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Health and Government Operations  
Committee

*Subcommittees*

Government Operations  
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Public Health and  
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**Support HB 1461:**

**Behavioral Health Programs – Outpatient Mental Health Centers – Medical and Clinical Directors**

Dear Chairman Pendergrass, Vice Chair Pena-Melnyk, and colleagues of the Health and Government Operations Committee,

HB 1461 is introduced to correct what, I believe, was an inadvertent error made out of enthusiasm to ensure adequate clinical supervisory staffing for Outpatient Mental Health Centers (OMHC), given information on a dearth of psychiatrists available to serve as medical director to these facilities. We were told that the problem was growing and particularly significant in under-resourced and rural areas to of the state,

Prior to the passage of HB 1122 in 2019, nurse practitioners were allowed, through waivers, to serve as OMHC medical directors during a temporary absence of the staff medical director, who was required to be a psychiatrist. The enactment of HB 1122, in allowing nurse practitioners to carry the full responsibilities of Medical Director, addressed the psychiatrist shortage that put OMHCs at risk of closure, but did so at risk to patient care and safety. This is because within our statutes psychiatric nurse practitioners and psychiatrist are now considered, for all intents and purposes, professional equivalents and interchangeable. While each member of the behavioral health clinical team – psychologist, counselor, social worker, nurse, psychiatrist, nurse practitioner, therapist - plays an important role, excelling at different skills and in different clinical tasks, despite overlap in responsibilities and scope, they are not interchangeable.

A medical director is tasked with overseeing the somatic, behavioral, neurologic and psychiatric care of all patients and for ensuring that members of the therapeutic team are appropriately assigned and supported to meet each patient's diagnostic, therapeutic and prognostic needs. While other mental health providers may individually or as a profession have significant expertise in some of these areas, it is only psychiatrists who are highly trained in each of those areas. That is why being a psychiatrist had been a basic requirement for medical director. With more complex the presentation, the greater the number and severity of co-morbidities, and the

particularities associated with certain age groups and other demographic distinctions, the more important it is that the chief medical officer of the clinic have the expertise to supervise other professionals of similar and of divergent education, training and capability.

Perhaps rather than lowering the standard of having the most senior and accountable professional for psychiatric medicine clinical care be broadly and deeply trained in both psychiatry and medicine, a better approach to addressing the shortage of psychiatrist medical directors would have been to first look at the reasons for requiring on-site physician medical directors and revisit the on-site requirements. Instead of focusing on what level of training is sufficient for assuming responsibility (implementing the decisions, treatments or actions), we should have focused on the level of training needed for adequate accountability (answerable for the decisions, treatments and actions). They are not the same thing.

HB 1461, as amended, is introduced as a vehicle to address the critical and shared goal of ensuring adequate numbers of OMHC operate throughout the state to meet the patient needs, without jeopardizing clinical performance by putting trained professionals in roles outside of their scope. The bill creates a new administrative role – clinical director – defined around the proficiencies of the psychiatric nurse practitioner, but distinct from a medical director who would remain as the chief medical director accountable for clinical care and team management. Statutory changes allow OMHCs to function with a remote or part-time medical director and on-site clinical.

HB 1461 is a challenging bill which seeks to right fit previous legislation and will require some compromise on all sides to reach a resolution that prioritizes patient care. I request the committees support and urge a favorable report.



Terri Hill, M.D.