Department of Legislative Services

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FISCAL AND POLICY NOTE
First Reader

House Bill 611 (Delegate P. Young, *et al.*)
Health and Government Operations

Baltimore County - Behavioral Health - Hub and Spoke Pilot Program

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This bill establishes a Hub and Spoke Pilot Program in Baltimore County to increase the availability of addiction treatment through the establishment of a hub and spoke model of care for individuals with opioid use disorder. The Baltimore County Health Department (BCHD), in consultation with the Behavioral Health Administration (BHA) and local stakeholders, must develop and implement the program, using a specified hub and spoke model of care, with determination of the number of hub sites and spoke providers that can participate and then selection of the sites and providers for participation. The bill also establishes a reporting requirement. **The bill takes effect July 1, 2020, and terminates June 30, 2024.**

Fiscal Summary

State Effect: BHA can provide the required consultation to BCHD using existing budgeted resources. To the extent Medicaid enrollees receive additional services under the program, Medicaid expenditures may increase FY 2021 through 2024; federal fund revenues may increase accordingly.

Local Effect: Expenditures for BCHD increase beginning in FY 2021 to develop and implement the program and continue through FY 2024, as discussed below. Revenues may also increase for BCHD from reimbursement for the provision of additional care to patients under the program. **This bill imposes a mandate on a unit of local government.**

Small Business Effect: Meaningful.

Analysis

Bill Summary: The goals of the program are to (1) offer and provide treatment on demand by minimizing barriers to treatment through a model that offers ongoing opioid use disorder treatment that is fully integrated with general health care and wellness services; (2) use an individualized and whole person approach to opioid use disorder treatment, including health integration principles, case management, counseling services, and peer support; and (3) increase participation of community-based spoke providers in managing and monitoring buprenorphine treatment for ongoing maintenance.

The program must use a hub and spoke model of care that:

- is an evidence-based regional approach for delivering medication-assisted treatment (MAT) to individuals with opioid use disorder;
- enables the initiation of treatment at a hub site at which providers collaborate with other providers and systems to coordinate care;
- offers at the hub site (1) daily medication and therapeutic support; (2) all elements of MAT, including assessment, medication dispensing, and individual and group counseling; (3) peer support services for treatment engagement, counseling, and health integration; (4) health home supports, including case management, care coordination, management of transition of care, family support services, health promotion, and referral to community services; and (5) trainings and consultation to spoke providers; and
- refers to treatment by a spoke provider those individuals who are determined to be stable at the hub site.

By October 1, 2023, BCHD must report to the Senate Finance Committee and the House Health and Government Operations Committee on the results of the Baltimore County Hub and Spoke Pilot Program.

Current Law/Background:

Authorization to Establish an Opioid-associated Disease Prevention and Outreach Program

Chapter 348 of 2016 authorizes a local health department (LHD) or community-based organization (CBO), with the approval of the Maryland Department of Health (MDH) and the appropriate local health officer, to establish an opioid-associated disease prevention and outreach program. An LHD or CBO must apply to MDH and a local health officer for authorization to operate a program, and MDH and the local health officer must jointly

authorize the program. An opioid-associated disease prevention and outreach program must:

- secure program locations and equipment;
- allow participants to obtain and return hypodermic needles and syringes at any program location, if more than one location is available;
- have appropriate staff expertise in working with individuals who inject drugs;
- include adequate staff training;
- disseminate other means for curtailing the spread of HIV and viral hepatitis;
- link individuals to additional services, including substance-related disorder counseling, treatment, and recovery services; testing for specified diseases; reproductive health education and services; wound care; and overdose response program services;
- educate participants on the dangers of contracting HIV and viral hepatitis;
- provide overdose prevention education and access to naloxone or a referral to obtain naloxone;
- establish procedures for identifying program participants in accordance with specified confidentiality provisions;
- establish methods for identifying and authorizing staff members and volunteers who have access to hypodermic needles, syringes, and program records;
- develop a plan for data collection and program evaluation; and
- collect and report specified information to MDH at least annually.

Study of the Hub and Spoke Model

Chapter 211 of 2018 required MDH to (1) examine the feasibility of establishing a hub and spoke model program in the State; (2) develop a proposed model for the State and determine the cost of the model; and (3) by January 1, 2019, report to specified committees of the General Assembly on the findings of the examination.

Per this report, certain physicians, physician assistants, and nurse practitioners can prescribe buprenorphine, a U.S. Food and Drug Administration-approved medication, to treat opioid use disorder. However, many potential prescribers do not take advantage of this opportunity. Some of the reasons that providers do not prescribe buprenorphine for opioid use disorder (or prescribe only for a small number of patients) are that they perceive patients with opioid use disorder as difficult to treat and do not think they are capable of providing adequate care to patients with this illness.

The hub and spoke model is one method of expanding access to opioid use disorder treatment. Based on the success of the model implemented in Vermont, several other states

have implemented their own hub and spoke models. Implementation of this model has shown outcomes such as an increase in the number of patients receiving MAT, an increase in providers able to prescribe buprenorphine at spokes, and an increase in patients treated with buprenorphine or naltrexone at spokes. Patient outcomes such as decreases in illicit drug use, emergency room visits, overdoses, illegal activity, and involvement in the criminal justice system have also been reported in Vermont, along with an increase in life satisfaction.

The MDH report projected that the overall three-year estimated cost to implement the hub and spoke model in Maryland would be $3,408,256. This estimate includes costs for the hubs (at $397,776), spokes (at $1,692,480), care coordination (at $450,000), evaluation (at $600,000), learning collaboratives (at $28,000), and BHA staff (at $240,000).

Hub and Spoke Implementation in Baltimore City

Baltimore City is in the process of setting up a hub and spoke project through one of its behavioral health providers. The annual cost for this project is anticipated to be $181,500. Funding primarily supports staffing time for non-Medicaid reimbursable services (*i.e.,* physician consultation, spoke development, medical care coordination, peer support, and staffing). Baltimore City has identified a need for additional peer support and was able to secure an additional $27,000 to add another part-time peer support position. Baltimore City suggests building in funding for other associated costs to allow the hub to expand beyond traditional operating hours and provide additional support above and beyond what a traditional provider can offer to better engage individuals who have not been successfully engaged in the traditional services system (*i.e.*, incentives, food, transportation assistance, and medication assistance). These costs are estimated at an additional $25,000.

Comparison of Baltimore City and Baltimore County Needs

Baltimore City and Baltimore County likely have different needs as it pertains to a hub and spoke program. While Baltimore County has a higher population than Baltimore City (an estimated additional 212,000 residents), Baltimore City has a significantly higher number of opioid fatalities and naloxone administrations per resident. For calendar 2016 through 2018, the average annual rate of opioid fatalities per 100,000 residents in Baltimore County was 39.12, compared with 116.7 in Baltimore City. For the same time period, the average annual rate of naloxone administrations per 100,000 residents in Baltimore City was 239.4, compared with 953.6 in Baltimore City.

Local Expenditures: BCHD expenditures increase, likely by at least $100,000 annually through fiscal 2024 to establish the pilot program. This estimate is based on the assumption that the program would be less extensive than in Baltimore City due to a lesser need for

services. Nevertheless, BCHD must provide the necessary staff, develop infrastructure, and engage individuals.

Small Business Effect: To the extent additional patients are referred for treatment to small businesses in Baltimore County, revenues increase accordingly.

Additional Information

Prior Introductions: None.

Designated Cross File: SB 1053 (Senator Klausmeier) - Finance.

Information Source(s): Maryland Association of County Health Officers; Maryland Department of Health; Behavioral Health System Baltimore; Maryland Institute for Emergency Medical Services Systems; Department of Legislative Services

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