1 LD 1946 2 (Filing No. H-Date: ) HEALTH AND HUMAN SERVICES 3 4 Reproduced and distributed under the direction of the Clerk of the House. 5 STATE OF MAINE 6 HOUSE OF REPRESENTATIVES 129TH LEGISLATURE 7 8 SECOND SPECIAL SESSION 9 COMMITTEE AMENDMENT " " to H.P. 1390, L.D. 1946, "An Act To Improve Access to Mental and Behavioral Health Care by Providing Care in Clinical Reproductive 10 and Sexual Health Care Settings" 11 Amend the bill by striking out the title and substituting the following: 12 13 'Resolve, To Improve Access to Behavioral Health Care by Providing Care in Clinical Reproductive and Sexual Health Care Settings' 14 15 Amend the bill by striking out everything after the title and inserting the following: 'Sec. 1. Pilot project to deliver behavioral health services in reproductive 16 17 and sexual health care settings. Resolved: That there is established within the Department of Health and Human Services, referred to in this resolve as "the department," 18 a pilot project to deliver behavioral health services by licensed mental health professionals 19 20 in clinical reproductive and sexual health care settings to provide for greater screening for, and access to and care coordination of, behavioral health services for populations at risk 21 22 for mental health issues and substance use disorder 23 1. **Definitions.** As used in this resolve, unless the context otherwise indicates, the following terms have the following meanings. 24 25 A. "Behavioral health services" means the treatment of mental health issues and substance use disorder. 26 27 "Clinical reproductive and sexual health care setting" means a nonprofit organization, public or private, engaged in providing family planning services. 28 29 C. "Family planning services" has the same meaning as in the Maine Revised Statutes, 30 Title 22, section 1902, subsection 4. 31 D. "Licensed mental health professional" means a licensed psychiatrist, licensed psychologist, licensed clinical social worker or licensed clinical professional 32 33 counselor.

- **2. Pilot project components.** To the extent permitted by resources allocated to the pilot project, the pilot project must be designed to include the following:
  - A. Support for infrastructure to reduce barriers for populations at risk for mental health issues and substance use disorder to access behavioral health services in clinical reproductive and sexual health care settings, including by directly providing behavioral health services or by entering into a memorandum of understanding with a community-based mental health agency licensed by the State to directly bill for behavioral health services located on the same site:
  - B. Demonstrated ability to provide in-house behavioral health services by a licensed mental health professional that include, but are not limited to, the following:
    - (1) Early identification, intervention and referral services;
    - (2) Use of standardized screening tools, such as the Patient Health Questionnaire, the CAGE questionnaire and the Screening, Brief Intervention and Referral to Treatment tool, for depression, anxiety, domestic or interpersonal violence and substance use or misuse, including use or misuse of alcohol, tobacco and opioids; and
    - (3) Intervention services, as appropriate, including but not limited to short-term depression or anxiety counseling services, tobacco cessation counseling and treatment and access to naloxone hydrochloride;
  - C. Demonstrated ability to provide effective, equitable, understandable and respectful high-quality care and behavioral health services that are affirming of and sensitive to cultural differences;
  - D. Referrals to other appropriate services, such as crisis intervention, mental health outpatient services, medication-assisted treatment and substance use disorder treatment;
  - E. Assistance in navigating the health care system, including assistance with the completion of eligibility applications for health care and locating medical services; and
  - F. Coordination of care with other health care providers, as appropriate.
- **3. Pilot project implementation.** The clinical reproductive and sexual health care settings for the pilot project must be selected on the basis of applications demonstrating interest in implementing the pilot project and capacity to implement the pilot project. The department shall strive to approve applications of settings of varying sizes and as geographically diverse as practicable given the pool of applicants. The department may phase in selected elements of the pilot project over the course of the pilot project.
- **4. Duration of pilot project.** The department shall enter into contracts no later than 90 days after the effective date of this legislation with the clinical reproductive and sexual health care settings selected pursuant to subsection 3 to implement the pilot project. The pilot project must operate for 18 months from the date all of the contracts have been awarded.
- **5. Funding.** The department shall seek and apply for available federal funds or funds from any other sources to pay the costs of the pilot project. To the maximum extent possible, the department shall use state funds received for the pilot project to maximize its receipt of federal funds to be used for the pilot project.

Page 2 - 129LR3033(02)

- **6. Report on pilot project.** The department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the pilot project by January 1, 2022 and at the conclusion of the pilot project. The report must address the effectiveness of increased access to behavioral health services under the pilot project established pursuant to this resolve, the schedule for full implementation, if recommended by the department, and any additional funding needed to accomplish full implementation. The joint standing committee may submit legislation to the Second Regular Session of the 130th Legislature regarding the pilot project, including legislation to continue or expand the pilot project.
- **Sec. 2. Appropriations and allocations. Resolved:** That the following appropriations and allocations are made.

## HEALTH AND HUMAN SERVICES, DEPARTMENT OF

## **Mental Health Services - Community Z198**

Initiative: Provides one-time funding for an 18-month pilot project to deliver behavioral health services by licensed mental health professionals in clinical reproductive and sexual health care settings to provide for greater screening for, and access to and care coordination of, behavioral health services for populations at risk for mental health issues and substance use disorder.

| 19 | GENERAL FUND       | 2019-20 | 2020-21  |
|----|--------------------|---------|----------|
| 20 | All Other          | \$0     | \$75,000 |
| 21 |                    |         |          |
| 22 | GENERAL FUND TOTAL | \$0     | \$75,000 |
|    |                    |         |          |

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

## **SUMMARY**

This amendment, which is the minority report of the committee, replaces the bill with a resolve. The resolve requires the Department of Health and Human Services to establish an 18-month pilot project to deliver behavioral health services by licensed mental health professionals in clinical reproductive and sexual health care settings to provide for greater screening for, and access to and care coordination of, behavioral health services for populations at risk for mental health issues and substance use disorder. The resolve directs the department to seek and apply for available federal funds or funds from any other sources to pay the costs of the project and provides that the department, to the maximum extent possible, must use state funds received for the pilot project to maximize its receipt of federal funds to be used for the pilot project. The resolve provides funding of \$75,000 for implementing the first year of the 18-month pilot project. It is anticipated that the same amount of funding will be required in fiscal year 2021-22.

It also directs the Department of Health and Human Services to submit reports by January 1, 2022 and at the conclusion of the pilot project regarding the implementation of the pilot project to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The joint standing committee of the Legislature having

| l<br>2 | jurisdiction over health and human services matters may submit legislation related to the pilot project to the Second Regular Session of the 130th Legislature. |
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| 3      | FISCAL NOTE REQUIRED  |
| 4      | (See attached)  |

Page 4 - 129LR3033(02)