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Senate Finance Committee

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Senate Bill 521 – OTP Medical Director On-site Hours

Omnis Health Life Wellness Center (Omnis) urges an unfavorable opinion on SB 521.

SAMHSA federal regulation 42 CFR §8 states that an OTP Medical Director “is responsible for monitoring and supervising all medical and nursing services provided by the OTP; The medical director may directly provide the required services to the OTP’s patients or assure that the needed services are provided by appropriately trained and licensed providers in compliance with federal and state regulation”.

COMAR 10.63.19 states that an OTP “A. Complies with the requirements of 42 CFR §8, B. Is under the direction of a medical director who is a physician and: (1) Has at least 3 years of documented experience providing services to persons with substance-related disorders and opioid use disorders, including at least 1 year of experience in the treatment of opioid use disorder with opioid maintenance therapy and is board-certified in addiction medicine or addiction psychiatry; or (2) Is certified in added qualifications in addiction psychiatry by the American Board of Psychiatry and Neurology.

Federal and Maryland statutes **do not** specify Medical Director on-site hours, since it is not good medical or public policy to codify medical and clinical practice. Federal and Maryland statutes require regulations that ensure proper and necessary oversight and compliance to support best-practices, which can evolve overtime.

1. **There is a current shortage of OTP Medical Directors in Maryland who meet COMAR 10.63 requirements updated in 2018.** BHA 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, the majority of medical care is provided by Program physicians and Advanced Practice Providers, such as Certified Nurse Practitioners and Physician Assistants.** It’s 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.
2. **SB 521 will force smaller OTP’s out of business, when they are unable to find a qualified, available and affordable Medical Director for 20 hours/week of on-site work.** An unintended consequence of this bill can be the growth of large OTPs at the expense and demise of smaller programs. **OTPs that are able to employ a Medical Director for 20 hours/week of on-site coverage would likely reduce or eliminate hours and FTEs of Program Physicians, Certified Nurse Practitioners and Physician Assistants** – many of whom may have more experience and time to treat the complex OTP patient population.

SB 521 will negatively impact quality, access and availability of opioid use disorder treatment, and will not improve OTP and community relations. Omnis implores the committee to vote an unfavorable opinion on SB 521.

Sincerely,

Rachel Wilson
Chairwoman