



MARYLAND STAKEHOLDERS FOR SUBSTANCE USE DISORDER SERVICES

Position Statement on the Delivery of Substance Use Disorder, Mental Health and Health Services under Health Care Reform

Health care reform in Maryland must ensure that all individuals with substance use disorders, regardless of their insurance status, receive the full range of care they need, including addiction treatment and recovery support services, mental health services and general medical care, in the most integrated delivery system possible.

Our vision is guided by two fundamental principles:

- All health care providers – including primary care practitioners, hospital emergency departments, HIV/AIDs service providers, mental health and substance use disorder treatment providers - have a responsibility to identify individuals with substance use and co-occurring mental health problems and link them to appropriate intervention, treatment and recovery support services for their substance use disorder and to other service providers to address other health conditions.
- Untreated addiction presents a significant cost burden to the healthcare, criminal justice and social service systems in Maryland. Comprehensive substance use disorder services, coordinated with mental health and general healthcare, must be funded in order to improve overall health outcomes and reduce health care costs and other social services spending in Maryland.

Benefits and Quality Standards

1. Require Exchange health plans and Medicaid to provide a comprehensive substance use disorder benefit that offers the full continuum of care and services -- prevention, early identification, outpatient and residential treatment, relapse prevention medication, and recovery support services -- identified in the American Society of Addiction Medicine (ASAM) Patient Placement Criteria.
 - Medicaid benefits should meet or exceed current HealthChoice standards for addiction treatment and the State should seek a waiver of the Medicaid IMD exclusion for residential services.
 - Exchange plans must meet Maryland's current mandated addiction benefits and prohibit high deductibles and those cost-sharing requirements that deter or prevent people from accessing needed treatment.
 - Safety-net grant funding must be available for addiction treatment services that are not covered under Medicaid or through an Exchange plan and for individuals not eligible for insurance.
2. Require Exchange health plans and Medicaid to adopt the *National Quality Forum (NQF) National Voluntary Standards for the Treatment of Substance Use Conditions* to ensure that all health practitioners - medical, mental health and substance use disorder treatment providers - implement practices to identify substance use conditions, initiate treatment, and provide care and management in accordance with evidence-based or other accepted standards.
3. Require primary care providers and school-based programs to deliver preventive care, screen patients for substance use problems and provide brief interventions and referrals to treatment and recovery support.
4. Require all health plans to ensure access to appropriate treatment through adequate substance use provider networks, no pre-authorization requirements for standard outpatient care, timely authorization for higher levels of care (consistent with parity standards), and coordination of care with other care providers.
5. Identify outcome measures that reflect quality care for substance use disorders and require Medicaid and Exchange health plans and providers to meet those designated outcome measures for all substance use-related services.

6. Require the Departments of Health and Mental Hygiene and Corrections to ensure that incarcerated individuals enroll in Medicaid or an Exchange health plan, select a primary care physician prior to release, and have support services available upon re-entry to the community so that healthcare services can be delivered immediately upon discharge.
7. Promote and fund a broad array of developmentally specific services across all healthcare settings for adolescents and young adults (including preventive programs at school-based clinics, longer term residential services and opioid specialty treatment, among others).

Integration and Coordination of Care

8. Include substance use disorder prevention, treatment and recovery support services in all patient-centered medical home models, networks of health care services and chronic care behavioral health home models. Support flexible funding models for innovative, fully integrated care delivery for persons with mental health and substance use disorders.
9. Identify patients with substance use disorders who are high cost users of medical services and develop programs to provide case management to ensure appropriate coordination of all medical care.
10. Fully fund recovery support services, including peer support services, employment assistance, and housing support, consistent with the Substance Abuse and Mental Health Services Administration criteria, through expanded Medicaid, block grant, and other state funding, including alcohol tax revenues.
11. Facilitate collaboration between all professionals who work with persons with substance use disorders, including physicians, nurses, nurse practitioners, social workers, psychologists and all levels of counselors and therapists to ensure consistency in care and optimal access to treatment. Provide support and incentives to health professionals to provide linkages with professionals and agencies offering recovery supports in the community.

Regulation

12. Promulgate regulations that facilitate the integration and coordination of care for persons with mental health and substance use disorders, including requirements relating to (i) treatment and programs for individuals with co-occurring conditions, (ii) professional certification and licensing, and (iii) certification standards for substance use disorder and mental health programs.
13. Enforce compliance with the Mental Health Parity and Addiction Equity Act and State parity standards by requiring specific disclosures from each Medicaid and Exchange plan documenting parity compliance.

Data and Technology

14. Require Medicaid, grant fund managers, and Exchange plans to collect and regularly report data on services provided in all ASAM categories of substance use disorder treatment, the costs associated with each category of care, costs associated with the coordination of medical care, and outcome data (when measures are developed) for all levels of care.
15. Support the acquisition of medical records information systems for substance use disorder treatment providers so that medical and addiction care are coordinated across all health care settings and addiction treatment providers can participate in the Maryland Health Information Exchange.

Professional Workforce Development

16. Develop and expand the substance use disorder treatment provider workforce through certification and licensing regulatory reform, higher education grants, and curriculum development in the area of co-occurring mental health and substance use disorders. Ensure that higher education curriculum requirements align with licensing and certification requirements and reflect the current needs and best practices in treating substance use disorders. Provide incentives to expand the availability of addiction and mental health professionals and peers in underserved areas.
17. Require training of medical residents and continuing education programs for physicians and other primary care professionals in the identification and assessment of substance use problems and appropriate referral for specialty treatment.

For questions or more information, please contact any of the undersigned individuals.

Paige Lescure, Senior Health Law & Policy Fellow
Drug Policy and Public Health Strategies Clinic University of Maryland Francis King Carey School of Law
410-706-7377
plescure@law.umaryland.edu

Tracey Myers-Preston, Executive Director
The Maryland Addictions Directors Council
443-834-5866
madcexecutivedirector@comcast.net

Nancy Rosen-Cohen, Ph.D, Executive Director
NCADD-MD
410-625-5482
nancy@ncaddmaryland.org

Ellen Weber, Professor of Law and Supervisor
Drug Policy and Public Health Strategies Clinic University of Maryland Francis King Carey School of Law
410-706-0590
eweber@law.umaryland.edu

Position Statement Supporters

This Position Statement is endorsed and supported by the following organizations that are committed to ensuring access to and delivery of comprehensive substance use disorder services.

A Better Way Counseling Services
Baltimore Crisis Response, Inc.
The Carol M. Porto Treatment Center
Crossroads Centers
Dorchester County Addictions Program
Dorchester Recovery Initiative
Epoch Counseling Center/Friends Research Institute
Garrett County Health Department's Behavioral Health
Gaudenzia, Inc.
The Jude House Inc.
The Maryland Addictions Directors Council
NCADD-MD
Warwick Manor
Worcester County Drug and Alcohol Council

