
By: **Senator Hollinger**

Introduced and read first time: January 29, 2003

Assigned to: Education, Health, and Environmental Affairs

A BILL ENTITLED

1 AN ACT concerning

2 **Board of Physician Quality Assurance - Office-Based, Medication-Assisted**
3 **Opioid Addiction Therapy**

4 FOR the purpose of requiring the Board of Physician Quality Assurance to establish a
5 training and certification process for certain physicians on or before a certain
6 date; requiring the Board to consult certain model guidelines; requiring the
7 Board to adopt certain regulations; requiring the Board to educate physicians
8 about certain provisions of federal law; requiring the Board to inform physicians
9 about the availability of a certain training and certification process; requiring
10 the Board to encourage certain physicians to participate in certain therapies;
11 requiring the Board to offer certain training opportunities to physicians;
12 requiring the Board, in cooperation with the Alcohol and Drug Abuse
13 Administration, to develop a certain outreach strategy; and generally relating to
14 the State Board of Physician Quality Assurance.

15 **Preamble**

16 WHEREAS, It is estimated that more than 60,000 Marylanders are addicted to
17 opioid drugs such as heroin, morphine, and codeine; and

18 WHEREAS, Medication assisted treatment programs, including methadone
19 maintenance programs, are an effective means of reducing opioid use and assisting
20 addicts to become more productive citizens; and

21 WHEREAS, There are only 30 medication assisted treatment programs
22 currently operating in Maryland with approximately 9,000 slots funded by the Alcohol
23 and Drug Abuse Administration; and

24 WHEREAS, In October of 2002, the federal Food and Drug Administration
25 approved two new prescription drugs, buprenorphine hydrochloride and
26 buprenorphine hydrochloride-naloxone hydrochloride, for the office-based treatment
27 of opiate dependence; and

28 WHEREAS, The federal Drug Addiction Treatment Act of 2000 authorizes
29 qualifying physicians to practice office-based, medication-assisted opioid addiction

1 therapy under a waiver from the federal Substance Abuse and Mental Health
2 Services Administration (SAMHSA); and

3 WHEREAS, One of the criteria by which physicians may qualify for waivers to
4 practice office-based, medication-assisted opioid addiction therapy is State medical
5 licensing board-approved experience or training in the treatment and management of
6 opiate-dependent patients; and

7 WHEREAS, Office-based treatment for opioid addiction will provide additional,
8 less stigmatized treatment options, promote higher turnover in the limited number of
9 medication-assisted treatment program slots, and enhance the cost-effectiveness of
10 medication-assisted treatment; and

11 WHEREAS, To date, only 22 Maryland physicians have obtained waivers to
12 provide office-based, medication-assisted opioid addiction therapy; and

13 WHEREAS, The State of Maryland should encourage physicians, particularly
14 primary care and family practice physicians, to pursue office-based,
15 medication-assisted opioid addiction therapy in order to expand access to substance
16 abuse treatment and make a positive public health impact; now, therefore,

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
18 MARYLAND, That:

19 (a) On or before November 1, 2003, the State Board of Physician Quality
20 Assurance shall establish a process to train and certify Maryland physicians who
21 wish to apply for a waiver from SAMHSA to practice office-based,
22 medication-assisted opioid addiction therapy.

23 (b) In developing the training and certification process required under
24 subsection (a) of this section, the Board shall:

25 (1) consult the Model Policy Guidelines for Opioid Addiction Treatment
26 in the Medical Office adopted by the Federation of State Medical Boards of the United
27 States, Inc.; and

28 (2) adopt regulations regarding the specific experience or training
29 qualifications required to:

30 (i) demonstrate the ability of the physician to treat and manage
31 opiate-dependent patients in an office-based setting; and

32 (ii) qualify a physician for certification by the Board to apply for a
33 waiver from SAMHSA to practice office-based, medication-assisted opioid addiction
34 therapy.

35 (c) In implementing the process required under subsection (a) of this section,
36 the Board shall, through its website, newsletter, and other correspondence with
37 licensed physicians:

1 (1) educate licensed physicians about provisions of the federal Drug
2 Addiction Treatment Act of 2000 that authorize qualifying physicians to practice
3 office-based, medication-assisted opioid addiction therapy under a waiver from
4 SAMHSA;

5 (2) inform licensed physicians about the availability of Board training
6 and certification to qualify for a waiver to practice office-based, medication-assisted
7 opioid addiction therapy;

8 (3) encourage family practitioners and primary care providers to
9 consider participating in office-based, medication-assisted opioid addiction therapy;
10 and

11 (4) provide training opportunities for licensed physicians that:

12 (i) address the treatment and management of opiate-dependent
13 patients in an office-based setting; and

14 (ii) satisfy the training requirements that the Board establishes in
15 the regulations adopted under subsection (b)(2) of this section.

16 (d) To the extent feasible, the Board shall, in cooperation with the Alcohol and
17 Drug Abuse Administration, develop an outreach strategy to educate opioid addicts
18 about the availability of office-based, medication-assisted opioid addiction therapy.

19 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
20 October 1, 2003.