
By: **Senator Hollinger**

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Assigned to: Education, Health, and Environmental Affairs

Committee Report: Favorable with amendments

Senate action: Adopted

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CHAPTER _____

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

17 Preamble

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

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

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

4 WHEREAS, In October of 2002, the federal Food and Drug Administration
5 approved two new prescription drugs, buprenorphine hydrochloride and
6 buprenorphine hydrochloride-naloxone hydrochloride, for the office-based treatment
7 of opiate dependence; and

8 WHEREAS, The federal Drug Addiction Treatment Act of 2000 authorizes
9 qualifying physicians to practice office-based, medication-assisted opioid addiction
10 therapy under a waiver from the federal Substance Abuse and Mental Health
11 Services Administration (SAMHSA); and

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

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

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

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

26 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
27 MARYLAND, That:

28 (a) On or before November 1, 2003, the State Board of Physician Quality
29 Assurance shall establish or designate a ~~process program~~ to train ~~and certify~~
30 Maryland physicians who wish to apply for a waiver from SAMHSA to practice
31 office-based, medication-assisted opioid addiction therapy.

32 (b) In ~~developing the~~ establishing or designating a training ~~and certification~~
33 ~~process program~~ required under subsection (a) of this section, the Board shall:

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

37 (2) adopt regulations regarding the specific experience or training
38 qualifications required to:

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

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

6 (c) ~~In implementing the process~~ addition to establishing or designating a
7 program as required under subsection (a) of this section, the Board shall, through its
8 website, newsletter, and other correspondence with licensed physicians:

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

13 (2) ~~inform licensed physicians about the availability of Board training~~
14 ~~and certification to qualify for a waiver to practice office-based, medication-assisted~~
15 ~~opiate-addiction therapy;~~

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

19 (4) (3) ~~provide training opportunities for~~ inform licensed physicians
20 about the availability of training and experience to qualify for a waiver to practice
21 office-based, medication-assisted opioid addiction therapy that:

22 (i) ~~address~~ addresses the treatment and management of
23 opiate-dependent patients in an office-based setting; and

24 (ii) ~~satisfy~~ satisfies the training requirements that the Board
25 establishes in the regulations adopted under subsection (b)(2) of this section.

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

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

