

Department of Legislative Services
Maryland General Assembly
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FISCAL AND POLICY NOTE
Revised

Senate Bill 224

(Senator Hollinger)

Education, Health, and Environmental Affairs

Health and Government Operations

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

This bill requires the State Board of Physician Quality Assurance (BPQA) to establish or designate a program to train Maryland physicians who wish to apply for a waiver from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to practice office-based medication-assisted opioid addiction therapy.

Fiscal Summary

State Effect: The establishment or designation of a program could be handled with existing BPQA resources. No effect on revenues.

Local Effect: None.

Small Business Effect: Minimal. Small business physicians who want to provide office-based medication-assisted opioid addiction therapy could incur additional certification costs.

Analysis

Bill Summary: BPQA must: (1) consult the *Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office* adopted by the Federation of State Medical Boards of the United States, Inc.; and (2) adopt regulations regarding the specific experience or training qualifications required to: (a) demonstrate the ability of the physician to treat and manage opiate-dependent patients in an office-based setting; and

(b) qualify a physician for BPQA certification to apply for a SAMHSA waiver to practice office-based, medication-assisted opioid addiction therapy.

BPQA must: (1) educate licensed physicians about provisions of the federal Drug Addiction Treatment Act of 2000 that authorize qualifying physicians to practice opioid addiction therapy; (2) encourage family practitioners and primary care providers to consider participating in opioid addiction therapy; and (3) inform licensed physicians about the availability of training and experience to qualify for a waiver.

To the extent feasible, BPQA must, in cooperation with the Alcohol and Drug Abuse Administration (ADAA) develop an outreach strategy to educate opioid addicts about the availability of office-based, medication-assisted opioid addiction therapy.

Current Law: Until the federal Drug Addiction Treatment Act of 2000 (DATA 2000) was enacted, the federal Controlled Substance Act provided that opioid therapy must be performed in a federally qualified methadone clinic. To qualify for a waiver under DATA 2000, a licensed physician (MD or DO) must meet any one or more of the following criteria:

- hold a subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties;
- hold an addiction certification from the American Society of Addiction Medicine;
- hold a subspecialty board certification in addiction medicine from the American Osteopathic Association;
- with respect to the treatment and management of opiate-dependent patients, completed not less than eight hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause;
- participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by the sponsor of such approved drug; or
- have other training or experience as the State medical licensing board considers adequate to demonstrate the ability of the physician to treat and manage opiate-dependent patients.

Background: A new prescription medication, buprenorphine, can be used to treat addiction to opioids, such as prescription painkillers and heroin. Unlike other medications available to treat addiction, buprenorphine can be prescribed by physicians in their own offices. Approved by the U.S. Food and Drug Administration to treat addiction to heroin or other opioids, including prescription painkillers, buprenorphine blocks the craving for the drugs. This new medication will not replace methadone therapy, provided through special methadone treatment facilities, but will provide physicians the opportunity to treat patients in their offices. The Drug Abuse Treatment Act of 2000 permits qualified physicians to provide this medication in an office setting. The law also requires physicians to have the ability to refer patients to full-spectrum care for their social and psychological needs.

In order to prescribe buprenorphine, physicians must obtain a waiver from provisions of the federal Controlled Substances Act and complete the minimum eight hours of training mandated by Congress. SAMHSA's Center for Substance Abuse Treatment (CSAT) has taken the lead in educating and training physicians. So far, more than 2,000 physicians have completed buprenorphine training, and more than 300 physicians, representing 48 states and Puerto Rico, have received the necessary waivers. Twenty-two Maryland physicians have obtained a waiver.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene (Board of Physician Quality Assurance), Department of Legislative Services

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