

MGA_CoryMcCray_FAV_SB520

Uploaded by: Senator McCray, Senator McCray

Position: FAV

CORY V. McCRAY
Legislative District 45
Baltimore City

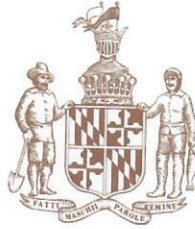
ASSISTANT DEPUTY MAJORITY LEADER

Budget and Taxation Committee

Capital Budget Subcommittee

Health and Human Services Subcommittee

Pensions Subcommittee



James Senate Office Building
11 Bladen Street, Room 221
Annapolis, Maryland 21401
410-841-3165 · 301-858-3165
800-492-7122 Ext. 3165
Cory.Mccray@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Vote Yes on Senate Bill SB520

Bill Title: Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses

Hearing Date: February 18, 2020 at 1:00 p.m.

Chair: Delores G. Kelley, Vice Chair: Brian J. Feldman

I write to you today in **support** of Senate Bill SB520. This bill will help to ensure that the number of Behavioral Health Programs are effectively distributed across the State of Maryland.

According to the Maryland Department of Health, in the first quarter of 2019 there were 87 Behavioral Health programs in the State of Maryland and 35 of those were located in the City of Baltimore. This means that roughly forty percent of the programs were concentrated in a single jurisdiction, which is concerning.

The purpose of this bill is to prevent the Behavioral Health Administration from approving more than five licenses in each county for Behavioral Health programs that provide opioid treatment services for every 100,000 individuals who reside in that county. However, this bill will allow the administration to approve licenses above the established limit with the authorization of legislation passed by the General Assembly.

In efforts to ensure the most effective placements of Behavioral Health programs across the state of Maryland, we hope that you will move for a **favorable** report of Senate Bill 520.

Respectfully,

Cory V. McCray
State Senator

Vote "Yes" on Senate Bill 520

Bill Title: Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses

Hearing Date: February 18, 2020 at 1 p.m.

Chair: Delores G. Kelly, Vice Chair: Brian J. Feldman

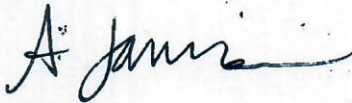
Dr. Angela Jancius
3022 Christopher Avenue
Baltimore, MD 21214
wniapresident@gmail.com

Honorable Representatives,

I am sending written testimony in support of Senate Bill 520. I am the President of the Westfield Neighborhood Improvement Association (WNIA). I have a doctorate in Social Anthropology, and am writing today as a community advocate and resident of Baltimore City, in the 45th District.

We need an even dispersal of opioid treatment services that is rationally balanced to address community needs. Senate Bill 520 would help to achieve that goal. In our communities of northeast Baltimore, we are experiencing a rapid influx of opioid treatment services, where supply outweighs demand. In the last year alone, several new substance abuse treatment centers have opened within a one-mile radius, along our neighborhood's portion of the Harford Road commercial corridor. Residents have a great deal of empathy for individuals fighting addiction. This is a crisis that affects most households, and families. However, surplus supply of treatment services within close proximity can have a "clustering" effect, that is ineffective in dealing with the opioid crisis. We are observing that this can alter local demographics, attract criminal activity, and have an overall negative social and economic impact. Communities need balance. A surplus of opioid treatment services, clustered into urban areas, can be both ineffective and damaging. Residents of northeast Baltimore City thank you for voting in favor of Senate Bill 520, which will improve a more balanced dispersal of opioid treatment services throughout the State of Maryland.

Sincerely,



Angela Jancius, Ph.D.

President, Westfield Neighborhood Improvement Association (WNIA)

Vote "Yes" on Senate Bill 520

Bill Title: SB 0520 –Behavioral Health Programs - Opioid Treatment Services - Limitation on Licenses

Hearing Date: February 18, 2020 (1:00 PM)

Finance Committee

Chair: Delores G. Kelly; Vice Chair: Brian J. Feldman

Daniel Sturm, M.A.
3022 Christopher Ave
Baltimore, MD 21214
sturmstories@gmail.com

February 17, 2020

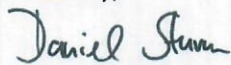
Dear Honorable Representatives,

I am writing to support Senate Bill SB 520 that is co-sponsored by State Senator Cory McCray. I have owned a home in the neighborhood of Westfield, located in Northeast Baltimore, since 2008. I am writing as an engaged neighbor and concerned citizen, who has compassion with people suffering from substance abuse and who cares about prudent city planning.

We need an even dispersal of opioid treatment centers that is rationally balanced to address community needs. Senate Bill 520 will help ensure that the number of Behavioral Health Programs are more evenly distributed among the State of Maryland. During the last year, alone, multiple new substance abuse treatment centers have opened within a 0.7 mile radius, along our neighborhood's portion of the Harford Road commercial corridor, between White Ave. and Northern Parkway.

I understand the need for treatment and compassionate services within a city that battles an opioid crisis. However, surplus supply of treatment services within close proximity can have a clustering effect that is ineffective in dealing with this crisis. Moreover, the clustering effect can significantly alter local demographics, attract criminal activity, and have an overall negative socio-economic impact. Ideally, we would have care that is more equally distributed, so that communities are directly served, so that people who need help don't need to travel, and so that some communities do not end up with clusters of behavioral health treatment that impact a social and economic balance. I thank you for voting in favor of Senate Bill SB 520, which will improve a more balanced dispersal of opioid treatment services throughout Maryland.

Sincerely,



Daniel Sturm, M.A.
3022 Christopher Ave
Baltimore, MD 21214

Chairman, Budget & Appropriations Committee
Chairman, Judiciary & Legislative Investigations Committee
Chairman, Biennial Audits Oversight Commission
Chairman, Stormwater Remediation Oversight Committee



City Hall, Room 527
100 N Holliday Street
Baltimore, MD 21202

Land Use & Transportation Committee
Taxation, Finance, & Economic Development Committee

Eric T. Costello

(o) 410-396-4816
(m) 443-813-1457
(e) eric.costello@baltimorecity.gov

Baltimore City Council, 11th District

February 18, 2020

The Honorable Senator Delores G. Kelley
The Honorable Senator Brian J. Feldman

RE: Senate Bill 520

I write to you today in support of Senate Bill SB520. This bill will help to ensure that the number of Behavioral Health Programs are effectively distributed across the State of Maryland.

According to the Maryland Department of Health, in the first quarter of 2019 there were 87 Behavioral Health programs in the State of Maryland and 35 of those were located in the City of Baltimore. This means that roughly forty percent of the programs were concentrated in a single jurisdiction, which is concerning.

The purpose of this bill is to prevent the Behavioral Health Administration from approving more than five licenses in each county for Behavioral Health programs that provide opioid treatment services for every 100,000 individuals who reside in that county. However, this bill will allow the administration to approve licenses above the established limit with the authorization of legislation passed by the General Assembly.

In efforts to ensure the most effective placements of Behavioral Health programs across the state of Maryland, we hope that you will move for a favorable report of Senate Bill 520.

Should you have questions, please feel free to contact me directly at eric.costello@baltimorecity.gov or 410-396-4816.

Sincerely,

A handwritten signature in black ink that reads "Eric T. Costello".

Eric. T. Costello
Baltimore City Council, 11th District

BALTIMORE CITY COUNCIL



Councilwoman Danielle McCray
Second District

ROOM 525, CITY HALL
100 N. HOLLIDAY STREET, BALTIMORE, MARYLAND 21202
TELEPHONE: 410-396-4808
danielle.mccray@baltimorecity.gov

VICE-CHAIR
TAXATION, FINANCE & ECONOMIC
DEVELOPMENT COMMITTEE
LEGISLATIVE INVESTIGATIONS COMMITTEE

MEMBER
BUDGET & APPROPRIATIONS COMMITTEE
LABOR COMMITTEE
PUBLIC SAFETY COMMITTEE

February 18, 2020

The Honorable Delores G. Kelley
The Honorable Brian J. Feldman
Miller Senate Office Building
Annapolis, Maryland 21401

Chairwoman Delores Kelley, Vice Chairman Brian Feldman, and Members of the Committee:

I write to you in support of Senate Bill 520 Behavioral Health Programs Opioid Treatment Services - Limitation on Licenses. This bill will ensure that the number of Behavioral Health Programs are effectively distributed across the State of Maryland.

The purpose of this bill is to prevent the Behavioral Health Administration from approving more than five licenses in each county for Behavioral Health programs that provide opioid treatment services for every 100,000 individuals who reside in that county. However, this bill will allow the administration to approve licenses above the established limit with the authorization of legislation passed by the General Assembly.

According to the Maryland Department of Health, in the first quarter of 2019, there were more than 80 Behavioral Health programs in the State of Maryland and 35 of those were located in the City of Baltimore. This means that roughly forty percent of the programs were concentrated in a single jurisdiction, which is concerning.

In efforts to ensure the most effective placements of Behavioral Health programs across the state of Maryland, I support a favorable report of Senate Bill 520.

Sincerely,

Danielle McCray

Baltimore City Councilwoman - 2nd District

A handwritten signature in black ink, appearing to read 'Danielle McCray', written over a light blue horizontal line.



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BALTIMORE CITY COUNCIL
KRISTERFER BURNETT, 8th District

Committees: Executive Appointments, Housing and Urban Affairs,
Public Safety, Education and Youth

Room 521, City Hall
100 N. Holliday Street
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Office: 410-396-4818
Fax: 410-396-4828

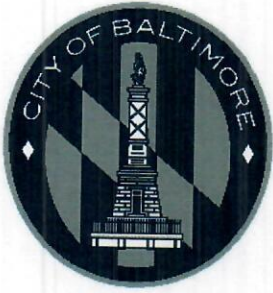
BILL NO: Senate Bill 0520
TITLE: Behavioral Health Programs - Opioid Treatment Services -
Limitation on Licenses
COMMITTEE: Finance
POSITION: SUPPORT

This bill prohibits more than five behavioral health programs focused on opioid treatment services per county. Any additional licenses would require a legislative act.

The safety of both the individuals served and the community at large is paramount to a successful behavioral health program. I support this bill.

A handwritten signature in black ink, appearing to read "K Burnett".

Kristerfer Burnett
City Councilmen District 8
Baltimore City



Zeke Cohen

Councilmember

First District

513 City Hall • Baltimore, MD 21202 • 410-396-4821 • ZEKE.COHEN@BALTIMORECITY.GOV

February 14, 2020

Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St
Annapolis, MD 21401-1991

RE: Support of Senate Bill 520: Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses

Chair Delores G.Kelley and Vice-Chair Brian J. Feldman,

I write to you today in **support** of Senate Bill 520. This bill will help to ensure that the number of Behavioral Health Programs are effectively distributed across the State of Maryland.

According to the Maryland Department of Health, in the first quarter of 2019 there were 87 Behavioral Health programs in the State of Maryland and 35 of those were located in the City of Baltimore. This means that roughly forty percent of the programs were concentrated in a single jurisdiction, which is concerning.

The purpose of this bill is to prevent the Behavioral Health Administration from approving more than five licenses in each county for Behavioral Health programs that provide opioid treatment services for every 100,000 individuals who reside in that county. However, this bill will allow the administration to approve licenses above the established limit with the authorization of legislation passed by the General Assembly.

In efforts to ensure the most effective placements of Behavioral Health programs across the state of Maryland, we hope that you will move for a **favorable** report of Senate Bill 520.

Sincerely,

A handwritten signature in black ink that reads "Zeke Cohen".

Councilmember Zeke Cohen

CHAIR: EDUCATION AND YOUTH COMMITTEE

BALTIMORE CITY COUNCIL



MARY PAT CLARKE
14th District

City Hall, Room 550
100 N. Holliday St.
Baltimore, Md 21202
410-396-4814
410-545-7585 fax

marypat.clarke@baltimorecity.gov

February 16, 2020

Chairwoman Delores Kelley, Vice Chairman Brian Feldman and Members

Finance Committee

Maryland State Senate

3 East Miller Senate Building, 11 Bladen Street

Annapolis, Maryland 21401-1991

Re: Support for Senate Bills 519, 520, 521, 522, lead sponsor Senator Cory McCray

Distinguished Chairwoman Kelley, Vice Chairman Feldman, and Members, Finance Committee: Senator Cory McCray and I represent portions of the same neighborhood and understand that, despite a crucial public need for services, various State health and social service programs compromise their missions by cropping-up without advance notice to surrounding neighbors, a frequent and disrespectful occurrence in our most disadvantaged communities.

Many of such programs actually “victimize” the very persons they are designed to help through inadequate attention and lack of professional oversight. Meanwhile, for lack of notice and discussion, programs are frequently regarded as intrusions and disruptions of neighborhood security.

These four bills address specific improvements which contribute to better treatments for patients and more respectful partnerships with affected neighbors. I urge your support and thank you for your consideration.

Senate Bill 0519. Public Health–Behavioral Health Programs and Health Care Facilities – Safety Plan

Bill 519 prohibits licensure until a proposed facility provides a safety plan for its patients and for “the community surrounding the behavioral health program.” This ensures that the community has the chance to negotiate on behalf of itself and on behalf of patients yet to be identified, a process that rarely occurs in my experience. “Earning” licensure in such circumstances is the ideal safeguard for achieving the safety and respect due all parties.

MPS_FAV_SB520

Uploaded by: Tompsett, Tommy

Position: FAV



February 18, 2020

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 520: Behavioral Health Programs - Opioid Treatment Services -
Limitation on Licenses

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS opposes Senate Bill 520 (SB 520). Individuals suffering from opioid use disorder exist in all regions of Maryland. Thus, the location of opioid treatment services should be based solely upon need and not upon misconceptions of those in need. A 2013 National Institute on Drug Abuse-supported study suggested that citizens' concerns about opioid treatment services fostering serious crime are unwarranted. Dr. Susan Boyd and her colleagues at the University of Maryland School of Medicine in Baltimore found that crime rates in the immediate vicinities of the City's methadone treatment centers were level with the rates in the surrounding neighborhoods. Dr. Boyd believes that such empirical evidence demonstrating that opioid treatment services are not hot spots for crime will reduce public resistance to the building of new centers, and thus remove an impediment to making opioid treatment services more widely available. Unfortunately, SB 520 moves the Baltimore City and the rest of the state in the opposite direction.

For these reasons, MPS respectfully asks the committee for an unfavorable report on SB 520. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Legislative Action Committee for the Maryland Psychiatric Society

MDDCSAM_UNF_SB 520

Uploaded by: Adams, Joe

Position: UNF



SB 520 Behavioral Health Programs - Opioid Treatment Services - Limitation on Licenses
Senate Finance Committee February 18, 2020

OPPOSE

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

The effort to impose arbitrary limits on the number of opioid treatment programs in each jurisdiction appears to be the result of misunderstanding the importance of treatment for this disorder, and the role of Opioid Treatment Programs (OTPs).

A relatively small proportion of people with opioid use disorders (OUD), especially those less severely affected, are able to recover without medications. Most people with OUD are much more likely to recover with a combination of medication-assisted treatment, usually methadone or buprenorphine, together with individual and/or group counseling.

Many people with OUD are successfully treated with buprenorphine delivered through Office-Based Opioid Treatment (OBOT). However, it is not unusual for some people to respond to treatment at an OTP with methadone when they have not responded to buprenorphine via OBOT.

People with opioid use disorder (OUD) are subjected to judgment, misunderstanding, and stigma due to having substance use disorder itself, more stigma when treated with medication, and still more when on a particular type of medication, namely methadone.

OTPs provide an indispensable evidence-based service by treating people with OUD using counseling, case management, referrals for mental and somatic health care, help with housing and employment, along with medication-assisted treatment with methadone or buprenorphine. Without these treatments, many or most clients would be at risk for overdose death, contracting or spreading infectious disease, being involved in crime to support their addiction, and other negative outcomes.

One would never deprive people of access to needed treatment for other health conditions by imposing an arbitrary limit on, e.g., medical offices.

Limiting access to medication-assisted treatment at OTPs is likely to increase overdose deaths, as well as rates of active opioid addiction with all of the attendant harm to patients, families, and communities.

BHSB_Adrienne Breidenstine_UNF_SB0520

Uploaded by: Breidenstine, Adrienne

Position: UNF



February 18, 2020

**Senate Finance Committee
TESTIMONY IN OPPOSITION**

SB 520 Behavioral Health Programs - Opioid Treatment Services - Limitation on Licenses

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use disorder) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving nearly 75,000 people with behavioral health service needs.

BHSB opposes SB 520 Behavioral Health Programs - Opioid Treatment Services - Limitation on Licenses.

SB 520 limits the Behavioral Health Administration from issuing more than five licenses per 100,000 people in a county for an opioid treatment programs (OTP). At the request of Finance Committee leadership, the Attorney General of Maryland reviewed SB 520 to assess whether it would violate the Americans with Disabilities Act (ADA) and found that this bill does, in fact, violate the ADA.

In addition to violating ADA, SB 520 would limit access to opioid treatment services at a time when Baltimore City needs to do more to increase access to this type of treatment modality. In 2017, BHSB conducted an analysis understand the capacity of substance related disorder (SRD) treatment in Baltimore City, with a focus on findings for opioid treatment programs (OTPs) and Buprenorphine providers. The analysis found that over 24,000 people in Baltimore City have an opioid use disorder however, our system has the capacity to serve 17,000 people. This gap in services, leaves nearly 7,300 people without access to opioid treatment services. SB 520 would limit access to opioid treatment services at a time when the overdose crisis has seen no relief in Baltimore City.

Because SB 520 violates ADA and we need to do more to increase access to opioid treatment services in Baltimore City, **BHSB urges the Senate Finance Committee to oppose SB 521.**

NCADD_UNF_SB 520

Uploaded by: Ciekot, Ann

Position: UNF



**Senate Finance Committee
February 18, 2020**

**Senate Bill 520
Behavioral Health Programs - Opioid Treatment Services –
Limitation on Licenses**

Oppose

NCADD-Maryland opposes Senate Bill 520. Limiting life-saving health services is bad public health policy. It is natural and important for communities to care about the condition of their neighborhoods and the impact of the services or other businesses around them. Any service provider, retail store or food establishment should be a good neighbor and not just provide value to a neighborhood, but also ensure it does not create harm.

Most opioid treatment programs (OTPs) are good neighbors. They have community relations plans that involve any number of policies:

- Having community members on their Boards of Directors;
- Being members of their local community associations;
- Staff to monitor the activities of clients outside the program;
- Well publicized phone number with someone at the program who can address concerns; and
- Participating in community events.

We know there is stigma attached to the disease of addiction and to the use of medications to treat it. While some problems experienced in neighborhoods are connected to a particular OTP, many are not. It is typical for any problem in a community to be blamed on an OTP and its clients. Research has demonstrated that OTPs do not bring crimeⁱ and do not lower property values.ⁱⁱ

This is not to discount the real problems in any neighborhood. And sometimes an OTP – or any service provider or other business – isn't a good neighbor. In the case of state-licensed health care programs, the local jurisdiction and the State should have a well-publicized complaint number for community members to call and the process for follow up should be transparent.

(over)

OTPs are the most regulated health care program. When there is a problem as a result of something an OTP is or is not doing, local and State officials have tools to enforce laws and regulations. If they are not, the solution is fixing that enforcement process, not policies that punish the programs doing what they should and limiting access to care.

Finally, the bill proposes a policy that would violate the Americans with Disabilities Act.

Treatment programs are part of the solution to substance use disorders. They need to be accessible and they need to be good neighbors. Bad actors exist in any service sector. The solution is enforcing existing laws and regulations. For programs not meeting standards, providing the technical assistance needed to improve conditions and creating corrective action plans should be the priority, both for the safety and quality of care for the program's clients as well as the community.

We request an unfavorable report on Senate Bill 520.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

ⁱ Furr-Holden, Ph.D., et al, The Journal of Studies on Alcohol and Drugs, "[Not in My Back Yard: A Comparative Analysis of Crime Around Publicly Funded Drug Treatment Centers, Liquor Stores, Convenience Stores, and Corner Stores in One Mid-Atlantic City](#)," January 2016.

ⁱⁱ Horn, et al, The National Bureau of Economic Research, "[Substance Use Disorder Treatment Centers and Property Values](#)," January 2019.

CBH_UNF_SB520

Uploaded by: Doyle, Lori

Position: UNF



Testimony on SB 520
Behavioral Health Programs – Opioid Treatment Services –
Limitation on Licenses

Senate Finance Committee

February 18, 2020

POSITION: OPPOSE

The Community Behavioral Health Association of Maryland is the professional organization for providers of community-based mental health and substance use disorder treatment services. Our members serve the majority of the almost-300,000 children and adults who access care through the public behavioral health system. We provide outpatient treatment, residential and day programs, case management and assertive community treatment (ACT), employment supports, and crisis intervention.

Although we are unsure whether this bill applies to outpatient mental health centers that prescribe medications such as suboxone for individuals with co-occurring mental health and opioid use disorders, we oppose SB 520 because we believe it unfairly targets behavioral health facilities that provide opioid treatment in violation of the Americans with Disabilities Act (ADA).

Maryland, like other states, is grappling with an opioid overdose crisis. If the crisis were instead an epidemic of the flu we would not be discussing limiting the number of healthcare facilities that could address the emergency. We cannot hope to encourage individuals with behavioral health disorders to seek treatment if our public policies discriminate against the very facilities that would provide the treatment.

For these reasons we urge an unfavorable report on SB 520.

MCF_UNF_SB 520

Uploaded by: Geddes, Ann

Position: UNF



SB 520 – Behavioral Health Programs – Opioid Treatment Services – Limitations on Licenses

Committee: Finance

Date: February 18, 2020

POSITION: Unfavorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

MCF strongly opposes SB 520.

Opioid deaths continue to soar. In 2018, 2,385 people died of an opioid overdose. While the number of deaths in the first 9 months of 2019 declined slightly from those of the same period in 2018, it was only slightly; there is no reason to let up on treatment efforts.

In the first three quarter of FY 20 MCF served 586 families who were caring for a loved one with a substance use disorder – 270 had an opioid use disorder. These families are desperate to get treatment for their loved one, and already struggle to access the treatment needed. Treatment is a matter of life and death.

SB 520 would have a chilling effect on the supply of opioid treatment facilities for those with the disease of opioid addiction. Stigma and lack of understanding are the impetus behind SB 520.

We urge an unfavorable report on SB 520.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
10632 Little Patuxent Parkway, Suite 234
Columbia, Maryland 21044
Phone: 443-741-8668
ageddes@mdcoalition.org

MHAMD_UNF_SB520

Uploaded by: Martin, Dan

Position: UNF

SB 519 *Public Health – Behavioral Health Programs and Health Care Facilities – Safety Plan*

SB 520 *Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses*

SB 521 *Behavioral Health – Opioid Treatment Services Programs – Medical Director*

SB 522 *Behavioral Health Programs – Licensing and Fees*

Finance Committee

February 18, 2020

Position: OPPOSE

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present this **testimony in opposition to these four bills**.

The Maryland General Assembly has taken several important steps in recent years to address a behavioral health crisis that is devastating families across the state. We are making progress, but we are not out of the woods yet. Unmet need persists, resources are scarce, and it remains increasingly difficult for Marylanders to access affordable and efficient mental health and substance use treatment services when and where needed.

People with behavioral health needs must contend with longstanding and pervasive barriers that limit access to care. At a time when Maryland should be looking to increase service availability, these stigmatizing and discriminatory measures would do just the opposite – they would create **new barriers** that would **reduce access** to timely and effective mental health and substance use treatment.

SB 519 would require behavioral health programs to establish and implement *safety plans for the surrounding community* as a requirement of licensure, the implication being that somehow these facilities are inherently more dangerous than other businesses or health care providers. This is a presumption that perpetuates a stigma against individuals living with mental health and substance use disorders, and it is not supported by any data.

In fact, a comparative analysis by the Johns Hopkins School of Public Health¹ found just the opposite was true. The research determined that drug treatment centers in Baltimore City were not associated with violent crime in excess of the violence happening around other commercial businesses, concluding that these facilities “have an unfairly poor reputation as being magnets for crime and a threat to community safety that is not backed up by empirical evidence.”

¹ Furr-Holden, Debra C., et al. *Not in My Back Yard: A Comparative Analysis of Crime Around Publicly Funded Drug Treatment Centers, Liquor Stores, Convenience Stores, and Corner Stores in One Mid-Atlantic City*. Bloomberg School of Public Health, Johns Hopkins University. July 2015.

For more information, please contact Dan Martin at (410) 978-8865

SB 520 would prohibit the Behavioral Health Administration from approving more than five licenses per 100,000 individuals in a county for opioid treatment programs. No other type of health care is subject to a population-based limit of this type. This form of discriminatory differential treatment is clearly violative of the Americans with Disabilities Act.

SB 521 would require medical directors at opioid treatment programs (OTPs) to be on-site at least 20 hours each week, and it would prohibit OTPs from using telehealth to satisfy that requirement. The bill would exacerbate an existing shortage of qualified medical directors and decrease access to opioid use treatment across the state.

OTP medical directors in Maryland are already subject to regulations that go beyond federal requirements. This limits the availability of qualified medical directors and forces many to split their time among several programs, serving a role that is primarily administrative in nature. While medical directors can provide direct clinical care, most of the medical care is provided by program physicians and advanced practice providers, such as certified nurse practitioners and physician assistants.

The on-site requirements of SB 521 would be unattainable for many smaller OTPs, forcing these facilities out of business and eliminating treatment options for Marylanders living with opioid use disorders.

SB 522 would impose new licensure fees on mental health and substance use treatment providers on top of the already significant cost of national accreditation currently required for licensure of behavioral health programs in Maryland. Funds collected must be distributed to local health departments and used to enhance safety at behavioral health programs and make *“improvements to the community in which a behavioral health program is located.”*

Again, this perpetuates a stigma that presumes behavioral health providers and the people they serve are dangerous and detrimental to their communities. But in reality, communities suffer when there is inadequate access to mental health and substance use treatment.

These four bills are stigmatizing, discriminatory measures that would reduce access to critical behavioral health care. **For these reasons, MHAMD urges an unfavorable report on SB 519, SB 520, SB 521, and SB 522.**

ACY_UNF_SB 520

Uploaded by: Rock, Melissa

Position: UNF



To: The Honorable Chair, Senator Delores Kelley, and members of the Finance Committee

From: Melissa S. Rock, Birth to Three Strategic Initiative Director &

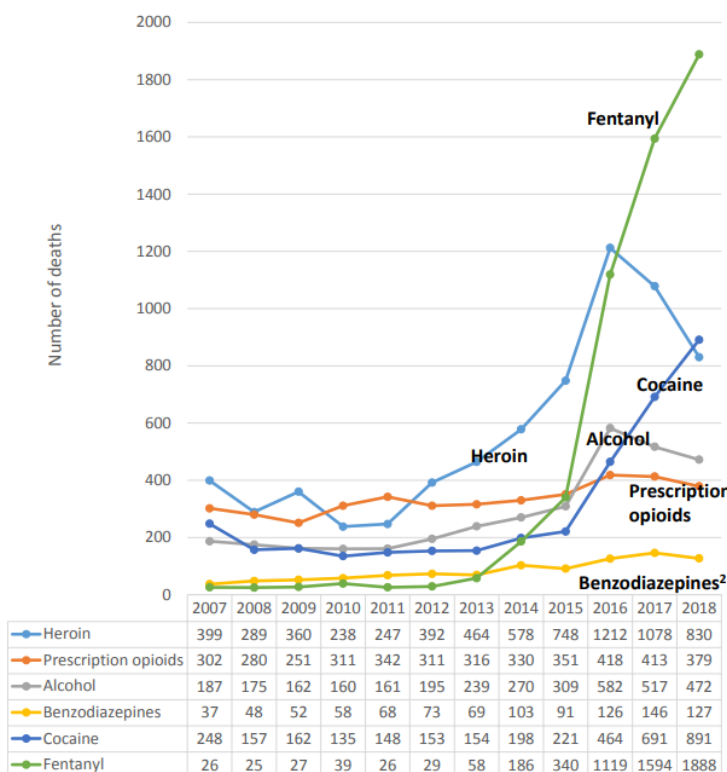
Re.: **SB 520: Behavioral Health Programs - Opioid Treatment Services - Limitation on Licenses**

Date: February 18, 2020

Position: **Oppose**

The opioid crisis stretches across all of Maryland. The graph below shows the numbers of drug and alcohol related deaths across Maryland from 2007-2018.ⁱ According to the University of Maryland Medical Center, “Harford County saw a 173 percent increase in opioid-related deaths from 2013 to 2017, and Baltimore City saw a 69 percent increase.... Opioid overdose is among the state's top four causes of death.”ⁱⁱ

Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances¹, Maryland, 2007-2018.



¹Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.

²Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.

When determining the number of behavioral health programs that offer opioid treatment services in a county, it should be based on the number of individuals in that county who need to access treatment. SB 520 requires these licenses to be limited based on a county's total population. This could cause counties with larger populations in need of opioid substance use disorder treatment to have behavioral health facilities that are serving thousands of individuals, which is not best practice.

We need to ensure that the number of licenses for substance use disorder treatment is based on the number of individuals who need to access that treatment rather than a county's total population, and therefore urge this

committee to issue an unfavorable report on SB 520.

ⁱ Maryland Department of Health, “Unintentional Drug-and Alcohol-Related Intoxications Death in Maryland, 2018” at p. 14 (May 2019).

https://health.maryland.gov/vsa/Documents/Overdose/Annual_2018_Drug_Intox_Report.pdf

ⁱⁱ <https://www.umms.org/ummc/health-services/addiction/fighting-the-opioid-epidemic>

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Position: INFO



2020 SESSION POSITION PAPER

BILL: SB 520 – Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses
COMMITTEE: Senate Finance Committee
POSITION: Letter of Concern
BILL ANALYSIS: SB 520 would prohibit the Behavioral Health Administration (BHA) from approving more than five (5) licenses in each county for behavioral health programs that provide opioid treatment services and require special BHA approval to secure any additional licenses in a county.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submits a **letter of concern for SB 520**. The majority of Opioid Treatment Programs (OTPs) certified by the Maryland Department of Health’s (MDHs) Behavioral Health Administration (BHA) and accredited in accordance with subtitle 63, subsection 10.63.01¹, offer high quality services for treating opioid use disorders that reflect best practices to curb opioid-related overdose fatalities. While MACHO agrees with limiting the proliferation of “gas-and-go” OTPs, we are concerned with the way the bill seeks to address this issue.

57% of Marylanders who use drugs receive evidence-based treatment each year, according to national survey and billing data². Increasing access to medication-assisted treatment is proven to reduce opioid overdose mortality rates³ and is supported by the U.S. Department of Health and Human Services as a critical element of a comprehensive local approach to the opioid overdose epidemic⁴. At a time when opioid overdoses in Maryland are continuing to increase, SB 520 would limit to 5 the number of OTP licensed providers in each jurisdiction based on population size. This measure does not take into consideration the quality of OTP services each licensee offers, the rate of opioid-related substance use disorders in the jurisdiction, the geographic size of each jurisdiction or concomitant suitability of location of OTPs. Additionally, the bureaucratic burden of pursuing state legislation for BHA to exempt a local jurisdiction from this proposed limit, is unwieldy in a time when *more* quality providers are needed.

The number of opioid-related deaths in MD in the first 9 months of 2019 was 1,574, a decrease of 4.8% from the same time period in 2018⁵; however, several individual counties reported increases in the number of deaths,⁶ despite the State’s concerted efforts to invest resources to combat the epidemic.⁷

Therefore, MACHO submits this **letter of concern for SB 520**. *This paper reflects the position of MACHO.*

¹ (http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.63.01.*)

² 2016 National Survey for Drug Use and Health “62,331 people identified that they use drugs and were in need of treatment;” 2016 Beacon billing records showed 32,079 people received medication-assisted treatment (methadone or buprenorphine).

³ Schwartz RP, Gryczynski J, O’Grady KE, et al. Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. *Am J Public Health* 2013;103:917-922

⁴ CDC Evidence-based strategies for addressing opioid overdose: <https://stacks.cdc.gov/view/cdc/59393>

⁵ <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2019/12/OOCC-Q3-Report-APPROVED-FINAL.pdf>

⁶ Baltimore City experienced a 5% increase from January-September 2018 to January-September 2019 (630:609); Calvert County, 6% increase (17:16); Caroline County, 100% increase (10:5); Charles County, 53% increase (20:13); Dorchester County, 60% increase (8:5); Garrett County, 33% increase (4:3); Kent County, 600% increase (7:1); Montgomery County, 15% increase (66:57); Talbot County, 100% increase, (12:6); Worcester County, 33% increase (12:9).

⁷ Hogan Administration Announces Grants Totaling \$10 Million to Fight Heroin and Opioid Epidemic. (2019, August 29). Retrieved February 15, 2020 from <https://beforeitstoolate.maryland.gov/hogan-administration-announces-grants-totaling-10-million-to-fight-heroin-and-opioid-epidemic/>