



CROSSOVER REPORT

2024 Maryland Legislative Session

Address Maryland's behavioral health workforce shortage

- [HB 34/SB 204](#) *Interstate Social Work Licensure Compact*
BHSB supported. HB 34 passed the House; SB 204 has not moved.
These bills would direct Maryland to join a newly formed interstate compact that would allow social workers in Maryland and other compact states to obtain an interstate license to practice in any of the states of the compact. This would help address shortages in the behavioral health workforce by increasing the number of available social workers.
- [HB 649/SB 525](#) *Labor and Employment – Equal Pay for Equal Work – Wage Range Transparency*
BHSB supported. Both bills passed their respective chambers with minor amendments.
These bills require employers to provide a wage or salary range and information about benefits for every job posting. This transparency will help address racial and gender inequities and support a more diverse behavioral health workforce.
- [BHA FY2025 Budget](#)
BHSB supported. Both chambers adopted without significant changes.
The Behavioral Health Administration budget included a 3% Medicaid rate increase for behavioral health providers and \$17.6 million for 988 and crisis services.

Expand the peer workforce and further integrate these professionals into the system of care

- [HB 980/SB 751](#) *Public Health – Opioid Restitution Advisory Council and Fund – Revisions*
BHSB supported. Both bills passed their respective chambers but were heavily amended.
These bills originally aimed to set aside funding from the Opioid Restitution Fund (ORF) for recovery programs. The amendments removed the requirement to fund these programs and instead clarified that recovery programs are an eligible use for the ORF.

Sustainably fund Maryland's 988 helpline and related behavioral health crisis response services

- [HB 933/SB 974](#) *Behavioral Health Crisis Response Services – 9-8-8 Trust Fund Fees*
BHSB supported. Both bills passed their respective chambers with minor amendments.
These bills permanently fund the 988 Trust Fund by establishing a monthly 988 telecom fee of 25 cents, modeled after how 911 is funded. The 988 fee will generate more than \$25 million in new revenue for the 988 Trust Fund each year. These bills were top priorities for the Fund Maryland 988 Campaign and are critical to the long-term sustainability of Maryland's 988 helplines.

Strengthen and expand quality behavioral health services for children, youth, and families

- [HB 694/SB 482](#) *Governor's Office for Children - Engaging Neighborhoods, Organizations, Unions, Governments, and Households (ENOUGH) Grant Program (ENOUGH Act of 2024)*
BHSB supported. SB 482 passed the Senate; HB 694 has not moved.
These bills create a new grant program designed to address child poverty. The new program would provide flexible grants to local nonprofits and government agencies designed to establish anti-poverty programs rooted specific disadvantaged neighborhoods. The programs can focus on a variety of socioeconomic concerns, including addressing child and family behavioral health.



- **[HB 1040/SB 876](#) *Maryland Medical Assistance Program – Limited Behavioral Health Services*
BHSB supported. Neither bill made it out of committee.**

These bills would have allowed children and youth under the age of 18 to access therapy, counseling and other basic behavioral health services without needing to be diagnosed with a behavioral health disorder. Advocates supported this measure to improve access and reduce the need for a premature diagnosis. The Maryland Department of Health opposed it based on the potential costs.

- **[SB 991](#) *Behavioral Health – Language Assistance Services Pilot Program*
BHSB supported. SB991 passed the Senate; there was no cross file.**

This bill creates a pilot program to reimburse organizations that provide effective language assistance to children and youth under the age of 18 who need to access behavioral health services and have limited English proficiency.

Establish Overdose Prevention Sites and other effective harm reduction and recovery strategies to prevent fatal overdose

- **[HB 706](#) *Drug Paraphernalia for Administration – Decriminalization*
BHSB supported, but HB 706 did not make it out of committee.**

This bill would decriminalize possession of drug paraphernalia to reduce barriers to harm reduction interventions like needle exchange. Staff and program participants can face potential criminal sanctions even though paraphernalia distributed legally through harm reduction interventions are supposed to be exempt from criminal penalties. Decriminalizing paraphernalia without qualification is the most effective way to protect staff and participants of these programs. It likely had support to pass in the House, but Senate leadership has made it clear that it does not support this measure.

- **[HB 1096/SB 427](#) *Public Health – Overdose and Infectious Disease Prevention Services Program*
BHSB supported. Neither bill made it out of committee.**

These bills would authorize up to six overdose prevention sites (OPS) demonstration projects to provide medical supervision while individuals used pre-obtained drugs. OPS programs are highly effective at preventing fatal overdose. These programs exist in dozens of other countries and two OPS operate in New York City. Significant opposition to OPS remains in the General Assembly but the Baltimore City Mayor's Office is in support.

- **[HB 1245/SB 1075](#) *Criminal Law – Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria and Scottie's Law)*
BHSB opposed, and neither bill moved out of committee.**

These bills would have created a new criminal penalty for individuals found responsible for distributing heroin or fentanyl that led to a fatal overdose. Harsh penalties like these drug-induced homicide proposals have been tried before, and they do not reduce drug use or drug distribution. They do, however, engender fear among people who use drugs and frustrate harm reduction efforts. BHSB is appreciative that the General Assembly did not move these bills forward.



Improve quality and accountability within the public behavioral health system

- [HB 1048/SB 212](#) *Behavioral Health Advisory Council and Commission on Behavioral Health Care Treatment and Access – Alterations*
BHSB monitored. Each bill passed their respective chambers with minor amendments.
These bills make minor changes to the membership of the Commission on Behavioral Health Care Treatment and Access that was established in 2023 and directs the Commission to make recommendations regarding the financial structure of the public behavioral health system. Amendments were adopted to push the deadline for the required report from the Commission to July 1, 2025.

Other significant legislation

- [HB 576/SB 453](#) *Mental Health – Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs*
BHSB sought amendments to these bills. HB 576 passed the House; SB 453 has not moved.
This bill would establish a statewide Assisted Outpatient Treatment (AOT) program. AOT mandates court-ordered outpatient treatment for individuals with severe and persistent mental illness who experience frequent psychiatric hospitalizations. This bill was introduced by the Moore Administration and is viewed by them as an important set of interventions to help those hardest to serve. BHSB provided amendments to narrow eligibility and improve due process protections, some of which were adopted.
- [HB 932/SB 791](#) *Health Insurance - Utilization Review – Revisions*
BHSB monitored. Each bill passed their respective chambers with some amendments.
This bill would set limitations on the use of prior authorization and other utilization review practices by private insurers. These practices can cause barriers to care but also help to reduce the cost of health insurance. This is a compromise between the health insurance carriers and the medical professional trade associations.
- [HB 1007/SB 766](#) *Fair Share for Maryland Act of 2024*
BHSB supported. Neither bill moved out of committee.
This bill would generate \$1.6 billion in new revenues through higher taxes on wealthy households and corporations. These bills are not moving forward but the House is considering adding some of the corporate tax changes to the budget to help address the state's structural deficit.
- [HB 1074/SB 684](#) *Health Insurance - Mental Health and Substance Use Disorder Benefits - Sunset Repeal and Modification of Reporting Requirements*
BHSB monitored. Each bill passed their respective chambers with some amendments.
These bills would strengthen mental health and substance use parity enforcement to ensure behavioral health insurance coverage matches comparable medical/surgical benefits. This bill implements several recommendations made by the Maryland Insurance Administration to improve parity compliance.