



The 445th legislative session of the Maryland General Assembly ended on April 10. This year marked the beginning of Governor Wes Moore’s term in office and the first session for a newly elected state legislature. Over the course of 90 days, MHAMD and our coalition partners voiced a call to action in the face of increasing demand for mental health and substance use care and a persistent behavioral health workforce shortage to achieve significant victories across a range of important issues.

We are proud to report that all major initiatives advanced and prioritized this year by MHAMD and our coalition partners were successful, including legislation and budgetary action to:

- ✓ Improve the quality of behavioral health care delivered in primary care settings by expanding access to the **Collaborative Care Model** for Medicaid recipients
- ✓ Set Maryland on a path to establish a statewide network of **Certified Community Behavioral Health Clinics (CCBHCs)**
- ✓ Address Maryland’s behavioral health workforce challenges through the establishment of a **Behavioral Health Workforce Investment Fund**
- ✓ Restore access to home- and community-based **wraparound services for children and youth** with high intensity behavioral health needs
- ✓ Eliminate inequities in access to care for LGBTQ individuals by expanding access to **gender-affirming care**
- ✓ Increase funding for Maryland’s **9-8-8 Suicide and Crisis Prevention Lifeline**
- ✓ Ensure continued access to **audio-only telehealth** services
- ✓ Incentivize good outcomes and results rather than the volume of services delivered through the establishment of a **value-based purchasing pilot** program
- ✓ Protect autonomy and choice in care delivery by increasing public awareness of and first responder access to **mental health advance directives**
- ✓ Gather information and data regarding **medication and diagnosis reporting practices** in nursing homes and assisted living facilities

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Prior to the session MHAMD and the **Maryland Behavioral Health Coalition** launched [Equal Treatment Maryland](#), a new campaign to ensure access to quality mental health and substance use care when and where needed. Campaign partners rallied successfully this year around the [2023 Behavioral Health Crisis Prevention Platform](#) – a set of community-based reforms and workforce initiatives designed to improve behavioral health outcomes, save money, and **keep people out of crisis**.

Collaborative Care Model

Most people will never seek or receive behavioral health treatment from a specialty provider. Instead, most individuals with mild to moderate depression and anxiety first seek to address these concerns with their primary care provider, a situation that is increasingly common given an ongoing and persistent behavioral health workforce shortage.

Unfortunately, behavioral health treatment delivered in primary care settings is often suboptimal, with individuals poorly diagnosed and treated, or not identified at all.

The Collaborative Care Model (CoCM) helps. Validated in over 90 randomized controlled trials, CoCM is a patient-centered approach for **integrating physical and behavioral health care in primary care settings**. The model has been shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

[SB 101/ HB 48](#) (passed) will unleash the potential of this model in Maryland by expanding CoCM coverage to Medicaid recipients. Already covered by Medicare and commercial health insurers, this new service expansion will incentivize primary care practices to offer CoCM broadly across their patient populations, ensuring this best practice in care integration is equitably available to all citizens in need.

Certified Community Behavioral Health Clinics

Certified Community Behavioral Health Clinics (CCBHCs) are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other

systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

States implementing the model broadly have seen increased access to care, reduced emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and greater integration with physical care.

Maryland currently has very limited CCBHC coverage, with just a few programs funded by federal grants they applied for directly. These programs, however, are seeing similarly positive results. Sheppard Pratt's CCBHC program, for example, has reduced hospital stays by nearly 50% and reduced the average per client emergency room visit cost by 80%. [SB 362](#) (passed) will build on this momentum to **expand Maryland's network of CCBHCs**. The bill requires the Maryland Department of Health (MDH) to apply for both a federal CCBHC planning grant in FY25 and for inclusion in the CCBHC demonstration program in FY26.

Behavioral Health Workforce Investment Fund

Maryland is battling a persistent and longstanding behavioral health workforce shortage. Federal data released earlier this year found that Maryland has 63 federally designated mental health professional shortage areas (HPSAs), including 11 entire counties. These shortage areas, in which less than 20 percent of residents are getting their mental health needs met, impact over 1.7 million Marylanders. Another indicator from the University of Wisconsin found that 17 of Maryland's 24 jurisdictions come in below the national average (350:1) in terms of population to behavioral health providers.

There are many ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships – but it is not clear how much funding should be directed toward these different strategies nor how it should be targeted across the multitude of behavioral health professionals and paraprofessionals.

[SB 283/HB 418](#) (passed) creates an infrastructure and a process to answer and act on these questions. The bill establishes a **Behavioral Health Workforce Investment Fund** to reimburse for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. Funding is left discretionary initially to allow for a workforce needs assessment that will (1) determine the immediate, intermediate, and long-term unmet need and capacity of Maryland's behavioral health workforce; (2) calculate the total number of behavioral health professionals and paraprofessionals needed over the next 5 years, 10 years, and 20 years; and (3) make specific findings and recommendations regarding the types of workforce assistance programs and funding necessary to meet the need across all sectors of the behavioral health workforce.



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2023 Legislative Briefing

This year marked a return to an in-person MHAMD Legislative Briefing after two years of pandemic-related virtual briefings. MHAMD hosts this event every year during the legislative session to highlight policy priorities and build momentum for coalition advocacy efforts.

We were pleased to be joined this year by Governor Wes Moore who spoke at length in support of MHAMD's efforts. "In order for our state to do what our state needs to do, we need for the issues that you are advocating for to be lifted up, to have resources put behind them and to know that you're going to have champions on every floor of the State House and champions throughout every corner of this state," Moore said.

The briefing also included an awards ceremony honoring four behavioral health champions and an update from Insurance Commissioner Kathleen Birrane on the Maryland Insurance Administration's parity compliance efforts, legislative sponsors of MHAMD priority bills shared details about their various initiatives, and WYPR host Sheilah Kast moderated a panel of experts in a discussion about the benefits of Certified Community Behavioral Health Clinics (CCBHCs).

Those who were unable to attend the event can watch video from the briefing using the following links:

- [Comments from Governor Wes Moore](#)
- [CCHBC Panel Moderated by WYPR Host Sheilah Kast](#)
- [Comments from Insurance Commissioner Kathleen Birrane](#)
- [Comments from Senator Guy Guzzone](#)
- [Comments from Senator Malcolm Augustine](#)
- [Comments from Senator Katie Fry Hester](#)
- [Comments from Delegate Heather Bagnall](#)



Photo Credit: Danielle E. Gaines

Senate Behavioral Health Package

Advocacy efforts this year received a boost in mid-February when [senators held a press conference](#) announcing a bipartisan behavioral health package. MHAMD worked with Senate leadership to develop the package, which consisted almost entirely of the policy priorities of MHAMD and our coalition partners.

In addition to the **Collaborative Care Model** and **CCBHC** bills outlined above, and the **High-Fidelity Wraparound** bill outlined below, the package included the following successful efforts.

Maryland 9-8-8

In 2022 the Maryland General Assembly established the 988 Trust Fund to reimburse for costs associated with designating and maintaining 988 as the new universal telephone number for the state's suicide prevention and behavioral health crisis hotline and for developing and implementing a statewide continuum of behavioral health crisis response services.

As demand for behavioral health services has increased and public awareness about 988 has grown, Maryland's 988 call centers have seen steadily rising call volumes. [SB 3/HB 271](#) (passed) allocates an additional **\$12 million to the 988 Trust Fund** in FY25 to ensure the call centers have the resources they need to effectively handle the influx of new calls.

Telehealth

[SB 534](#) (passed) extends for two years certain time-limited provisions requiring Medicaid and commercial insurance coverage for **audio-only telehealth** and **telehealth reimbursement** for providers at the same rate as in-person services.

Many Marylanders lack the financial means to purchase smart phones or other video technology and the data plans to support them. Others live in rural areas where broadband coverage is spotty at best. Without ongoing support through audio-only telehealth these individuals will face great difficulty in accessing needed behavioral health care.

Rate parity between services provided through telehealth and those conducted in-person is similarly important. The use of telehealth helps behavioral health providers allocate scarce resources to best meet the increased demand for behavioral health care. Allowing lower rates for the use of telehealth would jeopardize providers' ability to maintain already stretched staff and likely cause those providers to eliminate telehealth as an option.

Value-Based Purchasing Pilot Program

[SB 581](#) (passed) establishes a **three-year pilot program to provide intensive care coordination using value-based purchasing (VBP)** in the specialty behavioral health system. The pilot will serve at least 500 individuals whose behavioral health needs place them at risk of emergency department utilization or inpatient hospitalization. Pilot providers will be financially incentivized to meet certain outcome measures.

Recovery from a behavioral health disorder is complex and multifaceted. It is a highly personal process and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. It often requires a variety of traditional medical services and nontraditional social services and supports. Coordination and linkages across systems is critical.

Whereas Maryland's current fee-for-service system rewards the volume of services delivered, VBP rewards results. It allows the flexibility, coordination, and creativity necessary to meet the unique multidimensional needs of individuals with complex behavioral health disorders.

Commission on Behavioral Health Care Treatment and Access

[SB 582/ HB 1148](#) (passed) establishes the 38-member Commission on Behavioral Health Care Treatment and Access to **make recommendations to provide appropriate, accessible, and comprehensive behavioral health services that are available on demand** to Marylanders across the behavioral health continuum. MHAMD is named in the bill as a commission member.

Among other charges, this four-year commission must identify gaps in behavioral health service delivery, examine and make recommendations regarding behavioral health reimbursement practices, review trends and best practices from other states, make recommendations to meet the behavioral health needs of Maryland's youth and older adult populations, review the use of harm reduction strategies, make recommendations on expanding behavioral health treatment for court-ordered individuals, assess the state's behavioral health infrastructure and facilities, and examine methods to assist consumers in accessing behavioral health services.



Photo Credit: Camila Reynolds-Dominguez



Photo Credit: Governor's Press Office Photo Gallery

Trans Health Equity Act

The Trans Health Equity Act [SB 460](#)/[HB 283](#) (passed) **modernizes Maryland Medicaid's coverage of gender affirming care**. Introduced initially in 2022, it requires Medicaid to cover all medically necessary gender affirming care as prescribed by a licensed health care provider.

These bills come at a time when trans health care has become highly politicized despite decades of research demonstrating the significant positive behavioral health impacts of this type of care. Gender affirming care leads to a 73% drop in suicidal ideation and 60% decrease in depression among transgender adolescents, whereas youth who seek but do not receive gender affirming care have a two to threefold increase in depression and suicidality. It is shown to help reduce harassment and violence against transgender people, reduce housing and employment discrimination, and reduce overall drug use and overdose. All of this contributes to reductions in the high levels of minority stress faced by this population, which is cited as the primary driver of disparate behavioral health outcomes in the trans community.

The campaign to advance this bill was led by the Trans Rights Advocacy Coalition, a broad coalition of stakeholders chaired by MHAMD, FreeState Justice, Baltimore Safe Haven and Disability Rights Maryland. The Trans Health Equity Act has garnered significant local and national attention, and Governor Moore held a press event on Transgender Day of Visibility where he reiterated his intention to sign the legislation.

Children's Behavioral Health Coalition

Like the Maryland Behavioral Health Coalition, the MHAMD-led **Children's Behavioral Health Coalition (CBHC)** advanced legislation this year aimed at getting upstream, preventing unnecessary hospital stays for youth, and **keeping kids out of crisis**.

CBHC actively supported several of the measures highlighted above – including the Trans Health Equity Act and bills to expand access to CCBHCs and the Collaborative Care Model – while also spearheading efforts to restore wraparound services for children and youth and establish community behavioral health programs that are youth co-designed.

High Fidelity Wraparound

Over the past 10 years, Maryland has seen a marked decline in access to **home- and community-based treatment options for youth** with high-intensity mental health and substance use disorders. This has left many families with no other choice than a hospital emergency department when their child is experiencing a behavioral health crisis.

High Fidelity Wraparound (HFW) is the gold standard for treating youth with behavioral health needs. It offers care coordination and a variety of formal and informal supports that keep youth in their homes and out of the hospital. Unfortunately, the programs Maryland has established to provide HFW have been underutilized and unsuccessful. Reimbursement is low, which discourages provider participation, training in the model is insufficient, and eligibility criteria is unnecessarily strict.

[HB 322/SB 255](#) (passed) will expand access to HFW in Maryland. It will increase reimbursement to encourage more provider participation, provide more access to families with commercial insurance, and require a state review and recommendations for expanding eligibility, particularly as relates to children and youth with substance use disorders.

Youth Co-designed Behavioral Health Programs

[HB1155](#) (failed) would have established a workgroup charged with developing a plan for a **youth co-designed integrated behavioral health care pilot program**. This was the primary recommendation of a [2022 Joint Chairmen's Report](#) developed at the request of CBHC.

Community-based prevention and early intervention programs that are youth-led and youth-co-designed are increasing in popularity internationally and across the United States, and they are gaining recognition as an innovative approach to eliminating stigma and other barriers that discourage and prevent youth from accessing mental health and substance use care. The model recognizes the value youth and families with lived experience can bring to the design, implementation, evaluation and evolution of behavioral health programs. Unfortunately, the bill passed the House late in session and it did not receive a hearing in the Senate.

Mental Health and Aging Coalition

The number of Marylanders over 60 years old is expected to reach 1.7 million by 2030 – an increase of 40% in just 15 years. This is the state's fastest growing population, and one with a

unique set of mental health and substance use needs. Unfortunately, appropriate community care and behavioral health supports are inconsistent across the state. This results in an overreliance on institutional levels of care and other restrictive practices that limit choice for older Marylanders with behavioral health disorders. MHAMD and our partners on the Mental Health and Aging Coalition (MHAC) took several steps this session to address these concerns.

Mental Health Advanced Directives

A mental health advance directive (MHAD) is a legal document that allows a person with a mental illness to state their wishes and preferences in advance of a mental health crisis. These documents provide for more patient-centered care and can help resolve crises more quickly, appropriately, and without coercion. They allow individuals to clarify treatment preferences and crisis planning and often include and involve family members and social support networks. Unfortunately, despite the benefits of MHADs, widespread support for their use, and a variety of studies recommending that clinicians facilitate the completion of these documents, the rate of usage in Maryland remains frustratingly low.

[SB 154](#) (passed) will require the Department of Health to develop and implement a **public awareness campaign to encourage the use of MHADs**. It will also require the Behavioral Health Administration and the Maryland Health Care Commission (MHCC) to study how first responders and behavioral health crisis providers can best access the MHCC advanced directive database when responding to a behavioral health crisis. The results of this study will complement the continued expansion of 988 and other crisis related efforts.

Medication Misuse in Residential Settings

In recent years, national reporting has raised concern about the **misdiagnosing of nursing home residents and the overprescribing of potentially harmful antipsychotic medications** as a way of sedating residents. Nursing homes are required by the Centers for Medicare and Medicaid Services (CMS) to report rates of resident medication usage, however, residents diagnosed with schizophrenia, Tourette's syndrome, or Huntington's disease are excluded from that reporting. Assisted living facilities are not required to report any diagnosis or prescription information. These informational blind spots prevent the identification of potential abuse or harm in Maryland's long term care settings.

At the request of MHAMD and MHAC, the legislature adopted budget narrative requiring the Department of Health to review state and federal reporting requirements on diagnosis and medication usage in these facilities, provide relevant data gathered in Maryland over the past few years, review changes made in other states to increase diagnosis and medication transparency, and offer recommendations to improve data collection in Maryland. This report will inform a more focused effort in future years to address this issue.

Harm Reduction

The public health threat from substance use disorders continues to grow. Americans are now more likely to die from opioid overdoses than car crashes. Maryland saw over 2,800 overdose deaths in 2021, and though preliminary data from 2022 shows a slight decrease in these fatalities, they are still higher than pre-pandemic levels. Given these grim statistics, MHAMD and our coalition partners supported efforts this session to enact policies that would reduce the harm associated with substance use.

Good Samaritan Immunity

Maryland's Good Samaritan statute encourages people who witness an overdose to call 911 by providing **immunity from parole and probation violations** for several minor drug and alcohol offenses if the related evidence was obtained solely as a result of the person's seeking medical assistance. However, the person experiencing the overdose may still be sanctioned for parole and probation violations, which discourages some bystanders from seeking medical assistance. [SB 546/HB 427](#) (passed) extends Good Samaritan immunity to protect against such violations.

Paraphernalia Decriminalization

Possession and distribution of ancillary drug supplies, including hypodermic needles, is currently punishable by up to four years in prison. This penalty is harsher in most instances than possession of the drugs themselves. This makes drug users reluctant to participate in health programs like needle exchanges and more vulnerable to overdose deaths.

[SB 762/HB 173](#) (failed) was introduced to **decriminalize drug paraphernalia** and remove this barrier to care. Unfortunately, the legislation suffered the same fate it did in 2022. It passed the House of Delegates by a wide margin but did not receive a vote in the Senate.

Overdose Prevention Sites

[SB 618/HB 953](#) (failed) would have allowed community-based organizations to establish **overdose and infectious disease prevention sites (OPS)** at up to six locations around the state. OPS are facilities where people can use previously purchased drugs under trained supervision. Providing sterile needles, health care services, and referrals to drug treatment, these sites aim to reduce the harms associated with drug use. Studies have demonstrated the positive impact of this particular intervention, with evidence showing that OPS facilities reduce opioid- and overdose-related deaths, reduce public drug use, serve as an access point to behavioral health care and other social services, and reduce hospital admissions and associated costs. Although

opposition to the legislation was limited, this type of intervention remains somewhat controversial, and legislators were again reluctant to advance the bill this session.

Fiscal Year 2024 Budget

The legislature gave bipartisan approval to a \$63 billion state budget during the last week of session. The budget funds Maryland's public behavioral health system – which is currently serving about 300,000 children and adults with mental health and substance use disorders – at around \$2.9 billion.

Notably, after two years of decline in the number of individuals served by the public behavioral health system due to the COVID-19 pandemic and the ASO dysfunction, patient volume increased 4% last year. According to an analysis by the Maryland Department of Legislative Services, this increase in overall utilization indicates the prior year declines were related to difficulties in access to care rather than reduced need. However, the number of individuals receiving substance use services decreased again last year by another 1.3% compared to the prior year, indicating that treatment access remains a concern.

Community Behavioral Health Funding Increases

Hard fought battles in prior legislative sessions secured annual funding increases for community behavioral health services through FY26. However, these increases were accelerated in this year's budget to coincide with the passage of legislation accelerating an increase in the state's minimum wage. Accordingly, **funding for community mental health and substance use services will increase by 11% over the next year**, starting with a 3% increase on July 1 and another 8% increase on January 1, totaling **\$98.5 million in total funding increases** (state and federal).

As required by legislation enacted in 2022, this year's budget also includes **\$5.5 million to support Maryland's 988 call centers**.

Reporting Requirements

In addition to the budget language highlighted in other sections of this report, the budget also includes the following notable reporting requirements:

- Maryland Department of Health **staffing and salary report** outlining barriers to recruitment and retention throughout the department (*due 12/15/2023*)
- Maryland Department of Health report on efforts being made to improve the **timeliness of placement for court-involved individuals** who are either incompetent to stand trial (IST) or not criminally responsible (*due 7/1/2023*)

- Behavioral Health Administration data report on the **statewide utilization of telebehavioral health services** (*due with submission of FY25 budget documentation*)
- Behavioral Health Administration report on the **availability and prevalence of medication-assisted treatment (MAT)** and barriers to accessing MAT (*due 9/1/2023*)
- Behavioral Health Administration data report on the **availability of public behavioral health services for children and youth** (*due 7/1/2023*)
- Department of Public Safety and Correctional Services progress report on the development of a required **medication-assisted treatment (MAT) pilot program** at the pretrial complex in Baltimore City (*due 7/1/2023*)
- Health Services and Cost Review Commission report on the **effectiveness of the Maryland Primary Care Program (MDPCP)** (*due 10/1/2023*)
- Department of Human Services report **on hospital stays by youth in out-of-home placements** (*due 12/1/2023*)

Other Important Behavioral Health Bills

Optum Maryland

Recent legislative hearings have highlighted the continuing challenges with Optum Maryland, the administrative services organization (ASO) for the state's public behavioral health system. In early November the Maryland Insurance Administration (MIA) briefed the legislature on findings from its Optum market conduct survey, which identified numerous violations of Maryland's prompt payment law. This was followed by a briefing in mid-November where the Office of Legislative Audits estimated that Optum's performance has cost the state \$500 million as a result of improperly denied claims, lost federal matching funds, and other costs or losses.

Given these ongoing concerns, the legislature introduced [HB 1272](#) (passed), emergency legislation that extends for two years the MIA's **authority to levy penalties against Optum** for failing to meet minimum performance standards.

State Facility Closures

[SB 223/HB 395](#) (passed) establishes notice, public input, and reporting requirements related to the closure or repurposing of state facilities. The need for the procedural safeguards established by these bills became urgently apparent in May 2022 when the Board of Public Works approved a Department of Health proposal to transfer the **Spring Grove Hospital Center** to the University of Maryland, Baltimore County. The Department requested this transfer without any open process or discussion about the plans for Spring Grove, the second oldest state psychiatric facility in the nation, or the patients served at the facility. This legislation will provide for a more transparent and comprehensive process moving forward.

Jaelynn's Law

The 2018 Youth Risk Behavior Surveillance Survey (YRBSS) reported nearly 23% of Maryland's middle school students and 18% of high school students had seriously considered suicide in the previous year, with higher rates among female students and students of color. Over 40% of all suicides are by firearm, and a National Violent Injury Statistics System (NVISS) study across four states and two years found that 82% of **firearm suicides among youth** aged 17 and younger were completed using a firearm belonging to a family member. These troubling statistics led MHAMD and our partners on the Children's Behavioral Health Coalition to support successful legislation aimed at preventing youth suicide. [SB 858](#) (passed) modifies firearm storage requirements and requires the Department of Health to develop a youth suicide prevention and firearm storage guide which must be posted on its website and made available to families, health and social services providers, and other interested entities.

Access to Mental Health in Institutions of Higher Education

A 2020 study on the mental health of 4,000 college students in the United States produced harrowing results. Of these students, 39% reported major or moderate depression, 34% reported an anxiety disorder, 23% experienced non-suicidal self-injury in the past year and 13% had experienced suicidal ideation. Despite these high numbers, only 53% of the students who had positive depression or anxiety screens received mental health therapy or psychiatric medications. Accordingly, the legislature this year enacted [SB 263/HB 573](#) (passed) establishing a committee to study and make recommendations regarding access to **mental health services on higher education campuses**, review best practices for accessing services, and identify the best models for providing services.

Digital Therapeutics

An increasing demand for mental health care coupled with a persistent behavioral health workforce shortage calls for new and innovative solutions like [SB 441/HB 813](#) (failed), which would have required Maryland Medicaid coverage for prescription digital therapeutics. **Digital mental health therapeutics** provide an effective and scalable method for extending the reach of quality mental health care. Research has shown they are effective for treating PTSD and depression/anxiety with mild, moderate, or severe symptoms; their efficiency for common mental health conditions is comparable to standard face-to-face therapies; and they are shown to be effective across the lifespan, with a growing number of studies indicating effectiveness among children and adolescents, as well as older adults. As this was the first year the legislature considered these novel treatments, the bills did not move, but they will likely be introduced again in a future session.