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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 Health[1] 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.

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.**