

SENATE BILL 557

J1, J3, C3

11r1532
CF HB 442

By: **Senator Young**

Introduced and read first time: January 26, 2021

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Suicide Treatment Improvements Act**

3 FOR the purpose of requiring the Maryland Department of Health to provide training for
4 certain staff who assist callers on a certain hotline to ensure that the staff are able
5 to provide certain counseling; requiring certain facilities to ensure that suicidal
6 patients and patients who have attempted suicide are treated in a certain manner;
7 requiring certain facilities to ensure that certain staff act in a certain manner and
8 receive certain training; requiring certain facilities to ensure access for patients to
9 certain counselors and employ a certain number of individuals who are trained in
10 providing counseling to certain patients and are available to provide certain services;
11 prohibiting certain facilities from discharging patients into certain circumstances or
12 transferring certain patients to correctional facilities or detention centers except
13 under certain circumstances; requiring the Department to revoke a certain license
14 in accordance with certain provisions of law under certain circumstances; prohibiting
15 certain benefits provided under certain health benefit plans from having a
16 copayment, deductible, or coinsurance requirement applied to the benefits by an
17 insurer, a nonprofit health service plan, or a health maintenance organization;
18 requiring the Maryland Police Training and Standards Commission to implement
19 certain standards for police officers when responding to an incident involving an
20 individual suspected to be suicidal; providing for the application of this Act; and
21 generally relating to the treatment of and response efforts to individuals who are
22 suicidal, have attempted suicide, or are suspected to be suicidal.

23 BY repealing and reenacting, with amendments,
24 Article – Health – General
25 Section 7.5–501, 10–701, 10–709, and 10–1003
26 Annotated Code of Maryland
27 (2019 Replacement Volume and 2020 Supplement)

28 BY repealing and reenacting, with amendments,
29 Article – Insurance

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 15–802
2 Annotated Code of Maryland
3 (2017 Replacement Volume and 2020 Supplement)

4 BY repealing and reenacting, without amendments,
5 Article – Public Safety
6 Section 3–201(a) and (b)
7 Annotated Code of Maryland
8 (2018 Replacement Volume and 2020 Supplement)

9 BY adding to
10 Article – Public Safety
11 Section 3–207(j)
12 Annotated Code of Maryland
13 (2018 Replacement Volume and 2020 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
15 That the Laws of Maryland read as follows:

16 **Article – Health – General**

17 7.5–501.

18 (a) The Department shall establish and operate a toll-free Health Crisis Hotline
19 24 hours a day and 7 days a week.

20 (b) The Health Crisis Hotline shall assist callers by:

21 (1) Conducting a comprehensive evidence-based screening for mental
22 health and substance use needs, cognitive or intellectual functioning, infectious disease,
23 and acute somatic conditions;

24 (2) Conducting a risk assessment for callers experiencing an overdose or
25 potentially committing suicide or a homicide;

26 (3) Connecting callers to an emergency response system when indicated;

27 (4) Referring callers for ongoing care; and

28 (5) Following up with callers to determine if the needs of callers were met.

29 (c) The Department shall collect and maintain the following information to
30 provide to callers on the Health Crisis Hotline:

31 (1) The names, telephone numbers, and addresses of:

1 (i) Residential, inpatient, and outpatient substance use disorder
2 and mental health programs, including information on private programs and programs
3 administered by local health departments and other public entities; and

4 (ii) Hospitals, including hospital emergency rooms, and other
5 facilities that provide detoxification services;

6 (2) The levels of care provided by the programs, hospitals, and facilities
7 identified under item (1) of this subsection; and

8 (3) Whether the programs, hospitals, and facilities identified under item
9 (1) of this subsection:

10 (i) Accept payment for services from a third-party payor, including
11 Medicare, Medicaid, and private insurance; and

12 (ii) Provide services:

- 13 1. That are specific to pregnant women;
- 14 2. That are gender specific;
- 15 3. For individuals with co-occurring disorders;
- 16 4. To support parents of children with substance use and
17 mental health disorders; and
- 18 5. For grief support.

19 (d) (1) The Department shall provide training for Health Crisis Hotline staff
20 who assist callers on the Health Crisis Hotline to ensure that staff are able to [provide]:

21 (I) **PROVIDE** sufficient information [and respond];

22 (II) **RESPOND** appropriately to callers who may be in a crisis; **AND**

23 (III) **PROVIDE GENERAL COUNSELING AS WELL AS COUNSELING**
24 **FOR SUICIDAL INDIVIDUALS WHO MAY BE IN A CRISIS.**

25 (2) To the extent practicable, the Department shall ensure that
26 information provided to callers on the Health Crisis Hotline is up to date and accurate.

27 (e) The Department shall disseminate information about the Health Crisis
28 Hotline to the public, both directly and through public and private organizations that serve
29 the public.

1 10–701.

2 (a) (1) In this subtitle the following words have the meanings indicated.

3 (2) (i) “Advocate” means a person who provides support and guidance
4 to an individual in a facility.

5 (ii) “Advocate” includes a family member or friend.

6 (iii) “Advocate” does not include an attorney acting in the capacity of
7 legal counsel to an individual in a facility during the treatment planning and discharge
8 planning process.

9 (3) “Facility” does not include an acute general care hospital that does not
10 have a separately identified inpatient psychiatric service.

11 (4) (i) “Mental abuse” means any persistent course of conduct resulting
12 in or maliciously intended to produce emotional harm.

13 (ii) “Mental abuse” does not include the performance of an accepted
14 clinical procedure.

15 (5) (i) “Prone restraint” means restricting the free movement of all or a
16 portion of an individual’s body through the use of physical force or mechanical devices while
17 the individual is in a prone position.

18 (ii) “Prone restraint” does not include a technique for transitioning
19 an individual to a restraint position that involves momentarily placing the individual face
20 down.

21 (6) “State facility” means an inpatient facility that is maintained under the
22 direction of the Behavioral Health Administration.

23 (7) “Trauma–informed care” means mental health treatment that includes:

24 (i) An appreciation for the high prevalence of trauma experienced
25 by individuals receiving mental health services;

26 (ii) An understanding of the neurological, biological, psychological,
27 and social effects of trauma and violence, including sexual abuse and exploitation, on an
28 individual; and

29 (iii) An understanding of the environment, practices, and treatments
30 that may need to be modified to address trauma issues.

1 (b) It is the policy of this State that each individual with a mental disorder who
2 receives any service in a facility has, in addition to any other rights, the rights provided in
3 this subtitle.

4 (c) Each individual in a facility shall:

5 (1) Receive appropriate humane treatment and services in a manner that
6 restricts the individual's personal liberty within a facility only to the extent necessary and
7 consistent with the individual's treatment needs and applicable legal requirements;

8 (2) Receive treatment in accordance with the applicable individualized
9 plan of rehabilitation or the individualized treatment plan provided for in § 10-706 of this
10 subtitle;

11 (3) Be free from restraints or seclusions except for restraints or seclusions
12 that are:

13 (i) Used only during an emergency in which the behavior of the
14 individual places the individual or others at serious threat of violence or injury; and

15 (ii) 1. Ordered by a physician in writing; or

16 2. Directed by a registered nurse if a physician's order is
17 obtained within 2 hours of the action;

18 (4) Be free from prone restraint;

19 (5) Be free from restraint that:

20 (i) Applies pressure to the individual's back;

21 (ii) Obstructs the airway of the individual or impairs the individual's
22 ability to breathe;

23 (iii) Obstructs a staff member's view of the individual's face; or

24 (iv) Restricts the individual's ability to communicate distress;

25 (6) Be free from mental abuse;

26 (7) Be protected from harm or abuse as provided in this subtitle;

27 (8) Except as provided in subsection [(e)] (F) of this section, and subject to
28 subsection [(k)] (L) of this section, have the right to an advocate of the individual's choice
29 to participate in the treatment planning and discharge planning process; and

1 (9) Subject to the provisions of § 10–708 of this subtitle, if the individual
2 has an advance directive for mental health services provided for in § 5–602.1 of this article,
3 receive treatment in accordance with the preferences in the advance directive.

4 **(D) EACH FACILITY SHALL ENSURE THAT:**

5 **(1) ALL SUICIDAL PATIENTS AND PATIENTS WHO HAVE ATTEMPTED**
6 **SUICIDE ARE TREATED WITH THE SAME RESPECT, COMPASSION, AND DIGNITY AS**
7 **PATIENTS WHO HAVE PHYSICAL AILMENTS; AND**

8 **(2) ALL CLINICAL STAFF:**

9 **(I) HAVE A GOOD BEDSIDE MANNER;**

10 **(II) CONDUCT THEMSELVES IN A MANNER SO AS NOT TO**
11 **RE–TRAUMATIZE A SUICIDAL PATIENT OR PATIENT WHO HAS ATTEMPTED SUICIDE;**

12 **(III) TREAT PATIENTS IN AN AGE–APPROPRIATE MANNER;**

13 **(IV) EVALUATE WHETHER ANY CAREGIVERS OF THE PATIENT**
14 **ARE ABUSIVE, CONTROLLING, OR DYSFUNCTIONAL AND ADDRESS THOSE**
15 **SITUATIONS APPROPRIATELY;**

16 **(V) RECEIVE TRAINING IN DE–STIGMATIZATION OF MENTAL**
17 **ILLNESSES; AND**

18 **(VI) REFRAIN FROM PERFORMING A PSYCHOLOGICAL TEST ON A**
19 **PATIENT WHO IS CURRENTLY IN CRISIS OR WHO HAS RECENTLY BEEN IN CRISIS.**

20 **[(d)] (E) A State facility shall ensure that:**

21 (1) All clinical, direct care, and other designated staff with regular patient
22 interaction receive training in trauma–informed care and demonstrate competency in
23 providing trauma–informed care services within 3 months of being hired and on an annual
24 basis;

25 (2) Any policy or practice followed by the facility is reviewed and revised to
26 conform with trauma–informed care principles; and

27 (3) The physical environment of the facility is assessed at least annually
28 and modified if the modifications:

29 (i) Are necessary to ensure conformity with trauma–informed care
30 principles; and

1 (ii) Can be funded through the State's operating budget or capital
2 budget.

3 **[(e)] (F)** Notwithstanding the provisions of subsection (c)(8) of this section, a
4 facility may prohibit an advocate from participating in the treatment planning or discharge
5 planning process for an individual if:

6 (1) (i) The individual is a minor or an adult under guardianship in
7 accordance with § 13-705 of the Estates and Trusts Article; and

8 (ii) The parent of the minor or the legal guardian of the individual
9 has requested that the advocate not participate; or

10 (2) The advocate has engaged in behavior that:

11 (i) Is disruptive to the individual, other patients, or staff at the
12 facility; or

13 (ii) Poses a threat to the safety of the individual, other patients, or
14 staff at the facility.

15 **[(f)] (G)** A facility shall:

16 (1) Have a written policy specifying the method used to ensure that an
17 individual whose primary language or method of communication is nonverbal is able to
18 effectively communicate distress during a physical restraint or hold; **[and]**

19 (2) Ensure that all staff at the facility who are authorized to participate in
20 a physical restraint or hold of individuals are trained in the method specified in the written
21 policy required under item (1) of this subsection;

22 **(3) EMPLOY A SUFFICIENT NUMBER OF INDIVIDUALS WHO ARE:**

23 **(I) TRAINED IN PROVIDING COUNSELING TO SUICIDAL**
24 **INDIVIDUALS AND INDIVIDUALS WHO HAVE ATTEMPTED SUICIDE; AND**

25 **(II) AVAILABLE TO PROVIDE:**

26 **1. ONE-ON-ONE COUNSELING TO PATIENTS WHO ARE**
27 **SUICIDAL OR HAVE ATTEMPTED SUICIDE;**

28 **2. DAILY COUNSELING TO ALL PATIENTS IN A FACILITY;**

29 **AND**

1 **3. IF THE FACILITY IS AN ACUTE GENERAL HOSPITAL**
2 **WITH AN EMERGENCY DEPARTMENT, ASSESSMENT, IMMEDIATE CRISIS**
3 **COUNSELING, AND EVALUATION FOR INDIVIDUALS PRESENTING WITH A MENTAL**
4 **HEALTH CRISIS AT THE EMERGENCY DEPARTMENT OF THE FACILITY; AND**

5 **(4) ENSURE ACCESS FOR PATIENTS TO AT LEAST ONE COUNSELOR**
6 **DESCRIBED IN ITEM (3)(II) OF THIS SUBSECTION 24 HOURS A DAY, 7 DAYS A WEEK.**

7 **[(g)] (H)** Subject to the provisions of §§ 4–301 through 4–309 of this article, the
8 records of each individual in a facility are confidential.

9 **[(h)] (I)** (1) Notwithstanding any other provision of law, when the State
10 designated protection and advocacy agency has received and documented a request for an
11 investigation of a possible violation of the rights of an individual in a facility that is owned
12 and operated by the Department or under contract to the Department to provide mental
13 health services in the community under this subtitle, the executive director of the
14 protection and advocacy agency or the executive director’s designee:

15 (i) Before pursuing any investigation:

16 1. Shall interview the individual whose rights have been
17 allegedly violated; and

18 2. Shall attempt to obtain written consent from the
19 individual; and

20 (ii) If the individual is unable to give written consent but does not
21 object to the investigation:

22 1. Shall document this fact; and

23 2. Shall request, in writing, access to the individual’s records
24 from the Director of the Behavioral Health Administration.

25 (2) On receipt of the request for access to the individual’s records, the
26 Director of the Behavioral Health Administration shall authorize access to the individual’s
27 records.

28 (3) After satisfying the provisions of paragraphs (1) and (2) of this
29 subsection, the executive director of the protection and advocacy agency, or the executive
30 director’s designee, may pursue an investigation and, as part of that investigation, shall
31 continue to have access to the records of the individual whose rights have been allegedly
32 violated.

1 **[(i)] (J)** (1) On admission to a facility, an individual shall be informed of the
2 rights provided in this subtitle in language and terms that are appropriate to the
3 individual's condition and ability to understand.

4 (2) A facility shall post notices in locations accessible to the individual and
5 to visitors describing the rights provided in this subtitle in language and terms that may
6 be readily understood.

7 **[(j)] (K)** A facility shall implement an impartial, timely complaint procedure
8 that affords an individual the ability to exercise the rights provided in this subtitle.

9 **[(k)] (L)** This section may not be construed to:

10 (1) Grant the advocate of an individual legal authority that the advocate
11 does not otherwise have under law to make decisions on behalf of the individual regarding
12 treatment or discharge;

13 (2) Grant the advocate access to the medical records of the individual or
14 other confidential information that the advocate does not otherwise have access to under
15 law; or

16 (3) Limit the legal authority that an attorney or other person otherwise has
17 under law to participate in the treatment planning and discharge planning process or to
18 otherwise act on behalf of an individual in a facility.

19 10–709.

20 (a) In accordance with § 10–809 of this title, a facility shall prepare a written
21 aftercare plan for an individual who has been accepted as a resident in the facility before
22 that individual is released from the facility.

23 (b) The aftercare plan prepared under this section shall be offered to individuals
24 who have been accepted as residents in a facility who are scheduled for release from a
25 facility under this title.

26 **(C) A FACILITY MAY NOT:**

27 **(1) DISCHARGE A PATIENT INTO A CIRCUMSTANCE IN WHICH THE**
28 **PATIENT WILL BE HOMELESS; OR**

29 **(2) TRANSFER A SUICIDAL PATIENT TO A CORRECTIONAL FACILITY**
30 **OR DETENTION CENTER UNLESS THE PATIENT IS DETERMINED TO PRESENT A**
31 **DANGER TO THE LIFE OR SAFETY OF OTHERS.**

32 **[(c)] (D)** The Secretary shall adopt regulations governing the planning and
33 provisions of aftercare plans including:

1 (1) Procedures to obtain the consent of the individual; or

2 (2) Procedures to assist an individual who is unable to participate fully in
3 aftercare planning.

4 10-1003.

5 (a) A person may not interfere knowingly with the rights of an individual under
6 § 10-701, § 10-702, § 10-703, § 10-704, § 10-706, or § 10-707 of this title.

7 (b) (1) A person who violates any provision of this section is guilty of a
8 misdemeanor and on conviction is subject to a fine not exceeding \$5,000 or imprisonment
9 not exceeding 2 years or both.

10 (2) **IF AN OFFICER, AN OPERATOR, OR A DIRECTOR OF A PRIVATE,**
11 **INPATIENT FACILITY KNOWINGLY PARTICIPATES IN A VIOLATION OF THIS SECTION,**
12 **THE DEPARTMENT SHALL REVOKE THE LICENSE TO OPERATE THE FACILITY IN**
13 **ACCORDANCE WITH § 10-510 OF THIS TITLE.**

14 **Article - Insurance**

15 15-802.

16 (a) (1) In this section the following words have the meanings indicated.

17 (2) "Alcohol misuse" has the meaning stated in § 8-101 of the Health -
18 General Article.

19 (3) "ASAM criteria" means the most recent edition of the American Society
20 of Addiction Medicine treatment criteria for addictive, substance-related, and co-occurring
21 conditions that establishes guidelines for placement, continued stay and transfer or
22 discharge of patients with addiction and co-occurring conditions.

23 (4) "Drug misuse" has the meaning stated in § 8-101 of the Health -
24 General Article.

25 (5) "Grandfathered health plan coverage" has the meaning stated in 45
26 C.F.R. § 147.140.

27 (6) "Health benefit plan" means:

28 (i) for a group or blanket plan, a health benefit plan as defined in §
29 15-1401 of this title;

1 (ii) for an individual plan, a health benefit plan as defined in §
2 15–1301(l) of this title; or

3 (iii) short–term limited duration insurance as defined in § 15–1301(s)
4 of this title.

5 (7) “Managed care system” means a system of cost containment methods
6 that a carrier uses to review and preauthorize a treatment plan developed by a health care
7 provider for a covered individual in order to control utilization, quality, and claims.

8 (8) “Partial hospitalization” means the provision of medically directed
9 intensive or intermediate short–term treatment:

10 (i) to an insured, subscriber, or member;

11 (ii) in a licensed or certified facility or program;

12 (iii) for mental illness, emotional disorders, drug misuse, or alcohol
13 misuse; and

14 (iv) for a period of less than 24 hours but more than 4 hours in a day.

15 (9) “Small employer” has the meaning stated in § 31–101 of this article.

16 (b) With the exception of small employer grandfathered health plan coverage, this
17 section applies to each individual, group, and blanket health benefit plan that is delivered
18 or issued for delivery in the State by an insurer, a nonprofit health service plan, or a health
19 maintenance organization.

20 (c) A health benefit plan subject to this section shall provide at least the following
21 benefits for the diagnosis and treatment of a mental illness, emotional disorder, drug use
22 disorder, or alcohol use disorder:

23 (1) inpatient benefits for services provided in a licensed or certified facility,
24 including hospital inpatient and residential treatment center benefits;

25 (2) partial hospitalization benefits; and

26 (3) outpatient and intensive outpatient benefits, including all office visits,
27 diagnostic evaluation, opioid treatment services, medication evaluation and management,
28 and psychological and neuropsychological testing for diagnostic purposes.

29 (d) (1) The benefits under this section are required only for expenses arising
30 from the treatment of mental illnesses, emotional disorders, drug misuse, or alcohol misuse
31 if, in the professional judgment of health care providers:

1 (i) the mental illness, emotional disorder, drug misuse, or alcohol
2 misuse is treatable; and

3 (ii) the treatment is medically necessary.

4 (2) The benefits required under this section:

5 (i) shall be provided as one set of benefits covering mental illnesses,
6 emotional disorders, drug misuse, and alcohol misuse;

7 (ii) shall comply with 45 C.F.R. § 146.136(a) through (d) and 29
8 C.F.R. § 2590.712(a) through (d);

9 (iii) subject to paragraph (3) of this subsection, may be delivered
10 under a managed care system; [and]

11 (iv) for partial hospitalization under subsection (c)(2) of this section,
12 may not be less than 60 days; AND

13 (v) FOR COUNSELING AND ASSESSMENT FOR SUICIDAL
14 INDIVIDUALS OR INDIVIDUALS WHO HAVE ATTEMPTED SUICIDE AS DESCRIBED IN §
15 10-701(G)(3)(II) OF THE HEALTH – GENERAL ARTICLE, MAY NOT HAVE A
16 COPAYMENT, DEDUCTIBLE, OR COINSURANCE REQUIREMENT APPLIED TO THE
17 BENEFITS BY AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH
18 MAINTENANCE ORGANIZATION UNDER A HEALTH BENEFIT PLAN.

19 (3) The benefits required under this section may be delivered under a
20 managed care system only if the benefits for physical illnesses covered under the health
21 benefit plan are delivered under a managed care system.

22 (4) The processes, strategies, evidentiary standards, or other factors used
23 to manage the benefits required under this section must be comparable as written and in
24 operation to, and applied no more stringently than, the processes, strategies, evidentiary
25 standards, or other factors used to manage the benefits for physical illnesses covered under
26 the health benefit plan.

27 (5) An insurer, nonprofit health service plan, or health maintenance
28 organization shall use the ASAM criteria for all medical necessity and utilization
29 management determinations for substance use disorder benefits.

30 (e) An entity that issues or delivers a health benefit plan subject to this section
31 shall provide on its website and annually in print to its insureds or members:

32 (1) notice about the benefits required under this section and the federal
33 Mental Health Parity and Addiction Equity Act; and

1 (2) notice that the insured or member may contact the Administration for
2 further information about the benefits.

3 (f) An entity that issues or delivers a health benefit plan subject to this section
4 shall:

5 (1) post a release of information authorization form on its website; and

6 (2) provide a release of information authorization form by standard mail
7 within 10 business days after a request for the form is received.

8 Article – Public Safety

9 3–201.

10 (a) In this subtitle the following words have the meanings indicated.

11 (b) “Commission” means the Maryland Police Training and Standards
12 Commission.

13 3–207.

14 **(J) THE COMMISSION SHALL IMPLEMENT STANDARDS FOR POLICE**
15 **OFFICERS TO ENSURE THAT, WHEN RESPONDING TO AN INCIDENT INVOLVING AN**
16 **INDIVIDUAL SUSPECTED TO BE SUICIDAL:**

17 **(1) THE POLICE OFFICER IS ACCOMPANIED BY AN INDIVIDUAL**
18 **TRAINED IN PROVIDING COUNSELING AND ASSESSMENT TO SUICIDAL INDIVIDUALS;**

19 **(2) THE POLICE OFFICER AND OTHER RESPONDING POLICE OFFICERS**
20 **DO NOT USE FORCE OR DRAW WEAPONS UNLESS THE INDIVIDUAL SUSPECTED TO BE**
21 **SUICIDAL PRESENTS A CLEAR THREAT TO OTHERS; AND**

22 **(3) THE INDIVIDUAL SUSPECTED TO BE SUICIDAL IS APPROACHED IN**
23 **A GENTLE AND RESPECTFUL MANNER.**

24 SECTION 2. AND BE IT FURTHER ENACTED, That § 15–802 of the Insurance
25 Article, as enacted by Section 1 of this Act, shall apply to all policies, contracts, and health
26 benefit plans issued, delivered, or renewed in the State on or after January 1, 2022.

27 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
28 October 1, 2021.