



Maryland  
Hospital Association

## **House Bill 1121 – Maryland Mental Health and Substance Use Disorder Registry and Referral System**

**Position: *Support with Amendments***

February 26, 2020

House Health & Government Operations Committee

### **MHA Position**

Maryland's 61 nonprofit hospitals and health systems care for millions of people each year and are on the front lines of the state's behavioral health crisis. Hospitals and their partners improved access to the most appropriate level of care for Marylanders overall, but for the one in five living with a mental health or substance use disorder, the emergency department (ED) often remains the only door to access treatment.

To ensure access across the care continuum, coordination is essential, but implementing a workable, statewide bed registry system has proven difficult both in Maryland and across the country. The Maryland Institute for Emergency Medical Services System (MIEMSS) launched an initiative to create a registry of inpatient psychiatric beds across the state. However, this was not successful, and despite the hard work of MIEMSS and the hospitals involved, the pilot never progressed to scale.

House Bill 1121 would use Maryland's unique statewide health information exchange, CRISP, to establish the Maryland Mental Health and Substance Use Disorder Registry and Referral System. The system as envisioned would include a searchable inventory of behavioral health treatment providers across the care continuum, allow for real-time updates of service availability and include an electronic referral system. The legislation also establishes an advisory committee to ensure stakeholder engagement during this critically important process. This legislation offers an opportunity for Maryland to build from previous experience and to develop a successful bed registry. CRISP's existing infrastructure will enhance the likelihood of success and may present the opportunity to draw down federal matching funds as they have done on other projects.

MHA looks forward to working with other stakeholders and the state to move this important project forward, and we are requesting three amendments. The first amendment would enumerate a representative of the Maryland Hospital Association as a member of the advisory committee. The second aligns the hospital staffing requirement with existing state law and federal policy to ensure hospitals have the flexibility they need to operate efficiently. The third amendment directs CRISP, to the extent practicable, to build a technology infrastructure that considers existing locally driven investment in registry and referral systems and processes.

For these reasons, we urge a *favorable* with amendments report.

Amendment 1

On page 3 after line 16 add (V) ON REPRESENTATIVE DESIGNATED BY THE MARYLAND HOSPITAL ASSOCIATION;

Amendment 2

On page 4 in line 1 strike from “Each” through “services” in line 4 and replace with,

EACH HOSPITAL’S DISCHARGE PROCESS FOR PATIENTS WHO ARE IN THE NEED OF MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES MAY INCORPORATE ESTABLISHED EVIDENCE–BASED PRACTICES, INCLUDING THOSE DESCRIBED IN:

(1) STANDARDS FOR ACCREDITATION ADOPTED BY THE JOINT COMMISSION OR ANOTHER NATIONALLY RECOGNIZED HOSPITAL ACCREDITATION ORGANIZATION; AND

(2) THE CONDITIONS OF PARTICIPATION FOR HOSPITALS ADOPTED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

Amendment 3

On page 4 after line 23 add

SECTION 3. AND BE IT FURTHER ENACTED, It is the intent of the General Assembly that, to the extent practicable, the pilot will build a technology infrastructure that considers existing registry and referral systems and processes.

For more information, please contact:  
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