



Testimony on HB 462
Residential Rehabilitation Programs – Reporting of Critical Incidents
House Health & Government Operations Committee
February 9, 2021
POSITION: OPPOSE

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

We respectfully oppose this bill because it is duplicative of existing statute and regulation. Reporting of deaths in residential rehabilitation programs (RRPs) is already required in statute (Health-General §10-713). The other critical incidents in this bill and reporting requirements are addressed in COMAR 10.63.01.02B(19), 10.63.01.05G, 10.01.18.02, and 10.01.18.05. In some cases, such as the death of a resident or illegal sexual activity, the program must report within one working day. For other critical incidents programs are given five calendar days. HB 462 changes the notice requirement to 24 hours for all incidents, a difficult standard to comply with and one that would create no appreciable benefit.

Under COMAR 10.63.01.05E, programs are already required to secure the agreement of the local behavioral health authority before seeking a state license. As of 2018, providers are also required to be accredited by a national body, such as the Joint Commission or CARF (Commission on Accreditation of Rehabilitation Facilities) in order to be licensed. The licensure process is an onerous and time consuming one. This bill would make it even more so by adding law enforcement and other entities to those who would have to be notified before a license could be issued.

Thousands of individuals with serious mental illness are served safely and effectively in RRP every day. We ask that you consider the additional administrative burden on providers that HB 462 would incur and give the bill an unfavorable report.