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Date: (Filing No. H-)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
129TH LEGISLATURE
SECOND SPECIAL SESSION**

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 and Sexual Health Care Settings”

Amend the bill by striking out the title and substituting the following:

'Resolve, To Improve Access to Behavioral Health Care by Providing Care in Clinical Reproductive and Sexual Health Care Settings'

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 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," a 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.

1. Definitions. As used in this resolve, unless the context otherwise indicates, the following terms have the following meanings.

- A. "Behavioral health services" means the treatment of mental health issues and substance use disorder.
- B. "Clinical reproductive and sexual health care setting" means a nonprofit organization, public or private, engaged in providing family planning services.
- C. "Family planning services" has the same meaning as in the Maine Revised Statutes, Title 22, section 1902, subsection 4.
- D. "Licensed mental health professional" means a licensed psychiatrist, licensed psychologist, licensed clinical social worker or licensed clinical professional counselor.

COMMITTEE AMENDMENT

1 **2. Pilot project components.** To the extent permitted by resources allocated to the
2 pilot project, the pilot project must be designed to include the following:

3 A. Support for infrastructure to reduce barriers for populations at risk for mental health
4 issues and substance use disorder to access behavioral health services in clinical
5 reproductive and sexual health care settings, including by directly providing behavioral
6 health services or by entering into a memorandum of understanding with a community-
7 based mental health agency licensed by the State to directly bill for behavioral health
8 services located on the same site;

9 B. Demonstrated ability to provide in-house behavioral health services by a licensed
10 mental health professional that include, but are not limited to, the following:

11 (1) Early identification, intervention and referral services;

12 (2) Use of standardized screening tools, such as the Patient Health
13 Questionnaire, the CAGE questionnaire and the Screening, Brief Intervention
14 and Referral to Treatment tool, for depression, anxiety, domestic or
15 interpersonal violence and substance use or misuse, including use or misuse of
16 alcohol, tobacco and opioids; and

17 (3) Intervention services, as appropriate, including but not limited to short-
18 term depression or anxiety counseling services, tobacco cessation counseling
19 and treatment and access to naloxone hydrochloride;

20 C. Demonstrated ability to provide effective, equitable, understandable and respectful
21 high-quality care and behavioral health services that are affirming of and sensitive to
22 cultural differences;

23 D. Referrals to other appropriate services, such as crisis intervention, mental health
24 outpatient services, medication-assisted treatment and substance use disorder
25 treatment;

26 E. Assistance in navigating the health care system, including assistance with the
27 completion of eligibility applications for health care and locating medical services; and

28 F. Coordination of care with other health care providers, as appropriate.

29 **3. Pilot project implementation.** The clinical reproductive and sexual health care
30 settings for the pilot project must be selected on the basis of applications demonstrating
31 interest in implementing the pilot project and capacity to implement the pilot project. The
32 department shall strive to approve applications of settings of varying sizes and as
33 geographically diverse as practicable given the pool of applicants. The department may
34 phase in selected elements of the pilot project over the course of the pilot project.

35 **4. Duration of pilot project.** The department shall enter into contracts no later than
36 90 days after the effective date of this legislation with the clinical reproductive and sexual
37 health care settings selected pursuant to subsection 3 to implement the pilot project. The
38 pilot project must operate for 18 months from the date all of the contracts have been
39 awarded.

40 **5. Funding.** The department shall seek and apply for available federal funds or funds
41 from any other sources to pay the costs of the pilot project. To the maximum extent
42 possible, the department shall use state funds received for the pilot project to maximize its
43 receipt of federal funds to be used for the pilot project.

COMMITTEE AMENDMENT “ ” to H.P. 1390, L.D. 1946

1 jurisdiction over health and human services matters may submit legislation related to the
2 pilot project to the Second Regular Session of the 130th Legislature.

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FISCAL NOTE REQUIRED

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(See attached)