

MGA_CoryMcCray_FAV_521

Uploaded by: Senator McCray, Senator McCray

Position: FAV

CORY V. MCCRAY
Legislative District 45
Baltimore City

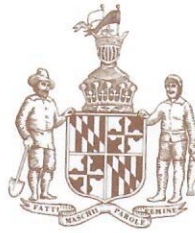
ASSISTANT DEPUTY MAJORITY LEADER

Budget and Taxation Committee

Capital Budget Subcommittee

Health and Human Services Subcommittee

Pensions Subcommittee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Vote Yes on Senate Bill SB520

Bill Title: Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses

Hearing Date: February 18, 2020 at 1:00 p.m.

Chair: Delores G. Kelley, Vice Chair: Brian J. Feldman

I write to you today in **support** of Senate Bill SB520. This bill will help to ensure that the number of Behavioral Health Programs are effectively distributed across the State of Maryland.

According to the Maryland Department of Health, in the first quarter of 2019 there were 87 Behavioral Health programs in the State of Maryland and 35 of those were located in the City of Baltimore. This means that roughly forty percent of the programs were concentrated in a single jurisdiction, which is concerning.

The purpose of this bill is to prevent the Behavioral Health Administration from approving more than five licenses in each county for Behavioral Health programs that provide opioid treatment services for every 100,000 individuals who reside in that county. However, this bill will allow the administration to approve licenses above the established limit with the authorization of legislation passed by the General Assembly.

In efforts to ensure the most effective placements of Behavioral Health programs across the state of Maryland, we hope that you will move for a **favorable** report of Senate Bill 520.

Respectfully,

Cory V. McCray
State Senator

Vote "Yes" on Senate Bill 520

Bill Title: Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses

Hearing Date: February 18, 2020 at 1 p.m.

Chair: Delores G. Kelly, Vice Chair: Brian J. Feldman


Dr. Angela Jancius
3022 Christopher Avenue
Baltimore, MD 21214
wniapresident@gmail.com

Honorable Representatives,

I am sending written testimony in support of Senate Bill 520. I am the President of the Westfield Neighborhood Improvement Association (WNIA). I have a doctorate in Social Anthropology, and am writing today as a community advocate and resident of Baltimore City, in the 45th District.

We need an even dispersal of opioid treatment services that is rationally balanced to address community needs. Senate Bill 520 would help to achieve that goal. In our communities of northeast Baltimore, we are experiencing a rapid influx of opioid treatment services, where supply outweighs demand. In the last year alone, several new substance abuse treatment centers have opened within a one-mile radius, along our neighborhood's portion of the Harford Road commercial corridor. Residents have a great deal of empathy for individuals fighting addiction. This is a crisis that affects most households, and families. However, surplus supply of treatment services within close proximity can have a "clustering" effect, that is ineffective in dealing with the opioid crisis. We are observing that this can alter local demographics, attract criminal activity, and have an overall negative social and economic impact. Communities need balance. A surplus of opioid treatment services, clustered into urban areas, can be both ineffective and damaging. Residents of northeast Baltimore City thank you for voting in favor of Senate Bill 520, which will improve a more balanced dispersal of opioid treatment services throughout the State of Maryland.

Sincerely,



Angela Jancius, Ph.D.

President, Westfield Neighborhood Improvement Association (WNIA)

Vote "Yes" on Senate Bill 520

Bill Title: SB 0520 –Behavioral Health Programs - Opioid Treatment Services - Limitation on Licenses

Hearing Date: February 18, 2020 (1:00 PM)

Finance Committee

Chair: Delores G. Kelly; Vice Chair: Brian J. Feldman

Daniel Sturm, M.A.
3022 Christopher Ave
Baltimore, MD 21214
sturmstories@gmail.com

February 17, 2020

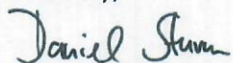
Dear Honorable Representatives,

I am writing to support Senate Bill SB 520 that is co-sponsored by State Senator Cory McCray. I have owned a home in the neighborhood of Westfield, located in Northeast Baltimore, since 2008. I am writing as an engaged neighbor and concerned citizen, who has compassion with people suffering from substance abuse and who cares about prudent city planning.

We need an even dispersal of opioid treatment centers that is rationally balanced to address community needs. Senate Bill 520 will help ensure that the number of Behavioral Health Programs are more evenly distributed among the State of Maryland. During the last year, alone, multiple new substance abuse treatment centers have opened within a 0.7 mile radius, along our neighborhood's portion of the Harford Road commercial corridor, between White Ave. and Northern Parkway.

I understand the need for treatment and compassionate services within a city that battles an opioid crisis. However, surplus supply of treatment services within close proximity can have a clustering effect that is ineffective in dealing with this crisis. Moreover, the clustering effect can significantly alter local demographics, attract criminal activity, and have an overall negative socio-economic impact. Ideally, we would have care that is more equally distributed, so that communities are directly served, so that people who need help don't need to travel, and so that some communities do not end up with clusters of behavioral health treatment that impact a social and economic balance. I thank you for voting in favor of Senate Bill SB 520, which will improve a more balanced dispersal of opioid treatment services throughout Maryland.

Sincerely,



Daniel Sturm, M.A.
3022 Christopher Ave
Baltimore, MD 21214

Chairman, Budget & Appropriations Committee
Chairman, Judiciary & Legislative Investigations Committee
Chairman, Biennial Audits Oversight Commission
Chairman, Stormwater Remediation Oversight Committee

Land Use & Transportation Committee
Taxation, Finance, & Economic Development Committee



Eric T. Costello

Baltimore City Council, 11th District

City Hall, Room 527
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Baltimore, MD 21202

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(e) eric.costello@baltimorecity.gov

February 18, 2020

The Honorable Senator Delores G. Kelley
The Honorable Senator Brian J. Feldman

RE: Senate Bill 520

I write to you today in support of Senate Bill SB520. This bill will help to ensure that the number of Behavioral Health Programs are effectively distributed across the State of Maryland.

According to the Maryland Department of Health, in the first quarter of 2019 there were 87 Behavioral Health programs in the State of Maryland and 35 of those were located in the City of Baltimore. This means that roughly forty percent of the programs were concentrated in a single jurisdiction, which is concerning.

The purpose of this bill is to prevent the Behavioral Health Administration from approving more than five licenses in each county for Behavioral Health programs that provide opioid treatment services for every 100,000 individuals who reside in that county. However, this bill will allow the administration to approve licenses above the established limit with the authorization of legislation passed by the General Assembly.

In efforts to ensure the most effective placements of Behavioral Health programs across the state of Maryland, we hope that you will move for a favorable report of Senate Bill 520.

Should you have questions, please feel free to contact me directly at eric.costello@baltimorecity.gov or 410-396-4816.

Sincerely,

A handwritten signature in black ink that reads "Eric T. Costello".

Eric. T. Costello
Baltimore City Council, 11th District

BALTIMORE CITY COUNCIL



Councilwoman Danielle McCray
Second District

ROOM 525, CITY HALL
100 N. HOLLIDAY STREET, BALTIMORE, MARYLAND 21202
TELEPHONE: 410-396-4808
danielle.mccray@baltimorecity.gov

VICE-CHAIR,
TAXATION, FINANCE & ECONOMIC
DEVELOPMENT COMMITTEE
LEGISLATIVE INVESTIGATIONS COMMITTEE

MEMBER,
BUDGET & APPROPRIATIONS COMMITTEE
LABOR COMMITTEE
PUBLIC SAFETY COMMITTEE

February 18, 2020

The Honorable Delores G. Kelley
The Honorable Brian J. Feldman
Miller Senate Office Building
Annapolis, Maryland 21401

Chairwoman Delores Kelley, Vice Chairman Brian Feldman, and Members of the Committee:

I write to you in support of Senate Bill 520 Behavioral Health Programs Opioid Treatment Services - Limitation on Licenses. This bill will ensure that the number of Behavioral Health Programs are effectively distributed across the State of Maryland.

The purpose of this bill is to prevent the Behavioral Health Administration from approving more than five licenses in each county for Behavioral Health programs that provide opioid treatment services for every 100,000 individuals who reside in that county. However, this bill will allow the administration to approve licenses above the established limit with the authorization of legislation passed by the General Assembly.

According to the Maryland Department of Health, in the first quarter of 2019, there were more than 80 Behavioral Health programs in the State of Maryland and 35 of those were located in the City of Baltimore. This means that roughly forty percent of the programs were concentrated in a single jurisdiction, which is concerning.

In efforts to ensure the most effective placements of Behavioral Health programs across the state of Maryland, I support a favorable report of Senate Bill 520.

Sincerely,

Danielle McCray

Baltimore City Councilwoman - 2nd District



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Recycled Paper



BALTIMORE CITY COUNCIL
KRISTERFER BURNETT, 8th District

Committees: Executive Appointments, Housing and Urban Affairs,
Public Safety, Education and Youth

Room 521, City Hall
100 N. Holliday Street
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Office: 410-396-4818
Fax: 410-396-4828

BILL NO: Senate Bill 0520
TITLE: Behavioral Health Programs - Opioid Treatment Services -
Limitation on Licenses
COMMITTEE: Finance
POSITION: SUPPORT

This bill prohibits more than five behavioral health programs focused on opioid treatment services per county. Any additional licenses would require a legislative act.

The safety of both the individuals served and the community at large is paramount to a successful behavioral health program. I support this bill.

A handwritten signature in black ink, appearing to read "K. Burnett".

Kristerfer Burnett
City Councilmen District 8
Baltimore City



Zeke Cohen

Councilmember

First District

513 City Hall • Baltimore, MD 21202 • 410-396-4821 • ZEKE.COHEN@BALTIMORECITY.GOV

February 14, 2020

Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St
Annapolis, MD 21401-1991

RE: Support of Senate Bill 520: Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses

Chair Delores G.Kelley and Vice-Chair Brian J. Feldman,

I write to you today in **support** of Senate Bill 520. This bill will help to ensure that the number of Behavioral Health Programs are effectively distributed across the State of Maryland.

According to the Maryland Department of Health, in the first quarter of 2019 there were 87 Behavioral Health programs in the State of Maryland and 35 of those were located in the City of Baltimore. This means that roughly forty percent of the programs were concentrated in a single jurisdiction, which is concerning.

The purpose of this bill is to prevent the Behavioral Health Administration from approving more than five licenses in each county for Behavioral Health programs that provide opioid treatment services for every 100,000 individuals who reside in that county. However, this bill will allow the administration to approve licenses above the established limit with the authorization of legislation passed by the General Assembly.

In efforts to ensure the most effective placements of Behavioral Health programs across the state of Maryland, we hope that you will move for a **favorable** report of Senate Bill 520.

Sincerely,

Handwritten signature of Zeke Cohen in black ink.
Councilmember Zeke Cohen

CHAIR: EDUCATION AND YOUTH COMMITTEE

BALTIMORE CITY COUNCIL



MARY PAT CLARKE
14th District

City Hall, Room 550
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Baltimore, Md 21202

410-396-4814

410-545-7585 fax

marypat.clarke@baltimorecity.gov

February 16, 2020

Chairwoman Delores Kelley, Vice Chairman Brian Feldman and Members

Finance Committee

Maryland State Senate

3 East Miller Senate Building, 11 Bladen Street

Annapolis, Maryland 21401-1991

Re: Support for Senate Bills 519, 520, 521, 522, lead sponsor Senator Cory McCray

Distinguished Chairwoman Kelley, Vice Chairman Feldman, and Members, Finance Committee: Senator Cory McCray and I represent portions of the same neighborhood and understand that, despite a crucial public need for services, various State health and social service programs compromise their missions by cropping-up without advance notice to surrounding neighbors, a frequent and disrespectful occurrence in our most disadvantaged communities.

Many of such programs actually “victimize” the very persons they are designed to help through inadequate attention and lack of professional oversight. Meanwhile, for lack of notice and discussion, programs are frequently regarded as intrusions and disruptions of neighborhood security.

These four bills address specific improvements which contribute to better treatments for patients and more respectful partnerships with affected neighbors. I urge your support and thank you for your consideration.

Senate Bill 0519. Public Health–Behavioral Health Programs and Health Care Facilities – Safety Plan

Bill 519 prohibits licensure until a proposed facility provides a safety plan for its patients and for “the community surrounding the behavioral health program.” This ensures that the community has the chance to negotiate on behalf of itself and on behalf of patients yet to be identified, a process that rarely occurs in my experience. “Earning” licensure in such circumstances is the ideal safeguard for achieving the safety and respect due all parties.

MPS_FAV_SB521

Uploaded by: Tompsett, Tommy

Position: FAV



February 18, 2020

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 521:
Behavioral Health - Opioid Treatment Services Programs - Medical Director

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS opposes Senate Bill 521 (SB 521). Maryland continues to struggle with an opioid epidemic. Substance use disorders are conditions which commonly co-occur with serious mental illness. A bill such as SB 521, which has the potential to limit or close certain treatment facilities, would also have a negative impact on psychiatric patients. Integrated care, in other words care that is coordinated with medical and substance use treatment, is most effective for reducing morbidity and mortality, including suicide as some deaths from opioid use disorders are, in fact, suicide deaths.

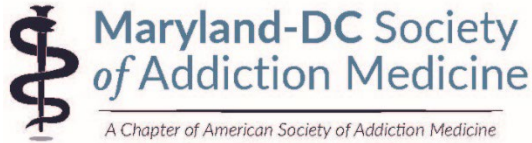
For these reasons, MPS respectfully asks the committee for an unfavorable report on SB 521. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Legislative Action Committee for the Maryland Psychiatric Society

MDDCSAM_UNF_SB 521

Uploaded by: Adams, Joe

Position: UNF



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.

MATOD_UNF_SB 521

Uploaded by: Ashkin, Howard

Position: UNF



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c/o IBR/REACH Health Services

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Senate Finance Committee

February 18, 2020

Senate Bill 521 – OTP Medical Director On-site Hours

The Maryland Association for the Treatment of Opioid Dependence (MATOD) 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; is responsible for assuring all medical, psychiatric, nursing, pharmacy, toxicology, and other services offered at the OTP are conducted in compliance with federal regulations at all times; should be present at the program a sufficient number of hours to assure regulatory compliance and carry out those duties specifically assigned to the medical director by regulation. 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.

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. Advanced Practice Provider staff are on-site during OTP hours of operation and work within their professional scope of practice to provide necessary medical services. 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.

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. MATOD implores the committee to vote an unfavorable opinion on SB 521.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

BHSB_Adrienne Breidenstine_UNF_SB0521

Uploaded by: Breidenstine, Adrienne

Position: UNF



February 18, 2020

**Senate Finance Committee
TESTIMONY IN OPPOSITION**

SB 521 Behavioral Health - Opioid Treatment Services Programs - Medical Director

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use disorder) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving nearly 75,000 people with behavioral health service needs.

BHSB opposes SB 521 Behavioral Health - Opioid Treatment Services Programs - Medical Director.

BHSB understands the intent of SB 521 is to offer a solution for improved oversight and accountability for opioid treatment programs (OTPs). However, requiring a medical director of an OTP be on-site for at least 20 hours a week will not achieve that goal, as the medical director is not responsible for the overall quality of services at the program, operations, and financial accountability of an OTP.

Oversight and accountability of OTPs, and all behavioral health programs in the public behavioral health system (PBHS), is a responsibility that rests with the Maryland Department of Health, Behavioral Health Administration (BHA), in collaboration with local behavioral health authorities. As the local behavioral health authority for Baltimore City, BHSB conducts site visits, completes audits, and investigates complaints and critical incidents for providers in Baltimore City's PBHS. BHSB shares information gathered from these activities with BHA and appropriate response or action is taken collaboratively.

BHSB works diligently support access to quality behavioral health services in Baltimore City's PBHS and is supportive of efforts to strengthen oversight and accountability. BHSB is an active participant at MDH's System of Care Workgroup, which is focused on improving the quality of Maryland's PBHS, with a specific focus on quality services and system accountability. Because of this ongoing effort, BHSB believes that this is the appropriate place to address solutions to improve oversight and accountability. **As such, BHSB urges the Senate Finance Committee to oppose SB 521.**

MHAMD_UNF_SB521

Uploaded by: Martin, Dan

Position: UNF

SB 519 *Public Health – Behavioral Health Programs and Health Care Facilities – Safety Plan*

SB 520 *Behavioral Health Programs – Opioid Treatment Services – Limitation on Licenses*

SB 521 *Behavioral Health – Opioid Treatment Services Programs – Medical Director*

SB 522 *Behavioral Health Programs – Licensing and Fees*

Finance Committee

February 18, 2020

Position: OPPOSE

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present this **testimony in opposition to these four bills**.

The Maryland General Assembly has taken several important steps in recent years to address a behavioral health crisis that is devastating families across the state. We are making progress, but we are not out of the woods yet. Unmet need persists, resources are scarce, and it remains increasingly difficult for Marylanders to access affordable and efficient mental health and substance use treatment services when and where needed.

People with behavioral health needs must contend with longstanding and pervasive barriers that limit access to care. At a time when Maryland should be looking to increase service availability, these stigmatizing and discriminatory measures would do just the opposite – they would create **new barriers** that would **reduce access** to timely and effective mental health and substance use treatment.

SB 519 would require behavioral health programs to establish and implement *safety plans for the surrounding community* as a requirement of licensure, the implication being that somehow these facilities are inherently more dangerous than other businesses or health care providers. This is a presumption that perpetuates a stigma against individuals living with mental health and substance use disorders, and it is not supported by any data.

In fact, a comparative analysis by the Johns Hopkins School of Public Health¹ found just the opposite was true. The research determined that drug treatment centers in Baltimore City were not associated with violent crime in excess of the violence happening around other commercial businesses, concluding that these facilities “have an unfairly poor reputation as being magnets for crime and a threat to community safety that is not backed up by empirical evidence.”

¹ Furr-Holden, Debra C., et al. *Not in My Back Yard: A Comparative Analysis of Crime Around Publicly Funded Drug Treatment Centers, Liquor Stores, Convenience Stores, and Corner Stores in One Mid-Atlantic City*. Bloomberg School of Public Health, Johns Hopkins University. July 2015.

For more information, please contact Dan Martin at (410) 978-8865

SB 520 would prohibit the Behavioral Health Administration from approving more than five licenses per 100,000 individuals in a county for opioid treatment programs. No other type of health care is subject to a population-based limit of this type. This form of discriminatory differential treatment is clearly violative of the Americans with Disabilities Act.

SB 521 would require medical directors at opioid treatment programs (OTPs) to be on-site at least 20 hours each week, and it would prohibit OTPs from using telehealth to satisfy that requirement. The bill would exacerbate an existing shortage of qualified medical directors and decrease access to opioid use treatment across the state.

OTP medical directors in Maryland are already subject to regulations that go beyond federal requirements. This limits the availability of qualified medical directors and forces many to split their time among several programs, serving a role that is primarily administrative in nature. While medical directors can provide direct clinical care, most of the medical care is provided by program physicians and advanced practice providers, such as certified nurse practitioners and physician assistants.

The on-site requirements of SB 521 would be unattainable for many smaller OTPs, forcing these facilities out of business and eliminating treatment options for Marylanders living with opioid use disorders.

SB 522 would impose new licensure fees on mental health and substance use treatment providers on top of the already significant cost of national accreditation currently required for licensure of behavioral health programs in Maryland. Funds collected must be distributed to local health departments and used to enhance safety at behavioral health programs and make *“improvements to the community in which a behavioral health program is located.”*

Again, this perpetuates a stigma that presumes behavioral health providers and the people they serve are dangerous and detrimental to their communities. But in reality, communities suffer when there is inadequate access to mental health and substance use treatment.

These four bills are stigmatizing, discriminatory measures that would reduce access to critical behavioral health care. **For these reasons, MHAMD urges an unfavorable report on SB 519, SB 520, SB 521, and SB 522.**

CMDS_UNF_SB521

Uploaded by: Pfeffer, Kevin

Position: UNF

CMDS

CLINIC MANAGEMENT AND DEVELOPMENT SERVICES, INC.

DATE: Tuesday, February 18, 2020
BILL: Senate Bill 521 – OTP Medical Director On-site Hours
COMMITTEES: Senate Finance Committee
The Honorable Delores Kelley, Chairwoman
POSITION: UNFAVORABLE

On behalf of Clinic Management and Development Services, Inc. (CMDS), and Turning Point Clinic, for which we provide management services, we submit the following testimony raising our concerns with Senate Bill 521, and request for an unfavorable report. Established in 2008, CMDS offers management and consulting services to individuals and groups who are passionate about serving the community through substance use disorder and mental health treatment.

Senate Bill 521 as introduced would require each opioid treatment services program to be under the direction of at least one on-site medical director; require the medical director to be on-site at the opioid treatment services program for at least 20 hours per week; and prohibits an opioid treatment services program from satisfying the medical director requirements through telehealth.

It is not clear what quality of care issues are being addressed by this bill. The practical implications of the bill exacerbate the challenges facing centers today and may create access to care issues for this vulnerable patient population. Baltimore City remains an epicenter of the substance abuse and opioid addiction epidemic. Treatment centers play a critical role in treating this crisis. Resources are already stretched thin and attracting medical treatment and provider staffing continues to be a challenge. Prohibiting the use of telehealth to satisfy the medical director requirements will create additional hardships for many programs struggling with staffing, especially smaller programs.

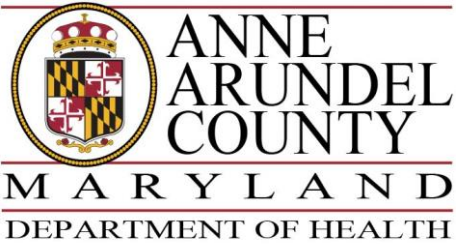
There is a current shortage of OTP Medical Directors in Maryland who meet COMAR 10.63 requirements updated in 2018. BHA recognizes the need to modify COMAR to more closely align with Federal regulations, to ensure OTPs' continued compliance and availability. Most OTP Medical Directors function in an 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. Advanced Practice Provider staff are on-site during OTP hours of operation and work within their professional scope of practice to provide necessary medical services. 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.

It is almost surely true that there simply are not enough Medical Directors that satisfy COMAR to permit them to provide 20 on-site hours each week. A consequence of SB 521 would likely be the closure of numerous clinics due to the inadequate number of COMAR-qualified physicians, which negatively impacts quality, access and availability of opioid use disorder treatment, and will not improve OTP and community relations. **For the reasons noted above we respectfully ask for an UNFAVORABLE report.**

AACODepth of Health.Tracy Schulden_UNF_SB521

Uploaded by: Schulden, Tracy

Position: UNF



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Annapolis, Maryland 21401
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Maryland Relay (TTY): 711
www.aahealth.org

Nilesh Kalyanaraman, M.D.
Health Officer

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.

Omnis_UNF_SB 521

Uploaded by: Wilson, Rachel

Position: UNF



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Senate Finance Committee

February 18, 2020

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

MedChi_Steve Wise_UNF_SB0521

Uploaded by: Wise, Steve

Position: UNF

MedChi

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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Cory V. McCray

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
Richard A. Tabuteau

DATE: February 18, 2020

RE: **OPPOSE** – Senate Bill 521 – *Behavioral Health – Opioid Treatment Services Programs – Medical Director*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **opposes** Senate Bill 521.

Senate Bill 521 requires that each opioid treatment services program (OTP) be under the direction of at least one on-site medical director, and that the medical director be on-site at least 20 hours each week. Furthermore, it prohibits the use of telehealth to satisfy any of those hours.

MedChi shares the concerns that the MD-DC Society of Addiction Medicine raises in its letter. Medical Directors of OTPs must be physicians. There is already a shortage of physicians who meet the qualifications to serve in that capacity. Indeed, these Medical Directors typically divide their time across several OTPs, so meeting the 20-hour requirements set out in Senate Bill 521 would only exacerbate this problem by requiring that more hours be spent in one place.

MedChi understands that some OTPs may not be meeting the operational standards that are expected of them, and that those OTPs need to do a better job in managing their facilities. While the goal of Senate Bill 521 may be to achieve better compliance in this regard, we are concerned that other unintended consequences will result with adverse consequences to patients.

For these reasons, MedChi opposes Senate Bill 521.

For more information call:

J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
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Maryland Telehealth Alliance_UNF_SB 521

Uploaded by: Zent, Teresa

Position: UNF



SB 521 – Behavioral Health – Opioid Treatment Services Programs – Medical Director
Senate Finance Committee

February 18, 2020

Position on the Bill: OPPOSE

Submitted By: Maryland Telehealth Alliance

The Maryland Telehealth Alliance opposes SB 521 – Behavioral Health – Opioid Treatment Services Programs – Medical Director because it prohibits a well-established use of telehealth technologies to deliver health care and/or health care oversight and disregards a medical director’s professional judgment and the scope and standard of care required in each individual telehealth encounter.

Furthermore, the bill appears to disregard the fact that there is a shortage of health care providers including medical directors throughout the state of Maryland. These shortages are especially prevalent in our rural areas and still exist even though telehealth use is gradually increasing across the state. An outright ban on the use of telehealth in any context is a backwards step.

Given the severity of the opioid epidemic in Maryland, singling out opioid treatment services programs for a restriction that will reduce access to treatment makes no sense. State policy should support all reasonable efforts to increase access to treatment.

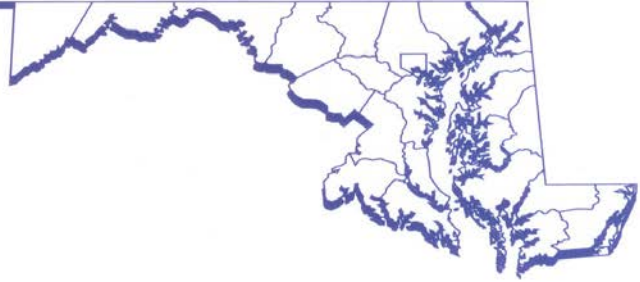
It is unclear what problem this bill intends to solve. Does it arise out of an isolated incident or does it address a systemic problem? If the former, preventing all medical directors of opioid treatment services programs from providing services through telehealth is an excessive reaction. If the latter, there must be a less drastic solution than to reduce access to treatment for people who need it.

For all these reasons, the Maryland Telehealth Alliance opposes SB 521 and requests an unfavorable report.

MACHO_UNF_SB521

Uploaded by: Maiorana, Ruth

Position: INFO



**2020 SESSION
POSITION PAPER**

- BILL:** SB 521 – Behavioral Health – Opioid Treatment Services Programs – Medical Director
- COMMITTEE:** Senate Finance Committee
- POSITION:** Letter of Concern
- BILL ANALYSIS:** SB 521 would require each opioid treatment services program to be under the direction of at least one on-site medical director, require that this medical director be on site at least twenty (20) hours per week and prohibit any of the on-site requirements to be delivered via telehealth methods.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submits a **letter of concern for SB 521** as the bill’s requirements will jeopardize practices at a time when the need and demand for services is great during the ongoing opioid epidemic. This bill will reduce access to critical treatment in some of our neediest and poorer communities.

Current regulations require that the medical director be a physician with addiction specialization, a specialization that few physicians have. The cost of employing these specialized physicians at the 20 hours/week that SB 521 requires, will greatly increase the cost of the service and be prohibitive for some counties to justify and sustain.

The weekly hours requirement may place some opioid treatment services programs that are currently in operation, in danger of having to close as they may not be able to recruit a medical director who is able to work at the site for the requisite 20 hours/week.

In rural areas where there are fewer patients in medication-assisted treatment, there is less of a need for a physician to be on site this many hours a week as these patients do not need to be evaluated on a weekly basis. Some follow up with patients does lend itself to being conducted via telehealth, and SB 521 would not allow this to be offered as part of the 20 hours/week coverage requirement. Telehealth enables services to be provided in a less expensive way in practices that cannot support this level of physician coverage completely in person.

For these reasons, the Maryland Association of County Health Officers submits this **letter of concern for SB 521**. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaioral@jhu.edu or 410-614-6891. *This communication reflects the position of MACHO.*