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February 25, 2020
Health and Government Operations Committee
Chair [Delegate Shane E. Pendergrass](#)
Vice Chair [Delegate Joseline A. Pena-Melnyk](#)
Room 241
House Office Building
Annapolis, Maryland 21401

RE: HB-1121; Maryland Mental Health and Substance Use Disorder Registry and Referral System

Position: Support with Amendment

Dear Delegate Pendergrass, Del. Pena-Melnyk , and Members of the Committee:

I write in support of this legislation based upon my professional experience as a Licensed Certified Social Worker- Clinical (specializing in forensics), retired employee of the DPSCS (parole and probation), and owner of a mental health and substance abuse practice, and previously a State Certified Substance Abuse Program . In the course of my professional activities, I have been qualified as a expert witness in the Maryland District and Circuit Courts, and the U.S. District Court for the 4th Circuit. I have found by experience, the process of accountability as to appropriate treatment in the past and currently is disconnected and unreliable. Many years ago, I testified in a closed meeting a part of work group, chaired by then Del. Virginia Thomas (Howard Co.) as to this very matter, and most recently, the governors workgroup addressing mental illness and violence in 2013.

I do have concern as to the following language, as to the interpretation, which may need to be clarified. Generally speaking, this language, based upon the behavioral health system as established may be restrictively interpreted to only include State Certified Programs and Facilities, as opposed to inclusion of private practice health care providers authorized to treat mental and substance abuse patients. Further, it specifically references the State-Designated Health Information Exchange which is not inclusive of all sources of referral. Presently, health care providers in private practice, other than physicians who prescribe Suboxone, cannot be listed as treatment resources on the BHA website. The

website is only for Programs, even if the provider uses the same criteria, ASAM, as a Certified Program. All qualified health care providers should be able to voluntarily participate.

If this system is to work it must include all providers and sources of referral. Unfortunately, many State funded outpatient programs tend to refer to only other funded programs, regardless of the patient/clients source of ability to pay. State funded Programs should be required to give first priority to indigent persons' who have no source of income and who do not qualify for Medicaid. These are low to moderate persons' whose income is too great for public assistance and who do not have insurance or whose insurance deductible is very high (sometimes as much as \$5,000.00 per year). This is of particular concern as it affects persons placed on parole or probation and through juvenile services.

Therefore, I would include the definition of any provider to include:

(3) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT THE 20 REGISTRY AND REFERRAL SYSTEM, IN COLLABORATION WITH THE

21 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE, **AND THIRD PARTY PAYORS WHO REFER TO IN-NETWORK PROVIDERS.**

(4) THE REGISTRY AND REFERRAL SYSTEM SHALL INCLUDE:

23 (I) A SEARCHABLE INVENTORY OF ANY PROVIDER OF MENTAL

24 HEALTH AND SUBSTANCE USE DISORDER SERVICES, INCLUDING, **BUT NOT LIMITED TO, INPATIENT, CRISIS, AND (REFERENCE: HG-8-403) (1) A HEALTH PROFESSIONAL LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE WHO IS TREATING PATIENTS WITHIN THE SCOPE OF THE PROFESSIONAL'S PRACTICE AND WHO DOES NOT ADVERTISE THE PRACTICE AS AN ALCOHOL ABUSE OR DRUG ABUSE, OR MENTAL HEALTH STATE LICENSED PROGRAM (IE. A PRIVATE OR GROUP PRACTICE);**

25 AND OUTPATIENT SERVICES;

26 (II) THE CAPABILITY TO ALLOW A PROVIDER OF MENTAL

27 HEALTH AND SUBSTANCE USE DISORDER SERVICES TO UPDATE REGISTRY
28 INFORMATION INCLUDING THE REAL-TIME AVAILABILITY OF SERVICES; AND

29 (III) AN ELECTRONIC REFERRAL SYSTEM THAT IS AVAILABLE TO

30 ANY HEALTH CARE PROVIDER IN THE STATE TO FACILITATE ELECTRONIC

3 1 REFERRALS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER PROVIDERS.

Arthur Flax, LCSW-C, LCADC Arthur Flax, L.C.S.W.-C, DCSW, LCADC.

State of Maryland Licensed Clinical Alcohol Drug Counselor, DHMH; Evaluator for the Workers Compensation Commission; Licensed Health Care Professional, Exempt HG-8-403 from BHA.