

**2010 FINAL LEGISLATIVE REPORT**  
*Summary of Budget, Mental Health and Related Legislation*

This legislative report was drafted by staff from the Mental Health Association of Maryland. For more information on any of the legislation included below, please feel free to contact:

For aging specific inquires: Kim Burton Director, Older Adult Programs 410.235.1178 ext. 210 <a href="mailto:kburton@mhamd.org">kburton@mhamd.org</a>	For all other inquires: Lisa Cuzzo Director, Public Policy 410.235.1178, x208 <a href="mailto:Lcuzzo@mhamd.org">Lcuzzo@mhamd.org</a>
---	--

The 427<sup>th</sup> Session of the Maryland General Assembly came to a close at midnight on April 12, 2010. Balancing the budget was the legislature's primary focus. Advocates knew that it would be a challenge to pass any bills with a "fiscal note" or high costs associated. Despite the financial challenges, the Mental Health Association of Maryland (MHAMD) was successful in advancing its public policy goals and having a positive impact on several proposed initiatives.

**I. FY 2011 MENTAL HYGIENE ADMINISTRATION (MHA) BUDGET**

**A. Budget Summary**

The Mental Hygiene Administration's (MHA) FY 2011 budget totals \$978,272,486, which is an increase of almost \$25 Million compared to FY 2010. The budget analyst noted a 9% increase in enrollment between FY 2008 and 2009, largely as a result of the Medicaid expansion to parents. That increase has put severe strain on the system, and he projected deficits for both FY 2010 and FY 2011.

Total Spending is broken out as follows:

Community Services:	\$713,722,276
Facilities:	\$256,496,206
Program Direction:	\$ 8,054,004

**B. MHA Budget Language and Narrative**

The public mental health system (PMHS) fared well this year in comparison to budget outcomes over the past two years, when service utilization increased by more than 15 percent while the budget was reduced by more than \$56 million. Concerted advocacy on the part of the Mental Health Coalition successfully reduced recommendations by the Department of Legislative Services to cut \$1.5 million from CSA grant budgets (\$750,000 was reduced), eliminate use of rollover funds by the CSAs (would have resulted in a projected net loss of \$3-4 million) and downsize beds at RICA-Gildner and RICA-Baltimore, residential treatment centers serving children and adolescents.

\$3.0 million (all general funds) of the \$38.2 million in increased funding for fee-for-service community mental health is for the expansion of community-based services on the Eastern Shore as part of the agreement to close the Upper Shore Hospital, which ceased operations on February 28, 2010. Other than enrollment growth, the remaining \$35.2 million is intended to support rate increases of 2.84% for HSCRC-regulated services, and 4.3% for Residential Treatment Centers (RTCs), with no rate adjustment included for other providers.

- The sole cut to the PMHS for FY 2011 was a \$750,000 reduction in FY 2011 grant funds to Core Service Agencies (CSA).
- A withhold of \$100,000 in general funds to MHA cannot be expended until MHA, in consultation with stakeholders, submits a report to the budget committees concerning the treatment of children and adolescents in Residential Treatment Centers (RTC). For the purpose of the report, MHA's estimates and recommendations will be based on private and public RTC capacity.

The MHA report is due by November 15, 2010 and must detail:

- the current capacity of RTCs, by region and by treatment specialty, including but not limited to court-involved youth and youth with co-occurring illness;
  - an estimate of demand over the next three years for RTC-level care, by region and by treatment specialty, including court involved;
  - the methodology used to estimate the demand for RTC-level care and including in that methodology the total and regional availability of current and proposed RTC-diversion programming;
  - a plan for realizing any capacity changes proposed to RTC capacity and RTC-diversion programming; and
  - in developing any plan for capacity changes, the role of private RTCs and public RTCs shall be clearly delineated and justified.
- The budget committees are concerned that the roll-out of expanded community services related to the closure of the Upper Shore Community Mental Health Center (USCMHC) has occurred in a timely manner and not left service gaps. MHA must report by October 1, 2010 regarding:
    - the status, in the aggregate, of clients who were at USCMHC on November 1, 2009, or admitted to USCMHC after November 1, 2009;
    - a fiscal 2010 accounting of costs and savings associated with the closure of USCMHC and the expansion of community services (including expenditures incurred by private hospitals). To the maximum extent possible, community service expansion data should include in-state and out-of-state expenditures;
    - a projection of fiscal 2011 of costs and savings associated with the closure of USCMHC and the expansion of community services; and
    - the feasibility of keeping one unit at USCMHC open as a satellite of the Eastern Shore Hospital Center.
  - MHA received a deficiency appropriation of \$1,137,834 (general funds) to supplement the FY 2010 funding to expand community services in Maryland's Eastern Shore region.

- In order to facilitate decision-making on the out-year service priorities for Core Service Agencies (CSA) grant funding, the budget committees requested that the MHA and CSAs review the current grant funded services and administrative costs provided by MHA to CSAs, identify other service needs not currently funded, and prioritize those services for out-year funding. In reporting back to the committees, MHA shall include specific cost information by administrative function and type of service by CSA and prioritization by CSA. The report is due December 1, 2010.

## **II. OTHER FY 2010 BUDGETS OF INTEREST**

### ***Department of Health & Mental Hygiene (DHMH)***

- Reconciliation of Certain Hospital Assessment Revenue – An important and growing revenue source for the expansion of Medicaid services to certain parents, as well as emergency room services for childless adults, is the hospital assessment that is based on projected savings in hospital uncompensated care. Given the increasing reliance on this revenue source, the budget committees requested that DHMH submit a report reconciling the hospital assessment revenue assumed in the fiscal 2009 budget to actual savings in uncompensated care for that same period. The report is due July 1, 2010.

### ***Medical Care Programs (Medicaid/Medical Assistance)***

- \$250,000 of the appropriation made for the purpose of Medicaid provider reimbursements (\$125,000 in general funds and \$125,000 in federal funds) may only be used for the procurement of an independent report detailing how the Medical Care Programs Administration can maximize savings from minimizing claims processing and eligibility payment errors, and employing additional utilization review strategies beyond efforts already undertaken by the Administration.

The report shall include:

- an assessment of the Administration's current strategies to reduce claims processing and eligibility payment errors and undertake utilization review;
- the extent of claims processing and eligibility payment errors within the Medicaid program;
- the identification of the reasons for claims processing and eligibility payment errors;
- strategies to reduce claims processing and eligibility payment errors;
- potential savings associated with reducing claims processing and eligibility payment errors; potential savings from employing additional and/or different utilization review strategies; and
- the resources required and associated costs to implementing strategies to reduce claims processing and eligibility payment errors and undertake different utilization review strategies.

The report, together with recommendations from the Departments of Health and Mental Hygiene and Human Resources to implement strategies identified in the report, shall be submitted to the budget committees by December 1, 2010.

*Medical Care Programs (Medicaid/Medical Assistance) continued*

- Major Information Technology -- Development Projects

It is the intent of the General Assembly that in order to improve service delivery, generate savings through optimizing operational efficiency, and maximize federal fund claims, DHMH must fully implement the scope of work reflected in the fiscal 2011 Information Technology Project Request Form to replace the current Medicaid Management Information System (MMIS). That scope of work includes, but is not limited to, the replacement of the core MMIS, enhancements to the Pharmacy E-Prescriber system and Client Automated Resource and Eligibility System, and the addition of a Decision Support System.

\$100,000 of the Federal Fund appropriation made for the purpose of replacing MMIS, may not be expended until the Department of Information Technology (DoIT) and DHMH submit to the budget committees reports on the following:

- the extent of DoIT oversight, fulltime dedicated DHMH project and contract management being provided to the MMIS replacement project, detailing internal and external project and contract support, and the extent of subject matter expertise being dedicated to the project, including how internal subject matter experts may be freed from their current responsibilities to dedicate time to the MMIS replacement project. The report shall be submitted by July 1, 2010, and the budget committees shall have 45 days to review and comment; and
- if a contract award has not been made by November 1, 2010, an update on the status of the vendor selection process and any known adjustment to implementation deadlines. The report shall be submitted by November 15, 2010, and the budget committees shall have 45 days to review and comment. Nothing in this report request shall be considered as requiring the submission of information that may be considered prejudicial to the making of any subsequent award.

NOTE: Replacement of the MMIS Eligibility System will enable the suspension of Medicaid benefits for individuals in psychiatric hospitals and incarcerated individuals, facilitating entry to community services in a more timely manner upon release.

### *Developmental Disabilities Administration (DDA)*

DDA Waiting List -- The DDA Waiting List was an important issue during session, as the budget bill reiterates the General Assembly's intent is that the 5,547 individuals who had been determined by DDA to be eligible for the waiting list and in need of additional services shall not be removed from the waiting list until they have received the additional services.

- The budget committees withheld \$100,000 from the DDA contingent on their receipt of a report by October 1, 2010 detailing:
  - the disposition of the approximately 5,547 individuals that are proposed to be removed from the waiting list because they currently receive at least one waiver service while continuing to wait for additional services;
  - the total number of individuals on the waiting list (including those that are being proposed for removal) by county, type of service(s) requested, priority category, and projected cost to provide these services;
  - a description of the manner in which the department notifies individuals who are waiting for services from DDA of their change in status (if any), their appeal rights, and how to access additional services for those individuals who have already been determined eligible for and in need of additional DDA-waiver services; and
  - for individuals whom DDA could not locate through its process of verifying the status of people waiting for services, the steps taken to locate these individuals, the manner in which it will maintain identifying information for these individuals in the event they contact DDA in the future, and how DDA will ensure their waiting list status will be restored if they again contact DDA.

Budget committees also required several other reports from DDA, as follows:

- An additional \$100,000 appropriated to DDA may not be expended until a report is submitted (due October 1, 2010) detailing:
  - a projection of the service needs and associated costs, including residential costs, for students transitioning from educational services at age 21 years in fiscal 2012, 2013, and 2014, who are also transitioning from foster care and education nonpublic placements and who will require residential supports upon transition; and
  - a projection of the service needs and associated costs of children and youth in the Autism Waiver who are aging out in fiscal 2012, 2013, and 2014.
- An additional \$100,000 appropriated to DDA may not be expended until DHMH submits a report (due October 1, 2010) detailing its performance in conducting annual Level of Care Re-evaluations in accordance with its federal Home and Community-based Waiver. The report shall include:
  - method and documents used in conducting annual Level of Care Re-evaluations;
  - aggregate data on the numbers of individuals re-evaluated and a summary of the aggregate changes in level of care; and
  - the manner in which the department provides notice of appeal rights under the Medicaid Fair Hearing Appeal process.

- Transitioning Youth Program – The budget committees are interested in reconciling appropriations made for the Transitioning Youth program and actual expenditures under the program. Therefore, DDA must submit a report by October 1, 2010, detailing the following information for fiscal 2008, 2009, and 2010:
  - legislative appropriations for the program;
  - actual expenditures (by number of youth and category of service provided);
  - to the extent that actual expenditures were less than the legislative appropriation, how that excess funding was spent; and
  - to the extent that the legislative appropriation was less than actual expenditures, what other services were not provided in order to support the transitioning youth program.

***Department of Aging (MDOA)***

The Department of Aging received a deficiency appropriation in the amount of \$3,327,815 in federal funds to supplement the FY 2010 appropriation to provide funds for community services.

- Services for Individuals with Alzheimer’s Disease and Related Disorders – The budget committees are concerned about the extent of services currently available for individuals with Alzheimer’s disease and related disorders. As a result, DHMH and MDOA must establish a workgroup to:
  - examine the extent of Alzheimer’s disease and related disorders in Maryland;
  - identify best practices in the treatment of Alzheimer’s disease and related disorders;
  - assess existing service and resource capacity for individuals with Alzheimer’s disease and related disorders; and
  - make recommendations to address any issues identified by the workgroup as a result of its assessment of current service and resource capacity for individuals with Alzheimer’s disease and related disorders.

In establishing the workgroup, DHMH and MDOA shall include representatives from the advocacy community, health care professionals, health care researchers, family members, and any other interested groups. DHMH and MDOA must report to the budget committees by December 1, 2010 and forward any workgroup recommendations that would be relevant to the Long-Term Care Reform Workgroup.

### ***Department of Human Resources (DHR)***

- No Wrong Door Project – Department of Human Resources (DHR), in consultation with the Advisory Board for Maryland Access Point, must convene a committee comprised of representatives from DHR; DHMH, the Department of Housing and Community Development; the Department of Aging; the Department of Labor, Licensing, and Regulation; the Department of Disabilities; and the Maryland State Department of Education, local departments of social services representatives, state elected officials, community organizations and advocates to:
  - investigate and recommend legislation, policies, procedures and technologies to deliver public assistance and in-kind assistance timely, accurately, efficiently, and in a manner that enhances customer dignity and community-based access.
  - The committee should consider utilization of a uniform application for all benefits; enhanced or new information and case management technology; customer information sharing; partnerships with community organizations; multiple community-based service access points; expedited eligibility processing; and other means of service delivery consistent with its responsibility.
  - DHR must report to the budget committees on the progress and initial outcomes of this No Wrong Door Project by December 31, 2010, and provide a final report by June 30, 2011.

### ***Department of Public Safety & Correctional Services (DPSCS)***

- Impact of Parole Guidelines on Parole Rates and Rates of Return – The Maryland Parole Commission must conduct and report the findings of a comparative assessment of its current parole guidelines after three years of implementation. The report should provide a comparison of the number of paroles and parolee return rates for fiscal 2005 through 2008. The report should also compare the one and two-year return rates of parolees who had an education, substance abuse, or vocation program completion versus those who did not. The report is due to the budget committees no later than November 1, 2010.
- Analysis of Consolidating the Patuxent Institution within the Division of Correction – DPSCS must conduct a cost-benefit analysis of incorporating the Patuxent Institution into the Division of Correction (DOC). A significant portion of the offenders housed at the Jessup facility are DOC-sentenced inmates, and the department is already in the process of moving toward a mission-specific institution format.

The budget committees believe consolidating the Patuxent Institution to be a DOC facility could result in improved efficiency of departmental operations, expanded and better coordinated mental health services, and significant cost savings. The analysis should specifically examine the operational and legislative changes necessary to incorporate the Patuxent Institution into the DOC and identify potential cost-savings and operational efficiencies. The report should also address any concerns or obstacles the department has regarding a potential consolidation. The report is due to the budget committees by October 1, 2010.

### ***Governor's Office for Children***

- Local Management Boards – Five new contract monitoring and evaluation positions created in the Governor's Office for Children are deleted. \$390,000 of the appropriation made to fund those positions is transferred by budget amendment to the State Department of Education Children's Cabinet Interagency Fund. The money will allow Local Management Boards to continue to administer the contracts for early intervention and prevention programs on a unified basis.
- Out-of-home Placements – To facilitate evaluation of Maryland's family preservation programs in stemming the flow of children from their homes, the budget committees requested the Governor's Office for Children, on behalf of the Children's Cabinet, to prepare and submit a report on out-of-home placements containing data on the total number of out-of-home placements and entries by jurisdiction over the previous three years and similar data on out-of-state placements. The report should also provide information on the costs associated with out-of-home placements, the reasons for new placements, and an evaluation of data derived from the application of the Maryland Family Risk Assessment. Data should also be collected concerning indicated findings of child abuse and neglect occurring while families are receiving family preservation services or within one year of case closure. Each agency or administration that funds or places children and youth in out-of-home placements is requested to work closely with GOC and comply with any data requests necessary for the production of the report. The report is due to the budget committees by December 1, 2010.

### ***Department of Education***

- Children's Cabinet Interagency Fund -- \$210,000 of the appropriation to fund early intervention and prevention programs may only be used to supplement funding of Local Management Board (LMB) administration. Together with funding restricted in the budget for the Governor's Office for Children and LMB funding included in the budget as originally introduced, this additional funding brings the total for LMB administration to \$3.0 million.

### ***Department of Juvenile Services (DJS)***

- Substance Abuse Options for Court-involved Youth -- The budget committees are concerned about the ongoing underutilization of limited substance abuse treatment options for court-involved youth. Participation in juvenile drug courts is particularly low, and the DJS recently suspended programming at one of its two residential drug treatment programs pending a review of that programming. The committees request that DJS, the Office of Problem-solving Courts (OPC), and the Alcohol and Drug Abuse Administration (ADAA), in consultation with substance abuse providers that work with adolescents with substance abuse issues, jointly prepare a report assessing what range of treatment options should be available to court-involved youth. In making this assessment, the response should identify demand for substance abuse services from within the juvenile justice system both at the State and local level as well as the evidence-based practice program options available for the different levels of substance abuse treatment considered appropriate. The report is due November 1, 2010.

### **III. LEGISLATION ENACTED**

#### **A. Children/Education**

##### **HB 11/SB 204 – Student Stigma Act**

Eliminates stigmatizing language by changing the term "emotional disturbance" to "emotional disability."

MHAMMD supported. Effective Date: October 1, 2010

Introduced by Delegate Theodore J. Sophocleus, (District 32, Anne Arundel County) and Senator Paul G. Pinsky, (District 22, Prince George's County).

##### **HB269/SB 540 – Child with a Disability-Individualized Education Program**

Requires school personnel to provide parents with an accessible copy of all relevant documents at least 5 business days prior to a scheduled meeting of the individualized education program (IEP) team or other multidisciplinary education team for a child with a disability. No later than 5 days after the meeting, school personnel must provide parents with a copy of the completed IEP (or a draft if the IEP is not complete). Language was added to the bill saying the school does not have to comply if there are extenuating circumstances (which is not defined).

MHAMMD supported. Effective Date: July 1, 2010

Introduced by Delegate Anne R. Kaiser, (District 14, Montgomery County) and Senator David C. Harrington (District 47, Prince George's County).

##### **HB 973 – Public Schools-Maryland Youth Crisis Hotline-Distribution of Information**

Requires each county board of education to provide students in 6-12 grades w/phone number of Youth Crisis Hotline printed in the school handbook and on a student's school ID card. HB 973 passed with significant amendments that struck language relating to a school assembly and distribution of the crisis number to parents and guardians.

MHAMMD Supported. Effective Date: July 1, 2010

Introduced by Delegate Susan L.M. Aumann, (District 42, Baltimore County).

##### **SB 330 – Human Services-Quality Care-Juvenile Facilities**

Requires each committed facility licensed by the Department of Juvenile Services to serve no more than 48 children at one time unless the Secretary finds good cause to serve more.

MHAMMD Supported. Effective Date: October 1, 2010

Introduced by Delegate Dan K. Morhaim, (District 11, Baltimore County) and Senator Robert A. (Bobby) Zirkin, (District 11, Baltimore County).

## **B. Criminal Justice**

### **HB 931/SB 856- Public Safety-Sexual Offender Advisory Board**

Alters the existing Sexual Offender Advisory Board to include the Secretary (or designee) of DHMH and DJS and the Director of the Governor's Office of Crime Control and Prevention. The Governor will appoint several additional members to the Board, including "a licensed mental health professional with recognized expertise in the treatment of sexual offenders." In addition, the legislature amended the bill to require the Board to review developments and make recommendations regarding civil commitment of sex offenders.

MHAMD Monitored. Effective Date: June 1, 2010

Introduced by the Speaker of House and President of the Senate, at request of Administration.

### **HB 936/SB 854 – Criminal Procedure-Sex Offenders-Notification and Registration**

Alters requirements relating to the registration of individuals who have committed specified sex offenses. Does NOT contain language regarding civil commitment.

MHAMD Monitored. Effective Date: October 1, 2010

Introduced by the Speaker of House at request of Administration

### **HB 1335/SB 761 – Mental Health-Local Correctional Facilities-Incarcerated Individuals with Mental Illness**

Requires local detention centers (jails) to provide access to a 30-day supply of psychiatric medication upon release to inmates who were sentenced to a term of at least 60 days and have been diagnosed with a mental illness. State prisons and Baltimore City jail are already required to do so. Part of the 30-day supply may be provided by prescription.

MHAMD Supported. Effective Date: October 1, 2010

Introduced by Delegate Victor Ramirez, (District 47, Prince George's County) and Senator Catherine E. Pugh, (District 40, Baltimore City).

## **C. Older Adults**

### **HB 67 – Senior Prescription Drug Assistance Program-Sunset Extension**

Extends the termination date for the Senior Prescription Drug Assistance Program to December 31, 2012.

MHAMD supported. Effective Date: October 1, 2010

Introduced by Delegate Peter A. Hammen, (District 46, Baltimore City).

**HB 278/SB 429 – Medical Assistance Program – Medical Eligibility for Nursing Facility Level of Care**

Requires DHMH to provide a report at least 90 days prior to making any change to medical eligibility criteria for long-term care services, including nursing facility services, home- and community-based waiver services, and other services that require a nursing facility level of care. The report must be submitted to legislative committees and the Medicaid Advisory Committee, and include details of the change, and how it will affect current medical eligibility.

MHAMD supported. Effective Date: July 1, 2010

Introduced by Delegate James W. Hubbard, (District 23A, Prince George's County) and Senator Delores Goodwin Kelley, (District 10, Baltimore County).

**HB 536 – Department of Aging-Long-Term Care Ombudsman Program**

Enhances the Long-Term Care Ombudsman program within the Department of Aging, bringing Maryland in line with the Federal Older Americans act, which should draw better federal support. HB 536 also requires the Secretary to establish and maintain a statewide uniform reporting system for the program to collect and analyze data relating to complaints and conditions in long-term facilities for the purpose of identifying and resolving significant problems. The State Long-Term Care Ombudsman must submit an annual report to the Governor and the General Assembly on the activities of the program that includes recommendations for improving services for residents.

MHAMD supported. Effective Date: June 1, 2010

Introduced by Delegate Peter A. Hammen, (District 46, Baltimore City).

**HB 849 – Department of Health and Mental Hygiene-Home and Community-based Services Waiver-Denial of Access Prohibited**

Prohibits DHMH from denying eligibility for home and community based services waiver due to lack of funding if the applicant is living in a nursing facility at the time of application and at least 30 consecutive days of the individual's stay are eligible to be paid by the Medical Assistance Program.

MHAMD Supported. Effective Date: October 1, 2010

Introduced by Delegate James W. Hubbard, (District 23A, Prince George's County).

**HB 1275/SB 231 – Maryland Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act**

Establishes the Maryland Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act. This bill facilitates guardianship proceedings and promotes uniformity by allowing a Maryland court to communicate with a court of another state (and vice-versa) regarding a guardianship proceeding.

MHAMD Supported. Effective Date: October 1, 2010

Introduced by Delegate Susan K. McComas, (District 35B Harford County) and Senator Delores Goodwin Kelley, (District 10, Baltimore County).

**SB 309 – Uniform Power of Attorney Act**

Repeals specified provisions of law relating to durable powers of attorney.

MHAMD Supported. Effective Date: October 1, 2010

Introduced by Senator Delores Goodwin Kelley, (District 10, Baltimore County).

**D. Mental Health/Disability**

**HB 219 – Officer of the Governor-State Drug & Alcohol Abuse Council**

Transfers oversight of the State Drug and Alcohol Abuse Council from DHMH to the Office of the Governor.

MHAMD Supported. Effective Date: October 1, 2010

Introduced by Delegate Bronrott, (District 16, Montgomery County).

**HB 693/SB 527 – Health and Human Services Referral Board - 2-1-1 Maryland - Modifications**

Changes 2-1-1 from a pilot to a Statewide system and establishes “2-1-1 Maryland” as a State information network. The bill also adds members to the existing Health and Human Services Referral Board which provides oversight, approves up to 5 agencies or organizations to be a 2-1-1 call center, supports 2-1-1 projects and activities, makes recommendations and provides annual reports to the Governor. The Mental Health Association of Frederick County is currently one of only four self-funded call centers in the state.

MHAMD supported. Effective Date: October 1, 2010

Introduced by Delegate James Hubbard, (District 23A, Prince George’s County) and Senator Brian Frosh, (District 16, Montgomery County).

**HB 816/SB 28 – Honorable Lorraine M. Sheehan Act to Protect Voting Rights for Individuals Under Guardianship for Mental Disability**

Prior to this legislation, individuals under guardianship for mental disability could not register to vote. This bill changes that prohibition effective June 1, 2010, so such an individual will only be banned from voting IF a Court finds by clear and convincing evidence that the individual cannot communicate, with or without accommodations, their desire to participate in the voting process. MHAMD supported this legislation for the second year, with MDLC as the lead advocacy group.

MHAMD Supported. Effective Date: June 1, 2010

Introduced by Senator Michael G. (Mike) Lenett, (District 19, Montgomery County) and Delegate Jon S. Cardin, (District 11, Baltimore County).

**HB 1034/SB 633 – Community Services Reimbursement Rate Commission (CRRC)-Developmental Disabilities and Community Mental Health Services-Rate Adjustments**

Beginning in FY 2012, fees paid to community mental health and developmental disability providers by DHMH will be tied to the inflation built into state agency budgets. The inflationary adjustment cannot exceed 4%. The bill also requires DHMH to conduct a study with stakeholders to recommend a plan to develop a rate-setting methodology and study the future role of the Community Services Reimbursement Rate Commission and other entities involved in the rate-setting process. DHMH must submit a preliminary report by December 1, 2012, and final report with its findings and recommendations by January 1, 2013. Providers and advocates viewed the bill as an equity issue -- if the State can afford inflation for its own budget, community services should be treated equitably. Community mental health providers have received inflationary adjustments in only 3 of the past 15 years.

MHAMMD Supported. Effective Date: October 1, 2010

Introduced by Senator Thomas McLain (Mac) Middleton, (District 28, Charles County) and Delegate Robert Costa, (District 33B, Anne Arundel County).

**SB 57 - Health Insurance-Mental Health Benefits-Group Health Plans**

Modifies Maryland law to comply with the federal mental health parity law passed in 2008 (affecting only the large group market). Language was also added at the end of the legislative session to assure compliance with the recently enacted federal healthcare reform.

MHAMMD Supported with amendments. Effective Date: April 13, 2010

Introduced by Senator Thomas McLain (Mac) Middleton, (District 28, Charles County).

**IV. BILLS THAT FAILED**

**HB 156/SB 636 – Mental Hygiene Administration-Upper Shore Community Mental Health Center-Continued Operation**

Would have required DHMH to continue operation of Upper Shore Mental Health Center.

MHAMMD opposed.

Introduced by Delegate Richard A. Sossi, (District 36, Caroline, Cecil, Kent & Queen Anne's Counties) and Senator E. J. Pipkin, (District 36, Caroline, Cecil, Kent & Queen Anne's Counties).

**HB 431 – Medical Review Committees (MRC)-Subpoenas-Medical Records for Mental Health Services**

Would have required notification when an individual's mental health record is released for an investigation by the Maryland Board of Physicians

MHAMMD supported

Introduced by Delegate Jeffrey D. Waldstreicher, (District 18, Montgomery County).

**HB 613 – Department of Health and Mental Hygiene (DHMH) Renaming Act**

Would have changed the name of DHMH to “the Department of Health.”

MHAMMD supported.

Introduced by Delegate Saqib Ali, (District 39, Montgomery County).

**HB 832/SB 717 – The Lorraine Sheehan Health & Community Services Act Of 2010**

Among the lowest in the nation, Maryland’s tax on distilled spirits has not changed since 1955, and the tax on beer and wine has not been raised since 1972. The Lorraine Sheehan Health & Community Services Act of 2010 would have raised the tax on alcohol by a dime a drink, with increased revenues going to sustain services for mental health, substance abuse, developmental disabilities, and Medicaid expansion. It was estimated to generate \$214.4 million in new revenue. Advocates for all three disabilities knew the legislation was unlikely to pass, but took advantage of the opportunity to highlight the consistent underfunding and substantial need for these services.

MHAMMD supported.

Introduced by Delegate William A. Bronrott, (District 16, Montgomery County) and Senator Verna L. Jones, (District 44, Baltimore City).

**SB 183/HB 142 – Correctional Services-Prerelease Unit-Inmate Aftercare Plans**

Would have required the Division of Corrections to operate a prerelease unit and develop comprehensive aftercare plans for inmates. Both the House and Senate bill received an unfavorable report from their respective committees. The fiscal note said there would be no fiscal impact, but advocates and the DOC, while supporting the bill, disagreed with the fiscal note.

MHAMMD supported.

Introduced by Delegate Kirill Reznik, (District 39, Montgomery County) and Senator Catherine E. Pugh, (District 40, Baltimore City).

**SB 186 – Criminal Law – Electronic Harassment of a Minor**

Would have prohibited electronic harassment of a minor (making it a misdemeanor).

MHAMMD supported.

Introduced by Senator Delores Goodwin Kelley, (District 10, Baltimore County).

**SB 243 – Housing – Discrimination Based on Source of Income – Prohibitions**

Would have altered the housing policy of the State to provide for fair housing to all citizens regardless of source of income.

MHAMMD supported.

Introduced by Senator Lisa A. Gladden, (District 41, Baltimore City).

**SB 244/HB 457 – Crimes-Elder Abuse or Neglect-Increased Penalties and Restrictions on Pretrial Releases (The John H. Taylor Act)**

Would have strengthened the penalties for abuse or neglect of a vulnerable adult in the first or second degree.

MHAMD supported.

Introduced by Senator Lisa A. Gladden, (District 41, Baltimore City) and Cheryl D. Glenn, (District 45, Baltimore City).

**SB 405 – Criminal Procedures-Sexually Violent Predator in need of Commitment**

Would have created a procedure in which a person who has been convicted of or charged with a sexually violent offense and who suffers from certain mental health conditions may be placed in the Department of Health and Mental Hygiene (DHMH) custody.

MHAMD opposed.

Introduced by Senator Norman R. Stone, Jr., (District 6, Baltimore County).

**SB 474 – Criminal Procedure – Discharge from Commitment of Persons Previously Found Not Criminally Responsible – Judicial Hearing**

Would have authorized a court to hold a de novo hearing, rather than a hearing on the record, following the receipt of Administrative Law Judge's recommendations regarding an individual's discharge from commitment after being found "not criminally responsible."

MHAMD opposed.

Introduced by Norman R. Stone, Jr., (District 6, Baltimore County).