental Health - Involuntary Admissions - Procedures: Authorizing a facility or Veterans' Administration hospital to take an individual who is involuntarily admitted under certain circumstances into confinement on observation status; requiring an individual confined on observation status to be examined within 24 hours by a physician, psychologist, or psychiatric nurse practitioner; requiring that certain regulations require that an impartial hearing officer receive testimony from the physician, psychologist, or psychiatric nurse practitioner; etc.

HB 26: Attendance of Students - Lawful Absences - Mental Illness: Specifying that a student's absence from school due to the student's mental illness is a lawful absence; requiring each county board of education to develop a certain attendance policy for students with mental illness that may identify a certain number of absences allowed within a marking period, semester, or school year; and requiring each county board to publish its attendance policy for students with mental illness on the county board's website. Though MPS recognizes that House Bill 26 (HB 26) is very well-intentioned, the Society must oppose it as child and adolescent psychiatrists share concerns about the unintended consequences of this legislation. MPS fears that HB 26 may actually worsen already-existing stigmas associated with mental health by conflating self-care with mental health. Currently, school systems do not typically inquire about a student's physical illness when parent or guardian requests a school absence for their child; yet, HB 26 takes the exact opposite approach when it comes to mental health and thus distinguishing it and the children and adolescents dealing with mental health disruptions as different. In addition, HB 26 if enacted may be problematic and potentially counterproductive to appropriate mental health treatment in children and adolescents. Rarely, should children and adolescents be excused from school for mental health purposes unless they require a higher level of care such as day hospitalization or inpatient care for which they would already receive an authorized absence. Attending school is usually part of the necessary treatment for children and adolescents being treated for depressive and anxiety disorders.

HB 639: Public Health - Health Care Professionals - Cultural Competency Coursework or Training: Prohibiting a hospital or related institution, on or after January 1, 2022, from employing or granting privileges to a certain health care professional unless the health care professional provides certain documentation; requiring each health care professional to complete coursework on cultural awareness and competence in the provision of medical services and provide documentation that the coursework has been completed by January 1, 2022, and with a certain frequency thereafter except under certain circumstances; etc.

HB 643/SB 701: End-of-Life Option Act (Richard E. Israel and Roger "Pip" Moyer Act): Authorizing an individual to request aid in dying by making certain requests; prohibiting another individual from requesting aid in dying on behalf of an individual; requiring a certain request to be made in a certain manner; requiring a written request for aid in dying to meet certain requirements; establishing certain requirements for witnesses to a written request for aid in dying; requiring a written request for aid in dying to be in a certain form; etc. *Extensive testimony available.*

HB 782 /SB 611: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative): Providing that all minors, rather than only minors who are 16 years old or older, have the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a health care provider or clinic; and providing that a health care provider may decide to provide certain information to a certain parent, guardian, or custodian under certain provisions of law unless the health care provider believes that the disclosure will lead to harm to the minor or deter the minor from seeking care.

SB 519: Public Health - Behavioral Health Programs and Health Care Facilities - Safety Plan: Requiring that the regulations adopted by the Behavioral Health Administration under certain provisions of law governing requirements for the licensure of behavioral health programs include a requirement that a behavioral health program establish and implement a safety plan for the safety of the individuals served by and the community surrounding the behavioral health program before being issued a license; etc.

SB 296: Family Law – Preventing or Interfering With Report of Suspected Child Abuse or Neglect – Statute of Limitations: Altering the statute of limitations for a violation of the prohibition on preventing or interfering with the making of a certain report of suspected child abuse or neglect; providing that a person who violates the prohibition on preventing or interfering with the making of a certain report of suspected child abuse or neglect may reserve a point or question for in banc review; etc. This bill creates an unlimited period of risk during which a physician could be criminally prosecuted for failure to report child abuse. The intent of a mandatory report is to open an investigation. The investigation may or may not eventually substantiate a report of abuse. Thus, in theory, a physician could be indefinitely at risk of

prosecution when in fact no abuse took place.

SB 520: Behavioral Health Programs - Opioid Treatment Services - Limitation on Licenses: Prohibiting the Behavioral Health Administration from approving more than five licenses in each county for behavioral health programs that provide opioid treatment services; and authorizing the Administration to approve licenses for certain behavioral health programs in a county above a certain amount if the Administration is authorized by legislation passed by the General Assembly.

SUPPORT WITH AMENDMENTS:

HB 512 /SB 166: Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances: Authorizing certain controlled dangerous substance prescriptions to be dispensed on an electronic prescription; requiring, except under certain circumstances, a certain health practitioner to issue a prescription for a controlled dangerous substance electronically; authorizing an authorized prescriber to issue a written or oral prescription for a controlled dangerous substance only under certain circumstances; authorizing the Secretary of Health to issue certain waivers; etc. MPS supports Senate Bill 166: Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances (SB 166), but asks the committee to consider the following two exemptions. 1. MPS asks the committee to exempt low-volume practices that write fewer than ten controlled dangerous substances (CDS) prescriptions per month. This would help older practitioners, typically psychotherapists, who maintain smaller, part-time practices, but yet still provide meaningful mental health services to Maryland residents. 2. MPS also asks the committee to exempt practitioners who consult with the United States Department of Defense facilities. Currently, military pharmacies do not accept electronic CDS prescriptions, this includes CDS prescriptions sent via fax. Thus, paper prescriptions are still needed for those patients.

HB 666: Workgroup on Screening Related to Adverse Childhood Experiences: Establishing the Workgroup on Screening Related to Adverse Childhood Experiences; providing for the composition, chair, and staffing of the Workgroup; requiring the Workgroup to update, improve, and develop certain screening tools, submit certain screening tools to the Maryland Department of Health, and study and make recommendations on the actions a primary care provider should take after screening a minor for a mental health disorder that may be caused by or related to an adverse childhood experience; etc.