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### **TESTIMONY IN SUPPORT OF HB 1461 March 11, 2020 Health and Government Operations Committee**

Dear Chair & Members of the Committee:

As a member of the Maryland Psychiatric Society (MPS) and a medical director of an outpatient mental health center (OMHC), I think it is crucial to fully explain the role of an OMHC medical director. In doing so, hopefully the necessity of a psychiatrist being in the role becomes apparent. Maryland regulations require nursing homes, ambulatory care surgical centers, medical laboratories, emergency medical services, and other clinics have a medical director who is a licensed physician with experience in the field. In 2019, HB 1122 allowed nurse practitioners to hold the title of an OMHC medical director. MPS believes that OMHCs should not be held to a lesser standard than other state-regulated outpatient medical services.

Part of the reason that nurse practitioners were granted the authority to be OMHC medical directors was a limited understanding about the duties of medical directors. Many think that a medical director is a solely administrative role. In contrast, being a medical director requires advanced clinical knowledge. A medical director is responsible for the supervision of all medical practitioners within the clinic and ultimately is responsible for all clinical care provided.

Additional duties include:

- establishing and implementing medical guidelines, policies, procedures and standards
- coordinating the activities of various services within the program
- conducting diagnostic or clinical case conferences for challenging cases
- reviewing clinical records of patients to assure their adequacy
- reviewing the clinical appropriateness of prescribed medications and laboratory tests
- prescribing medications and treatments as indicated by diagnoses

In order to supervise the work of other clinicians, a medical director must possess advanced knowledge on psychiatric diagnoses, medications, psychotherapeutic modalities and treatment resources. Due to limitations in their training, nurse practitioners do not possess such knowledge and are therefore incapable of fulfilling all of these responsibilities. It is especially important to understand that a medical director who is a nurse practitioner would potentially have to supervise care provided by psychiatrists who have a greater level of training and expertise. Such supervision, which is essential for good care in an OMHC, would be futile and result in poor outcomes for patients.

There are other opportunities for leadership in OMHCs for nurse practitioners, such as being a clinical/program director, if they are so qualified. In addition, it is understood that there are concerns about recruitment of psychiatrists in rural areas. It is notable that with the passing of

HB 570 in 2019, medical directors can fulfill their duties via telehealth, which greatly increases the number of psychiatrists available for this duty in rural areas. It is essential that good care be provided for those who seek treatment at OMHCs - our most vulnerable populations who are often impoverished, severely mentally-ill and medically-complex. In order to receive adequate treatment, their care must be supervised by a physician medical director. As a result, we ask for a favorable report on HB 1461.

Sincerely,

Ronald F. Means, M.D.