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2020 SESSION
Written Testimony

BILL NO: SB 521
COMMITTEE: Finance Committee
POSITION: Oppose
TITLE: Behavioral Health - Opioid Treatment Services Programs - Medical Director

BILL ANALYSIS:

SB 521 requires each opioid treatment services program to be under the direction of at least one on-site medical director and requires the medical director to be on-site at the opioid treatment services program at least 20 hours per week.

POSITION RATIONALE:

The Anne Arundel County Department of Health strongly opposes SB 521 because of the following points mentioned below.

1. Quality services are not measured by how many hours a Medical Director is onsite.

Federal and Maryland statutes do not specify the number of hours the Medical Director should be onsite, as it is not good practice to do so. In fact, prescribed levels of coverage as an indicator for success are absent in all established best practices and extensive research on quality improvements. Instead, the focus is on the service delivery, engagement strategies and interventions that are the responsibility of a multi-disciplinary administrative team and not by one individual.

2. The passing of this bill would contribute to an already growing shortage of Opioid Treatment Program (OTP) Medical Directors who meet COMAR 10.63 requirements in Maryland.

The Behavioral Health Administration in the Anne Arundel County Department of Health recognizes the need to modify COMAR to more closely align with Federal regulations, to ensure OTPs' continued compliance and availability. Most OTP Medical Directors function in an administrative and oversight role. While Medical Directors can provide direct clinical care, Program Physicians and Advanced Practice Providers, such as Certified Nurse Practitioners and Physician Assistants, provide the majority of medical

care. Advanced Practice Provider staff are onsite during OTP hours of operation and work within their professional scope of practice to provide necessary medical services. It is common for Medical Directors to divide their time across several OTPs. They are easily accessible for consultation as needed and provide ongoing supervision and training to Advanced Practice Provider medical staff.

3. This bill does not take into account the size of the OTPs and will effectively force smaller OTPs out of business.

One of the DOH sponsored clinics is located at Ordnance Road Correctional Center. The clinic currently has a 100% transfer rate to continuing care upon release. This is great news as an inmate with an opioid use disorder, who does not receive medication assisted treatment while detained, has a 40 to 100% greater risk of overdose upon release than that of the general population. The not-so-good news is that the average daily census is 50. This bill puts this needed clinic in jeopardy along with many other smaller programs. If OTPs are able to employ a Medical Director for 20 hours/week of onsite coverage it will most likely result in reduced or eliminated hours and FTEs of other qualified medical staff. The undue financial burden of the bill will likely impact the ability of a program to provide those non-billable services that have been shown to increase quality and success for patients such as peer support services, coordinated follow-up and concrete linkage to needed resources.

4. Access to needed treatment is critical.

Larger programs may be able to take on the increased patient volume from the loss of smaller programs but that comes at a cost to those seeking care. The reduction of programs will most likely equate to fewer clinics that will not be accessible to all who need services. SB 521 will have a negative impact on the quality, access and availability of opioid use disorder treatment, and will not improve OTP and community relations. For these reasons, the Anne Arundel County Department of Health urges the committee to vote an unfavorable opinion on SB 521.