



Community Behavioral Health Association of Maryland

2019 Legislative Priorities

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Legislative Issue: Outpatient Mental Health Clinic Variances

Current Maryland regulations require Outpatient Mental Health Clinics (OMHCs) to be supervised by a psychiatrist as a medical director on site for 20 hours per week. A psychiatrist medical director typically provides consultation for difficult cases and works to ensure the policies and clinical operations are clinically appropriate. Given the state and national shortage of psychiatrists, many OMHCs have difficulty in filling this position and in some cases convince psychiatrists to come out of retirement or pay exorbitant fees for locum tenens psychiatrists, neither of which is sustainable. Organizations can apply for a variance to this regulation that allow for the medical director to participate via telemedicine. The variance is granted through the Behavioral Health Administration in the Maryland Department of Health. In theory, the concept of this variance supports OMHCs in rural and underserved areas that typically have a harder time finding psychiatrists. However, there is currently only one approved variance in the state in a rural community in southern Maryland. This variance is tied to the current medical director and not the facility. Should the medical director leave or retire, the OMHC will lose their variance. The state has denied all other OMHC medical director variance requests.

Solution

There are three solutions that CBH can be addressed in one comprehensive bill:

1. Require the state to improve transparency of the OMHC variance approval process.
2. Associate variances with facilities and not individual providers.
3. Change regulations to allow OMHCs operating in a designated health professional shortage area to provide psychiatrist medical director services via telehealth.

Public Health Impact

Closure of an OMHC in any part of the state will reduced access to behavioral health care. Proactively reducing regulatory barriers to staffing and operating an OMHC can allow existing practices to stay in business and support future expansion of OMHCs in the state.

Climate

Last year [SB211](#) was introduced that required “regulations governing behavioral health programs to include a provision authorizing a behavioral health program located in a federally designated health professional shortage area (HPSA) to satisfy any regulatory requirement that the medical director be on site through the medical director’s use of telehealth.” The state (MDH) took no position on the bill. The [fiscal note](#) had no budgetary impact and concluded the change would have meaningful impact on small business in their ability to operate. While the bill passed out of the senate and received a full favorable vote from the House Health and Government Operations Committee, it never made it to a floor vote. CBH, in partnership with the Mental Health Association’s [Behavioral Health Coalition](#), will work to introduce legislation in the 2019 session to address this critical public health workforce issue. [Click here](#) for the CBH fact sheet on OMHC variances.