



**2024 SESSION
POSITION PAPER**

BILL: SB 801 – Correctional Services – Medication–Assisted Treatment
COMMITTEE: Senate Budget and Taxation Committee
POSITION: Letter of Support with Amendments
BILL ANALYSIS: SB 801 would repeal the requirement that each local correctional facility make available at least one formulation of certain Food and Drug Administration–approved opioid medications used for treatment of opioid use disorders; require the Maryland Secretary of Health to annually provide each county a grant equal to the costs incurred by the county for the implementation of a certain medication–assisted treatment program; and expand authorized uses of the Opioid Restitution Fund.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports SB 801 with several amendments. The state’s Health Officers strongly support efforts to engage incarcerated individuals in substance misuse treatment that includes medication therapy. Evidence has shown that those who receive medication in support of their recovery efforts are much less likely to relapse than those who only have access to individual and/or group therapy sessions. The State of Maryland should take steps to ensure that local detention centers have financial support for medication therapy, including exploring options to continue health insurance coverage for incarcerated individuals.

MACHO agrees with the Maryland Association of Counties on the following amendments:
On page 5, line 4, remove:

[As provided in the State budget,]
On page 5, after line 6 insert:

“(1) IN ACCORDANCE WITH SUBSECTION I OF THIS SECTION, FOR EACH FISCAL YEAR THE STATE SHALL PROVIDE EACH COUNTY FUNDING EQUAL TO THE COST OF THEIR MEDICATION-ASSISTED TREATMENT PROGRAM, AS OUTLINED IN THIS SECTION, FOR THE PRECEDING FISCAL YEAR.

(2) FUNDS, CONSISTENT WITH THE FULL COST OF THE LOCAL MEDICATION-ASSISTED TREATMENT PROGRAMS SHALL BE PROVIDED FROM:

- (I) THE STATE’S PORTION OF OPIOID SETTLEMENT FUNDS THROUGH THE MARYLAND DEPARTMENT OF HEALTH; OR**
- (II) THROUGH A GENERAL FUND APPROPRIATION.**

(3) ON OR BEFORE OCTOBER 1 OF EACH YEAR, A COUNTY SHALL SUBMIT TO THE OFFICE OF OVERDOSE RESPONSE, IN THE MARYLAND DEPARTMENT OF HEALTH, A REPORT WITH:

- (I) THE NUMBER OF DAYS EACH INMATE WAS PROVIDED ALL SERVICES REQUIRED BY THE MEDICATION-ASSISTED TREATMENT PROGRAM AS OUTLINED IN THIS SECTION FOR THE PREVIOUS FISCAL YEAR;**
- (II) THE TOTAL ITEMIZED COSTS INCURRED FOR MEDICATION-ASSISTED TREATMENT SERVICES IN THE LOCAL FACILITY; AND**
- (III) ANY OTHER INFORMATION REASONABLY REQUIRED BY THE DEPARTMENT.**

(4) REPORTS SUBMITTED BEFORE OCTOBER 1, 2025, MAY INCLUDE PRIOR YEAR EXPENDITURES NOT PREVIOUSLY FULFILLED BY STATE FUNDING.

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(II) IF A COUNTY FAILS TO SUBMIT THE INFORMATION REQUIRED UNDER PARAGRAPH THREE OF THIS SUBSECTION BY OCTOBER 1 OF EACH YEAR, THE DEPARTMENT MAY DEDUCT AN AMOUNT EQUAL TO 20% OF THE FUNDING REQUIRED UNDER SUBPARAGRAPH TWO OF THIS SUBSECTION FOR EACH 30 DAYS OR PART OF 30 DAYS AFTER THE DUE DATE THAT THE INFORMATION WAS NOT SUBMITTED.”

In addition, MACHO recommends the following amendments:

Page 3, lines 26-30

(5) Each local correctional facility shall make available at least one formulation of ~~each FDA-approved full opioid agonist, partial opioid agonist, and~~ **AN FDA-APPROVED** long-acting opioid antagonist **AND AT LEAST ONE FDA-APPROVED FULL OPIOID AGONIST OR PARTIAL OPIOID AGONIST** used for the treatment of opioid use disorders.

(6) Each pregnant woman identified with an opioid use disorder shall receive evaluation and be offered medication-assisted treatment ~~as soon as practicable~~ **WITHIN 24-HOURS OF ENTRY TO THE FACILITY.**

The Health Officers are very concerned with SB 801 deleting Lines 26-28 on Page 3. It is **essential that medication-assisted treatment (MAT) includes an option of a pharmacological agent that partially or fully activates opioid receptors.** Removal of Lines 26-28 without further amendment could result in correctional facilities limiting the MAT option to a full antagonist which is ineffective for most people attempting to break their dependence on illicit opioids.

MACHO acknowledges that ideally, both methadone (full agonist) and buprenorphine (partial agonist) should be made available to incarcerated individuals, but not all detention facilities can arrange methadone access without significant strains on their resources. Inmates who are shielded from the environmental triggers in their home communities are likely to do well on a partial agonist while incarcerated. It is a relatively simple transition from buprenorphine to methadone if methadone is best for an individual once they are released back into their home community.

Page 3, Line 30 should be amended to ensure pregnant women with opioid dependence receive prompt MAT. Waiting more than 24-hours to start pregnant women on treatment, as sometimes occurs under current detention center protocols, guarantees the woman and her fetus will go into withdrawal. Evidence shows that this stresses the fetus and increases risks for poor pregnancy outcomes. All women of childbearing age should be screened for pregnancy and substance abuse upon entry to the correctional facility. If buprenorphine is available in the detention facility, there should not be any excessive burden on staff to start treatment within 24-hours, especially since the number of pregnant opioid-dependent women is likely to be more than a few per year in most jails. If a pregnant woman has been taking methadone, all reasonable efforts should be made to continue this treatment. If a jail cannot provide methadone, the individual should be transferred to a facility that can provide the treatment or a maternal fetal medicine specialist with expertise in substance misuse treatment should be immediately consulted.

For these reasons, the Maryland Association of County Health Officers submits this letter of support with amendments for SB 801. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

