

MDDCSAM SB 801 MOUD in correctional facilities.pdf

Uploaded by: Joseph Adams, MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 801. Correctional Services – Medication-Assisted Treatment

Budget and Tax Committee; Judicial Proceedings Committee February 21, 2024

SUPPORT WITH AMENDMENTS

MDDCSAM supports what we understand are the sponsor's amendment: removing the brackets in lines 26 and 29 on page 3 so that the mandate for medication for opioid use disorder is not repealed.

We are not opposed to the clarification that partial opioid agonists can include either transmucosal or long-acting formulations, although the original language, 'partial opioid agonist' did not exclude any formulations.

We are also asking for the following amendment proposed by the Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) that would require local detention centers to begin examining their health care contracts for eventual inclusion of these services as a regular part of their provision of health care services to people in their custody. As NCADD-Maryland has pointed out, substance use disorder treatment is not a special or extra service that is optional. State and local governments should work toward including these services and their costs into their health care contracts.

Amendment No. 1, on page 11, line 1, insert:

SECTION 2, AND BE IT FURTHER ENACTED, That facilities shall certify to the Department that they are in health care contracts that include the provision of medication for opioid use disorders and any related counseling services by July 1, 2027. The Department of Health shall provide technical assistance to ensure facilities have the required contracts.

We also support transparency through reporting by detention centers on funds spent for these services. We are generally supportive of the amendments to this effect that we understand are being proposed by the Maryland Association of Counties.

With these amendments, we ask for a favorable report.

Respectfully,

Joseph A. Adams, MD, FASAM, board certified in internal medicine and addiction medicine.

NCADD-MD - 2024 SB 801 FWA - OUD Treatment in Jail

Uploaded by: Ann Ciekot

Position: FWA



**Senate Budget & Tax Committee
February 21, 2024**

Senate Bill 801 – Correctional Services – Medication–Assisted Treatment

Support with Amendments

NCADD-Maryland supports amending Senate Bill 801 to remove the brackets in lines 26 and 29 on page 3. Those brackets repeal the mandate, passed in 2019, that local detention centers provide medication assisted treatment for people with opioid use disorders. As we understand this was a drafting error, we support the sponsor’s amendment to remove those brackets.

NCADD-Maryland also has no objection to the amendment that clarifies partial opioid agonists can be transmucosal or long-acting. While we believe the language in the existing law does not prohibit any particular formulation, we can support the clarification.

As for the section that provides for funding to come from the Opioid Restitution Fund, we are generally supportive of using these funds to help local detention centers get these services provided. We support the amendments offered by the Maryland Association of Counties that include transparency in the reporting by detention centers on how they are spending money for these services.

In addition, we ask for the following amendment that would require local detention centers to begin examining their health care contracts for eventual inclusion of these services as a regular part of their provision of health care services to people in their custody. Substance use disorder treatment is not a special or extra service that is optional. Treatment is health care and the State and local governments should work toward including these services and their costs into their health care contracts.

Amendment No. 1, on page 11, line 1, insert:

SECTION 2, AND BE IT FURTHER ENACTED, That facilities shall certify to the Department that they are in health care contracts that include the provision of medication assisted treatment for opioid use disorders and any related counseling services by July 1, 2027. The Department of Health shall provide technical assistance to ensure facilities have the required contracts.

With these amendments, we ask for a favorable report on Senate Bill 801.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

SB801 Written Testimony.pdf

Uploaded by: Brandi Cahn

Position: FWA

WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor



DOROTHY LENNIG
Executive Director

February 21, 2024

Budget and Taxation Committee
3 West
Miller Senate Office Building
Annapolis, MD 21401

RE: SB801 - Correctional Services - Medication-Assisted Treatment - **Favorable with Amendments**

Dear Chair Guzzone, Vice Chair Rosapepe, and Members of the Committee:

The Governor's Office of Crime Prevention and Policy (GOCPP) respectfully supports Senate Bill 801 - Correctional Services - Medication-Assisted Treatment, with an amendment to require local correctional facilities to offer all FDA-approved forms of Medications for Opioid Use Disorder (MOUD).

SB801 seeks to repeal the requirement that each local correctional facility make available at least one formulation of each FDA-approved full opioid agonist, partial opioid agonist, and long-acting opioid antagonist used for the treatment of opioid use disorder (OUD). According to the [American Society of Addictions Medicine](#), "all FDA-approved medications for the treatment of opioid use disorder should be available to all patients. Clinicians should consider the patient's preferences, past treatment history, current state of illness, and treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone."¹

Furthermore, the [Bureau of Justice Assistance Guidelines for Managing Substance Withdrawal in Jails](#) states, "Buprenorphine and methadone are first-line treatments for opioid withdrawal and OUD." The guidelines continue to say, "Policy decisions disallowing or disincentivizing FDA-approved medications for opioid withdrawal or OUD are not clinically appropriate."²

Medications for opioid use disorder are a critical tool in combating the opioid crisis in Maryland. Equipping local correctional facilities to provide this care will improve public safety and public health. GOCPP strongly urges a favorable report on SB801 with the proposed amendment to ensure Maryland jails meet the standard of care for the treatment of individuals with opioid use disorder.

For more information, please contact Brandi Cahn, Assistant Director of Justice Reinvestment, Brandi.Cahn1@maryland.gov.

¹ American Society of Addictions Medicine. (2020). National Practice Guideline for the Treatment of Opioid Use Disorder. White et al.

² Bureau of Justice Assistance. (2023). Guidelines for Managing Substance Withdrawal in Jails.

SB0801-BT_MACo_SWA.pdf

Uploaded by: Dominic Butchko

Position: FWA



Senate Bill 801

Correctional Services – Medication-Assisted Treatment

MACo Position: **SUPPORT**
WITH AMENDMENTS

To: Budget and Taxation and
Judicial Proceedings Committees

Date: February 21, 2024

From: Sarah Sample and Dominic J. Butchko

The Maryland Association of Counties (MACo) **SUPPORTS SB 801 WITH AMENDMENTS**. This bill clarifies funding requirements for medication-assisted treatment (MAT) in local detention centers. Additionally, it broadens the medications available to incarcerated individuals with an opioid use disorder. County amendments would clarify certain responsibilities, in line with a stakeholder consensus.

Providing services for incarcerated individuals with an opioid use disorder requires resources and efficiency. Local detention centers agree that this is an important time to frame the means to make these services as successful as possible, particularly with one of the most vulnerable populations in the community. Counties and State stakeholders have spent the last five years discussing ways to make these programs sustainable, and one consensus has been resoundingly clear – the required State funding has not been effectively provided. The Office of the Attorney General issued a formal letter of advice clarifying that the lack of funding from the State converts the mandate to a nonbinding option.

State and local government agencies, non-profits, and community-based stakeholders all agree: continuous funding from the State is necessary to providing these services. Local governments believe – after five years of uncertainty – that stakeholders need to address the funding challenges that have hindered implementation. MACo amendments simply clarify a few elements of the funding language and add additional flexibility for the State to fulfill the funding mandate through opioid settlement funds or a general fund appropriation. Amendments also clarify that the State may require additional information in the reporting requirements for local detention centers in order to receive the appropriate reimbursements for services.

Counties propose the below amendments to clarify a sustainable funding pathway that uses opioid settlement funds, in conjunction with state general funds, to fulfill the State’s statutory obligation from the original mandate to fund the local programs. For this reason, MACo **urges a FAVORABLE WITH AMENDMENTS report on SB 801** (amendments detailed on next page).

SB 801 AMENDMENTS OFFERED BY MACo

On page 5, strike in their entirety lines 4 through 28 and substitute:

(I) THE STATE SHALL FUND THE PROGRAM OF OPIOID USE DISORDER SCREENING, EVALUATION, AND TREATMENT OF INCARCERATED INDIVIDUALS AS PROVIDED UNDER THIS SECTION.

“(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 INCARCERATED INDIVIDUAL 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.

(II) IF A COUNTY FAILS TO SUBMIT THE INFORMATION REQUIRED UNDER PARAGRAPH THREE OF THIS SUBECTION 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.”

BaltimoreCounty_FWA_SB0801.pdf

Uploaded by: Giuliana Valencia-Banks

Position: FWA



JOHN A. OLSZEWSKI, JR.
County Executive

JENNIFER AIOSA
Director of Government Affairs

AMANDA KONTZ CARR
Legislative Officer

WILLIAM J. THORNE
Legislative Associate

BILL NO.: **SB 801**

TITLE: Correctional Services – Medication-Assisted Treatment

SPONSOR: Senator Jackson

COMMITTEE: Budget and Taxation

POSITION: **SUPPORTS WITH AMENDMENTS**

DATE: February 21, 2024

Baltimore County **SUPPORTS WITH AMENDMENTS** Senate Bill 801 – Correctional Services – Medication-Assisted Treatment. This legislation would provide formulaic grant funding to assist local detention centers with operating their Medication Assisted Treatment programs.

Counties across the State of Maryland desperately need this funding due to the disproportionate number of incarcerated individuals who depend on medication-assisted treatment. However, SB 801 removes the requirement for local corrections facilities to provide all three FDA approved medications for opioid use disorder. The legislation should be amended to remove this change due to the fact that provision of medications for a chronic health condition, such as opioid use disorder, is an evidence-based practice. Research demonstrates that providing medications for opioid use disorder in corrections settings improves treatment and recovery outcomes for returning individuals and also reduces fatal and nonfatal overdoses. Incarcerated individuals are otherwise at significant increased risk (40-120 times, depending on the location) of overdose upon release. Every opioid overdose death is the tragic loss of a loved one. Baltimore County hopes to continue collaborating with the State of Maryland and community partners to combat this deadly epidemic.

Accordingly, Baltimore County urges a **FAVORABLE WITH AMENDMENTS** report on SB 801 from the Senate Budget and Taxation Committee. For more information, please contact Jenn Aiosa, Director of Government Affairs at jaiosa@baltimorecountymd.gov.

SB 801 - B&T JUD - MDH- LOSWA.docx.pdf

Uploaded by: Jason Caplan

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 21, 2024

Senator Guy Guzzone
Budget and Taxation Committee
3 West Miller Senate Office Building
Annapolis, Maryland 21401

Senator William C. Smith, Jr.
Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 801 - Correctional Services – Medication–Assisted Treatment Letter of Support with Amendments

Dear Chair Guzzone, Chair Smith, and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 801 Correctional Services – Medication–Assisted Treatment. The Department oversees Medication-Assisted Treatment (MAT) programs for Opioid Use Disorder, through the Opioid Restitution Fund (ORF) and the Maryland State Opioid Response (MD-SOR) grant program. The current statutes support the provision of Food and Drug Administration (FDA)-approved opioid medication for the treatment of opioid use disorders at local correctional facilities statewide.

The Department supports the intent of this bill and notes that MAT use in correctional facilities is an important tool to combat the opioid crisis.^{1,2,3,4} However, we respectfully recommend amending the bill to:

- **Strike the requirement that grants must be equal to the costs incurred by the county.** The Department is committed to providing counties with funding to defray the cost of MAT provided in correctional settings; however there are several settlements that

¹ Brinkley-Rubinstein L. et al. Risk of fentanyl-involved overdose among those with past year incarceration: Findings from a recent outbreak in 2014 and 2015. *Drug and Alcohol Dependence*. 2018;185:189-191.

² Zaller N. et al. Initiation of buprenorphine during incarceration and retention in treatment upon release. *Journal of Subst Abuse Treat*. 2013;45:222-226.

³ Green T. et al. Post Incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*. 2018. Published online Feb 14, 2018.

⁴ Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field, Posted online November, 2018 www.ncchc.org/jail-based-mat

make up the ORF, and the amount of monies in this fund are merely projections until the transfers are actually made. There are provisions in the settlement agreements that can and have changed the actual amounts the State receives in any given year. Moreover, each settlement has specific terms, and the Department must ensure that spending is in line with settlement terms and conditions or the state is at risk for returning funds.

- **Strike requirements for the Secretary to consult with the Opioid Operational Command Center (now the Maryland Office of Overdose Response, or “MOOR”).** The Secretary currently receives guidance from the ORF Advisory Council regarding potential spending of the ORF. This amendment would be consistent with the current advisory structure set up for the ORF.
- **Require the submission of a report to the Department, and additional reporting requirements.** The county should submit a report to the Department, instead of MOOR, to ensure that work envisioned under this bill is aligned across all programmatic areas, including MOOR, and the Behavioral Health Administration in the Department. Moreover, additional county reporting requirements should be added to include, demographic data of the number of individuals receiving a service under an MAT program, the type of medication they received, the number of days they were treated, the degree to which those receiving treatment have a chronic disease, including opioid use disorder, and alcohol use disorder, and discharge and care coordination provided under such a program.
- **Strike provisions that penalize counties for not submitting a plan.** The Department recommends striking the provision that reduces funding to jurisdictions if the required reporting is not submitted within a given timeframe.

MDH will provide proposed amendment language for the Committee’s consideration.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

Emily Keller
Special Secretary of Overdose Response

MCAA SB 801 Medicated Assisted Treatment.pdf

Uploaded by: Mary Ann Thompson

Position: FWA

2024JacksonTestimonySB801.pdf

Uploaded by: Michael Jackson

Position: FWA

MICHAEL A. JACKSON
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Budget and Taxation Committee

Subcommittees

Chair, Pensions

Public Safety, Transportation, and
Environment

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

District Office
250 Merrimac Court
Prince Frederick, Maryland 20678

TESTIMONY – SENATE BILL 801
CORRECTIONAL SERVICES – MEDICATION –
ASSISTED TREATMENT
BUDGET AND TAXATION COMMITTEE
FEBRUARY 21, 2024

Chair Guzzone, Vice Chair Rosapepe, and Fellow Committee Members:

The aim of Senate Bill 801 is to provide clear grant funding to individual counties for the funding of medication assisted treatment programs. Under this bill, we would simply instruct the Secretary of Health (in consultation with the Opioid Operational Command Center) to provide yearly grant funding from the Opioid Restitution Fund to individual counties based on the number of individuals that receive medication-assisted treatment through their local departments of correction.

Drug treatment services are essential to ensuring a reduction in recidivism and successful outcomes for those battling addiction while incarcerated. Treating and rehabilitating individuals must always remain the fundamental aim of our departments of correction and this bill would be a means to that end.

For the reasons listed above, I ask for a favorable report of Senate Bill 801.

SB801Amendment1.pdf

Uploaded by: Michael Jackson

Position: FWA



SB0801/603526/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

19 FEB 24
16:46:08

BY: Senator Jackson

(To be offered in the Budget and Taxation Committee and the
Judicial Proceedings Committee)

AMENDMENTS TO SENATE BILL 801

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, strike “repealing the requirement that” and substitute “requiring”; and in the same line, after “facility” insert “to”.

AMENDMENT NO. 2

On page 3, in line 26, after “(5)” insert “(I)”; in the same line, strike “Each” and substitute “SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, EACH”; in lines 26 and 29, in each instance, strike the bracket; and after line 28, insert:

“(II) EACH LOCAL CORRECTIONAL FACILITY SHALL MAKE AVAILABLE AT LEAST ONE TRANSMUCOSAL PARTIAL OPIOID AGONIST AND ONE LONG-ACTING INJECTABLE PARTIAL OPIOID AGONIST.”

SB801Amendment2.pdf

Uploaded by: Michael Jackson

Position: FWA



SB0801/993424/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

20 FEB 24
12:46:52

BY: Senator Jackson

(To be offered in the Budget and Taxation Committee and the
Judicial Proceedings Committee)

AMENDMENTS TO SENATE BILL 801

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 6, strike “Secretary” and substitute “Department”; and in line 7, strike “a grant” and substitute “funding”.

AMENDMENT NO. 2

On page 5, in lines 7 and 8 and line 12, in each instance, strike “A GRANT” and substitute “FUNDING”; in lines 7, 11, and 25, in each instance, strike “SECRETARY” and substitute “MARYLAND DEPARTMENT”; strike beginning with “, IN” in line 11 down through “CENTER,” in line 12; in line 13, after “FROM” insert “:

(I)”;

in line 15, after “ARTICLE” insert “;AND

(II) ANY MONEY APPROPRIATED IN THE STATE BUDGET TO THE SPECIAL FUND UNDER SUBSECTION (K) OF THIS SECTION”;

in line 17, strike “OPIOID OPERATIONAL COMMAND CENTER” and substitute “MARYLAND’S OFFICE OF OVERDOSE RESPONSE”; in the same line, after “ON” insert “:

1.”;

in line 20, after “YEAR” insert “:

2. THE TOTAL ITEMIZED COSTS INCURRED FOR MEDICATION-ASSISTED TREATMENT SERVICES BY EACH LOCAL CORRECTIONAL FACILITY; AND

3. ANY OTHER INFORMATION THAT THE MARYLAND DEPARTMENT OF HEALTH REQUIRES;

in line 26, strike “GRANT” and substitute “FUNDING”; after line 28, insert:

“(K) (1) THE GOVERNOR MAY INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION TO THE MARYLAND DEPARTMENT OF HEALTH IN AN AMOUNT SUFFICIENT TO CARRY OUT SUBSECTION (I) OF THIS SECTION.

(2) THE REVENUES FROM AN APPROPRIATION UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE DISTRIBUTED TO THE SPECIAL FUND, TO BE USED ONLY FOR PROVIDING FUNDING EQUAL TO THE COSTS INCURRED BY A COUNTY FOR THE IMPLEMENTATION OF A MEDICATION-ASSISTED TREATMENT PROGRAM IN ACCORDANCE WITH THIS SECTION.”;

and in line 29, strike “(K)” and substitute “(L)”.

On page 7, in line 14, strike “(L)” and substitute “(M)”.

On page 9, in line 11, strike “GRANTS TO”.

MCPA-MSA_SB 801 Medication-Assisted Treatment - SW

Uploaded by: Natasha Mehu

Position: FWA



Maryland Chiefs of Police Association

Maryland Sheriffs' Association



MEMORANDUM

TO: The Honorable Guy Guzzone and William C. Smith, Jr., Chairs and Members of the Senate Budget and Tax Committee and Judicial Proceedings Committee

FROM: Darren Popkin, Executive Director, MCPA-MSA Joint Legislative Committee
Andrea Mansfield, Representative, MCPA-MSA Joint Legislative Committee
Natasha Mehu, Representative, MCPA-MSA Joint Legislative Committee

DATE: February 20, 2024

RE: **SB 801 Correctional Services – Medication–Assisted Treatment**

POSITION: SUPPORT WITH AMENDMENTS

The Maryland Chiefs of Police Association (MCPA) and the Maryland Sheriffs' Association (MSA) **SUPPORT SB 801 WITH AMENDMENTS**. This bill provides much-needed funding for medication-assisted treatment (MAT) in county jails.

SB 801 requires the Secretary of Health to provide grants to each county that equal the costs of the MAT program. To receive this funding, which covers the preceding fiscal year counties must submit an annual report to the Opioid Operational Command Center on the number of days each inmate was provided MAT services. Counties may submit for prior state commitments unfulfilled by State funding in reports submitted before October 1, 2025.

When the legislation creating the MAT program in local jails was initially passed, it was under the understanding that the State would cover the costs of the program. Unfortunately, state funding quickly became inconsistent and unreliable. Costs are regularly shouldered by the locals. This bill strengthens the language requiring state funding for the program and establishes the Opioid Restitution Fund as the source of funding. It also creates a uniform reporting process for keeping track of MAT services and the costs owed to counties. It even includes a mechanism for the state to deduct funding for late reports.

However, the bill contains a provision removing the requirement that each FDA-approved medication for the treatment of opioid use disorder be made available. Limiting the medications available for treatment does not align with best treatment practices and would prevent some inmates from receiving the most appropriate treatment. The bill should be amended to retain the original statutory language.

For these reasons, MCPA and MSA **SUPPORT SB 801 WITH AMENDMENTS** and urge a **FAVORABLE** committee report as amended.

SB 801 - Correctional Serv - MAT - SEN B&T 2-21-24

Uploaded by: State of Maryland

Position: FWA



**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.*

MATOD - 2024 SB 801 FWA - Correctional Services Me

Uploaded by: Teron Powell

Position: FWA



Board of Directors 2023 - 2025

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Silverman Treatment Solutions
tpowell@addictionmedical.net

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www.matod.org

Budget and Taxation Committee Correctional Services – Medication Assisted Treatment February 21, 2024 Support with Amendment of Senate Bill 801

The Maryland Association for the Treatment of Opioid Dependence (MATOD) is a provider and advocacy organization comprised of over 60 healthcare organizations from across the State. Our mission is the promotion of best-practice, high-quality and effective Medication Assisted Treatment (MAT) for opioid use disorder (OUD). Our vision is that all Maryland citizens with OUD can receive desired MAT regardless of their residence.

MATOD strongly supported HB 116 in 2019, which established MAT for incarcerated individuals with OUD with one of the three FDA-approved medications for the treatment of OUD, as well as addiction assessments, counseling, Peer services and re-entry support.

Numerous published studies have documented the life-saving benefits of MAT for OUD during incarceration (referred to as MOUD), including a 61% reduction in overdose mortality after release from Rhode Island Department of Corrections MAT programs, as well as a 61% decrease in overdose deaths after re-entry from the California Department of Corrections and Rehabilitation.

SAMHSA reports numerous studies that determined positive outcomes associated with MOUD during incarceration including fewer incarceration days, fewer disciplinary behaviors during incarceration and decreased recidivism post-release. Upon re-entry, MOUD during incarceration is associated with decreased illicit drug use, decreased overdoses and increased engagement and retention in community-based MAT.

MATOD supports this bill only with the sponsor's amendments. First and foremost, the brackets repealing the FDA-approved medication mandate must be deleted. Those brackets and the removal of the medication mandate defeat the purpose and benefits of the 2019 law. We have no objection to the amendment that clarifies that partial opioid agonists can be transmucosal or long-acting. While we believe that the language in the existing law does not prohibit any specific MOUD formulation, we can support the amendment's clarification.

In addition, MATOD requests an additional amendment that would require local detention centers to examine their health care contracts for inclusion of these services as part of their provision of health care services to people in their custody. Substance use disorder treatment is health care and not extra or optional service. The State and local governments should work toward including Substance Use Disorder services and their costs into their health care contracts. We respectfully request the following Amendment No. 1 on page 11, line 1 by inserting the following:

SECTION 2, AND BE IT FURTHER ENACTED, That facilities shall certify to the Department that they are in health care contracts that include the provision of medication assisted treatment for opioid use disorders and any related counseling, medical and peer services by July 1, 2027. The Department of Health shall provide technical assistance to ensure facilities have the required contracts.

Provided the sponsor's amendment removes the brackets repealing the FDA-approved medication mandate, and considers the above Amendment No.1, MATOD urges a favorable report for SB 801.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

SB 801 MAT Local Correctional Facilities Testimony

Uploaded by: Emma Holcomb

Position: UNF

Disability Rights Maryland
SB 801: Correctional Services- Medication-Assisted Treatment
Senate Budget and Taxation Committee
February 21, 2024
Position: Unfavorable

Disability Rights Maryland (DRM) is the federally-mandated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of persons with disabilities. We supported the institution of medication assisted treatment (MAT) and behavioral health counseling for incarcerated individuals with opioid use disorders in local correctional facilities statewide. MAT, in combination with behavioral health counseling, is a proven method of treating opioid use disorder. We oppose Senate Bill 801 because it would no longer require local correctional facilities to make available at least one formulation of each FDA-approved full opioid agonist, partial opioid agonist, and long-acting opioid antagonist used for the treatment of opioid use disorders. This bill would allow correctional facilities to choose to only supply one or two of the three FDA-approved medication assisted treatment options for opioid use disorder—limiting this essential healthcare treatment, regardless of which formulation an individual was taking before their incarceration or which formulation works best for them.

MAT works best when patients have access to all medication options. All patients are different, and will respond differently to the different medication options (methadone, buprenorphine, and naltrexone)¹. By allowing local correctional facilities to limit treatment options, this bill would effectively deny appropriate healthcare to anyone who does not respond well to whichever option is available where they are incarcerated. Individuals who are incarcerated are already often in crisis, and have no way to seek alternative medical treatment. Denying them the treatment that works for them will only further punish those individuals who are seeking treatment for opioid use disorder.

Medication-assisted treatment for opioid use disorder is healthcare, and as such, denying or restricting access to MAT is considered discrimination on the basis of disability and a violation of the Americans with Disabilities Act. The Department of Justice has shown interest in this issue, and recently reached a settlement with the Unified Judicial System of Pennsylvania about discrimination against individuals taking their prescribed opioid use disorder medication.² By allowing individual correctional facilities the ability to pick and choose which opioid disorder medications they will allow, Maryland will allow them to discriminate about what kinds of treatment they will offer. If a doctor prescribes one kind of medication, because it is the best kind of medication for an individual, should local correctional facilities be allowed to change the prescription?

¹ Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, Centers for Disease Control and Prevention (2018), <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

²Justice Department Secures Agreement with Pennsylvania Courts to Resolve Lawsuit Concerning Discrimination Against People with Opioid Use Disorder, U.S. Department of Justice Office of Public Affairs (Feb. 1, 2024), <https://www.justice.gov/opa/pr/justice-department-secures-agreement-pennsylvania-courts-resolve-lawsuit-concerning>

Maryland's commitment to providing MAT in local correctional facilities is an extremely important step in combating the opioid epidemic. It should not be undercut by limiting the forms of MAT that are available to those who are incarcerated at local correctional facilities. For these reasons, DRM urges this committee to issue an unfavorable report on SB 801. Please contact Em Holcomb, Staff Attorney, at 443-692-2536 or EmH@DisabilityRightsMD.org with any questions.