Maryland Addiction Directors Council

House Bill 1289 Drug and Alcohol Treatment Programs - Discharge of Patients and Referral Services – Standards

House Health and Government Operations Committee

March 5, 2025

TESTIMONY IN OPPOSITION

Maryland Addiction Directors Council (MADC) represents SUD and Dual Recovery outpatient and residential providers in Maryland. MADC members provide over 1,500 residential beds across the State and advocate for quality SUD and Dual Recovery outpatient and residential treatment. MADC advocates for treatment quality and evidence-based practice in services to SUD clients.

While MADC supports the regulation of SUD residential programs including discharge, MADC is writing in respectful opposition to HB 1289.

COMAR 10.47.01.04 G. cites the standards that providers meet for client discharge including:

- A summary of services delivered, frequency and duration of services, and progress made; current medications, if applicable; continuing service recommendations and summary of transition process.
- Also noted is "In the event of a patient's transfer from the program to another program, the discharging program shall complete a written transfer summary which includes discharge summary information.

In 2018 all licensed SUD residential providers were required by the State to be accredited by a State authorized accrediting organization such as CARF, ACHC or the Joint Commission. These accreditation standards also reflect COMAR 10.47.01.04. MADC believes that the standards in place meet the need for quality discharge standards for SUD residential clients.

While MADC is aware BHA is updating COMAR, these discharge standards have been present in both COMAR and the accreditation process and are not opposed by providers or the Department.

MADC strongly supports case management services as an important part of the overall plan for clients in SUD residential services, however clients engage in these services on an individualized basis. Clients in 3.5 SUD residential (high intensity residential treatment) receive medical

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stabilization / withdrawal management typically from fentanyl dependence as part of a high-intensity treatment regime inside the treatment facility. ASAM 3.5 for even the most severe clients at admission is authorized for very short terms – 30 to 60 days. While dual recovery facilities provide access to psychiatric care and primary medical care can be provided via telehealth or on an escorted face to face visit, the typical 3.5 client is not ready to engage in family counseling, GED classes, employment, or seek supportive housing during the high intensity treatment period. HB 1289's requirement to engage in these types of referrals for 3.5 clients within 3 days of essentially treatment admission is not advisable for the 3.5 client and creates referrals that will not be fulfilled for the agency.

ASAM 3.1 clients typically are stepping down from ASAM 3.5 treatment. ASAM 3.1 treatment creates the opportunity for clients to re-engage in the community while continuing in treatment. Unfortunately, some clients engage in 3.1 unsuccessfully. Of the many reasons a client may be discharged from 3.1 some are: return to continuous active fentanyl use, return to possession and distribution of illicit substances, threats of harm or aggressive behavior in the residential unit, continued disregard for residential regulations such as returning after curfew or failure to attend treatment and case management seeking only housing services. These various reasons may occur when a client has been in 3.1 treatment for 30 days or less. Offering another 3.1 residential program or in the case of return to active illicit drug use, a step up to more intensive treatment, is always the first step for a provider. However, HB 1289 would seem to require connection to intensive case management including legal, educational, etc. prior to discharge when these referrals are not warranted and/or are refused by a discharging client. Moreover, if a 3.1 client has returned to active illicit drug use discharge is essential for the treatment safety of the other clients.

MADC strongly supports case management as a key part of SUD residential treatment services but not as an automatic component of the discharge process. MADC believes the current accreditation standards and the standards outlined in COMAR 10.47 and in accreditation standards reflect the documentation as well as the transition information on an individualized basis that best serves the client's transition. Moreover, MADC providers do not wish to engage in referrals with little chance of fulfilment by clients to agencies with limited resources.

For these reasons, MADC respectfully opposes HB 1289.