Office of the Health Officer

Dr. Mathew D. Levy, MD, MPH
Health Officer
Prince George's County Health Department
MDlevy@co.pg.md.us
301-883-7844

To: Council Member, Thomas Dernoga
From: Dr. Matthew Levy, Health Officer/Director, Health Department
Date: June 2, 2025
Subject: Proposed amendment for CB-043-2025

The Health Department (PGCHD) expresses its appreciation to Council Member Dernoga and the County Council for the opportunity to review and respectfully submit comments related to the proposed Council Bill 043-2025, Zoning Ordinances for Opioid Treatment Centers. We would like to express our support for the CB-043-2025 initiative and provide a memorandum of information and proposed amendments that we believe will increase access and reduce barriers for residents who are in the greatest need.

Background
The state of Maryland's Behavioral Health Services has made significant strides over the past few decades in response to the opioid crisis. With the declaration of opioid use as a Public Health Emergency, we have witnessed substantial investments in services at the state and federal levels, providing reassurance about the effectiveness of current measures.

Statewide Response and Infrastructure

- **Behavioral Health Administration (BHA)**: Maryland's BHA, under the Maryland Department of Health, oversees substance use treatment, including opioid use disorder (OUD) services.
- **Medicaid Expansion**: Under the Affordable Care Act, Maryland expanded Medicaid in 2014, significantly increasing access to treatment for low-income individuals struggling with opioid use disorder (OUD).
- **Maryland Opioid Operational Command Center (OOCC)**: Created in 2017 to coordinate statewide efforts across health, law enforcement, and community organizations.

With the investment in infrastructure and the development of services around opioid treatment, they have advanced to be rendered in various locations and expanded to provide support and wraparound services, including the following.

Types of Opioid Treatment Centers
Maryland's opioid treatment centers vary in their approaches and services:

1. **Opioid Treatment Programs (OTPs)**:
    - Provide methadone, buprenorphine, and naltrexone.
    - Offer counseling and behavioral therapies.
    - Licensed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Maryland BHA.

Office of the Health Officer

Dr. Mathew D. Levy, MD, MPH
Health Officer
Prince George's County Health Department
MDlevy@co.pg.md.us
301-883-7844

2. **Office-Based Opioid Treatment (OBOT)**:
    - Primary care or behavioral health clinics where physicians prescribe buprenorphine.
    - Aim to increase access in rural and underserved areas.
3. **Community-Based and Non-Profit Clinics**:
    - Operated by organizations such as the former Prince George's County Government (Medical Assistant Treatment Program)
    - Often offer wraparound services, including housing, employment, and peer support.
4. **Hospital-Based Treatment Centers**:
    - Integrated with emergency departments and inpatient services.
    - Facilitate "warm handoffs" to outpatient care after overdose or detox.

Oversight and Regulation

- Treatment centers are regulated by the **Maryland Department of Health's Behavioral Health Administration (BHA)**, which has appointed authority to the **Local Behavioral Authority (LBHA)** within the Prince George's County Health Department.
- Many centers must also meet **federal standards**, especially those offering Medication-Assisted Treatment (MAT), and are often certified by the **Substance Abuse and Mental Health Services Administration (SAMHSA)** and registered with the **Drug Enforcement Administration (DEA)**.

Key Challenges and Initiatives

1. **Access Disparities**
    - Suburban areas in Maryland may lack the same level of access; this is a particular challenge for Prince George's County.
    - Efforts are underway to expand **telehealth** and **mobile treatment units**.
2. **Fentanyl Crisis**
    - The rise of fentanyl has increased overdose deaths, leading to expanded distribution of **naloxone** and **fentanyl test strips**.
3. **Justice-Involved Populations**
    - Maryland has implemented treatment programs in jails and re-entry services to reduce recidivism related to substance use.
4. **Funding and Support**
    - Maryland receives federal support through grants such as the **State Opioid Response (SOR)** and **the 21st Century Cures Act**.
    - The Prince George's County Health Department and LBHA play a key role in coordination and referral services.

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT
Office of the Health Officer

Dr. Mathew D. Levy, MD, MPH
Health Officer
Prince George's County Health Department
MDlevy@co.pg.md.us
301-883-7844

Proposed Amendment Recommendations

As a result of the evolution of the treatment landscape of opioid services for residents living with Opioid Use Disorder, we agree with the intent of the bill to reduce restrictions on bringing additional critical services to the county. The Health Department respectfully recommends the following:

1. **Language:** Removing the language that states, "methadone treatment is not a part of Opioid Treatment Center, the health department respectfully wishes to highlight that methadone remains a modality that is used with Opioid Treatment Centers and is noted as an evidence-based treatment.
2. **Zoning:** The health department respectfully requests the Opioid Treatment Centers have the following designation:

Commercial Zones (e.g., CGO, CN, CG, CA)

- **Medical Clinics/Offices** are generally **permitted by right** in most commercial zones like **Commercial, General, and Office (CGO)**.
- **Outpatient Clinics and Urgent Care** are also typically permitted in commercial zones.
- **Pharmacies** or medical dispensaries may have separate or additional regulations.

These providers are licensed to provide medical and support services in an interdisciplinary approach.

1. **Development of a Community Advisory Council:** This council could work in partnership with the Prince Georges County LBHA to focus on quality services and, monitoring the needs, and providing the health department insight to providers and residents with lived experience their first-hand perspective.

The health department respectfully submits that these amendments will reduce barriers and increase access, which remains in alignment with the intent of CB-043 and aligns with state and federal best practice models and service delivery requirements.