



HB 1461
Behavioral Health Programs – Outpatient Mental Health Centers
– Medical and Clinical Directors
House Health & Government Operations Committee

March 11, 2020

POSITION: OPPOSE

I am Gordon Raley, Chief Executive Officer of Family Service Foundation, a not-for-profit organization with services located in Districts 21, 22, 23 and 25 of Prince George's County. Every year, we offer psychiatric rehabilitation, residential rehabilitation and other support services to more than 100 persons with severe and chronic mental illness in our community. Our Outpatient Mental Health Center (OMHC) serves another 400, largely low-income residents each year. As a special service, we are among the only, if not the only Center in PG County providing mental health services to individuals who are Deaf or Hard-of-Hearing.

I am writing to ask you to oppose HB 1461. Just two months ago, our Medical Director, a psychiatrist, gave three-week notice. That could have placed our services – so to speak – in harm's way.

Until last year's statutory changes, organizations like mine could have faced losing our license if we did not have a psychiatrist filling the administrative role of Medical Director for our OMHC. So I could have been faced with finding a psychiatrist in three weeks or risk our operational status. Because of last year's bill, I had the option of seeking an advance practice psychiatric nurse practitioner to fill that role.

Do not misunderstand. We value psychiatrists. We want the most competent healthcare staff serving our clients as we can afford. Having the services of a psychiatrist available is something to which we are committed. Having the option to name one as Medical Director is something we applaud. But having an arbitrary State requirement for a psychiatrist to be onsite as Medical Director for our clinic for at least 20 hours a week, when an advance practice psychiatric nurse could perform the role successfully, is something we must oppose.

The reasons are three-fold: 1) the supply of psychiatrists is dwindling; 2) the cost of their service is prohibitive; and 3) regardless of costs, a half-time commitment by a psychiatrist to community psychiatry, serving underserved, low-income people in their own neighborhoods, does not compare well with the appeal of available, upper-middle-class private practice or hospital assignment.

Regarding the supply of available psychiatrists, we mental health providers face dismal math. More than six of ten practicing psychiatrists are approaching retirement age. Psychiatrists are exiting the field faster than they are entering it. This problem will only to worsen. The Federal government predicts that the existing number of psychiatrists in Maryland will shrink by about 29 percent during the next decade. Supply is simply being outstripped by demand.

Of course when demand outstrips supply, costs go up. Requiring that a psychiatrist be Medical Director for our clinics places us in an untenable negotiation position. Per hour rates in the DC Metro area, where we must compete for applicants, have been estimated at \$275 per hour. An offer for that amount is what led our Medical Director to give notice. Yet that is an amount higher than we are allowed to bill for any hourly Medicaid psychiatric service. We are a not-for-profit organization. That doesn't mean, however, that we can operate without having revenues exceed expenses, just like any business. Paying hourly rates that high over a 20-hour work week challenges our ability to make ends meet.

Lastly, regardless of cost, the search for a psychiatrist willing to commit twenty hours a week – half of their practice -- to community psychiatry, serving low-income clients in middle-to-low-income neighborhoods, is incredibly difficult. It takes a special medical provider to serve with us and pass up offers of lucrative private practice in more desirable settings or prestigious appointments at public or private hospitals. I have had had the pleasure of working with a few; I have met many more during interviews who, while expressing admiration for our mission, took one look at our clients, facility, and financial offering and walked away.

In sum, we covet psychiatric services for our clients. Please help us secure funds for their services where needed. But give us an option when it comes to having a psychiatrist as our Medical Director. Do not take a step back. Do not require it arbitrarily as a condition of operation. If trends continue along the lines I have described, we may well have to discontinue services at some point in the future and the individuals we serve will suffer.

For these reasons, I urge you to oppose HB 1461.