



SB 521 Behavioral Health - Opioid Treatment Services Programs - Medical Director  
Senate Finance Committee February 18, 2020

**OPPOSE**

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

Opioid Treatment Programs (OTPs) provide an indispensable evidence-based service by treating people with opioid use disorder using counseling, case management, referrals for mental and somatic health care, help with housing and employment, along with medication assisted treatment with methadone or buprenorphine. Without these treatments, many or most clients would be at risk for overdose death, contracting or spreading infectious disease, being involved in crime to support their addiction, and other negative outcomes.

If SB 521 were enacted, we are concerned that a number of OTPs around the state would close due to the shortage of physicians who meet the qualifications to serve as OTP medical directors. Due to the current workforce shortage, programs already find it difficult to open, to fill vacancies, or to find qualified physicians.

This is likely to disproportionately affect smaller programs who are less likely to be able to afford higher hourly rates as medical directors become increasingly scarce, and who will be paid for hours that are longer than needed. An unintended consequence may be to encourage the growth of larger programs.

Even without this bill, the current shortage is expected to worsen in 2021 when the pathway for physicians to grandfather as a diplomate in addiction medicine closes. I.e., after 2021, the only pathway to become an addiction medicine diplomat will be to attend a one year full time fellowship in addiction medicine before meeting the qualifications to serve as an OTP medical director.

We appreciate the intent of the sponsors to enhance enforcement of loitering or diversion policies at a small number of clinics that may be seen as outliers in terms of community relations. However, to the extent that greater enforcement is desired in selected cases, medical directors are program employees and do not have the leverage to change the operations of a program that is not inclined to change. That would need to be done by a regulatory body that can impose sanctions, if truly necessary. This bill would not achieve its goals, but would make this vital treatment more expensive and less able to reach citizens in need.

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