

GOCPP Supports SB 282.pdf

Uploaded by: Bethany Young

Position: FAV

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Governor

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Lieutenant Governor



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Executive Director

TESTIMONY IN SUPPORT OF SENATE BILL 282

February 6, 2024

Bethany Young, Director of Policy and Legislation

The Governor's Office of Crime Prevention and Policy's (GOCPP) role is to advise the Governor on criminal justice strategies, coordinate across public safety agencies, and allocate resources Statewide to support public safety. One of GOCPP's focuses is the implementation of medication-assisted opioid use disorder (MOUD) treatment programs, also known as medication-assisted treatment or MAT programs, in local correctional facilities, as provided in section 9-603 of the Correctional Services Article.

Senate Bill 282 is a modest bill, removing four duplicative data elements required by current law. SB 282 removes the following data reporting requirements from the list of items local jails must report to GOCPP:

- 9-603(j)(5) requires facilities to report the number of incarcerated people diagnosed with opioid use disorder
 - Duplicates 9-603(j)(1), which requires facilities to report the number of incarcerated people diagnosed with a mental health disorder; an opioid use disorder; a non-opioid substance use disorder; and a dual diagnosis of mental health and substance use disorder.
- 9-603(j)(8) requires facilities to report the number of medications and medication-assisted treatments for opioid use disorder provided according to each type of medication and medication-assisted treatment options
 - Duplicates 9-603(j)(4), which requires facilities to report the type and prevalence of medication or medication-assisted treatments for opioid use disorder provided
- 9-603(j)(11) requires facilities to report the number of incarcerated individuals who initiated treatment with medication or medication-assisted treatment for opioid use disorder who were not being treated for opioid use disorder prior to incarceration
 - GOCPP can determine this based on data reported in 9-603(j)(1) described above and (3), which requires facilities to report the number of incarcerated individuals who were receiving medication or medication-assisted treatment for

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opioid use disorder immediately prior to incarceration

- 9–603(j)(14) requires facilities to report the number of incarcerated individuals receiving medication or medication-assisted treatment for opioid use disorder prior to release
 - GOCPP can use data reported in (4) and (13) to address this item
 - 9–603(j)(4) requires facilities to report the type and prevalence of medication or medication-assisted treatments for opioid use disorder provided
 - 9–603(j)(13) requires facilities to report a review and summary of the percent of days, including the average percent, median percent, mode percent, and interquartile range of percent, for incarcerated individuals with opioid use disorder receiving medication or medication-assisted treatment for opioid use disorder as calculated overall and stratified by other factors, such as type of treatment received

GOCPP’s goal is to take steps, however small, to ease the burden of MAT implementation on local correctional facilities and support more efficient and widespread MAT implementation.

Section 9–603 of the Correctional Services Article, the Opioid Use Disorder Examinations and Treatment Act, was a crucial milestone in Maryland’s approach to addressing opioid misuse. The law established programs for opioid use disorder (OUD) screening, evaluations, and treatment in local correctional facilities, contributing significantly to public safety and community well-being.

In our efforts to support MAT implementation, GOCPP collaborated with HealthCare Access Maryland (HCAM) and Health Management Associates (HMA) to provide technical assistance to local correctional facilities. The challenges identified during this collaboration include onerous data collection and reporting requirements, as well as the critical issue of insufficient State funding for complete MAT implementation. The [FY23 Opioid Use Disorder Examinations and Treatment Annual Report](#) describes implementation challenges in detail.

SB282 is a small step toward addressing these challenges and improving statewide MAT implementation in jails and prisons. It is crucial to recognize that incomplete MAT implementation not only hinders our State’s ability to break cycles of addiction and crime but may also run afoul of our legal obligations under federal law, including the Americans with Disabilities Act.

GOCPP urges you to report favorably on Senate Bill 282. By doing so, we can make progress in enhancing public safety, reducing crime and juvenile delinquency, and ensuring the well-being of individuals with opioid use disorder in our correctional facilities.

SB0282-JPR_MACo_SWA.pdf

Uploaded by: Sarah Sample

Position: FWA



Senate Bill 282

Correctional Services – Local Detention Centers – Reporting on Opioid Use Disorder

MACo Position: **SUPPORT**
WITH AMENDMENTS

To: Judicial Proceedings Committee

Date: February 6, 2024

From: Sarah Sample

The Maryland Association of Counties (MACo) **SUPPORTS SB 282 WITH AMENDMENTS**. This bill clarifies reporting requirements for local detention centers providing medication-assisted treatment (MAT) to incarcerated individuals with an opioid use disorder. It does so by eliminating four reporting redundancies from the original medication-assisted treatment mandate. **MACo amendments would support these important services with proper funding.**

Counties appreciate the agency's effort to streamline some of the reporting mandates, so that more time can be spent on the care of the individuals. Providing services for inmates with an opioid use disorder requires resources and efficiency. This bill removes some barriers to that outcome and facilitates better collaboration with the State as Maryland works toward minimizing the number of opioid overdose fatalities.

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. **MACo amendments would address this disconnect between funding and policy, and extend these services with proper support.**

Counties believe MAT services for incarcerated individuals are a necessary component to curbing the number of overall opioid fatalities. However, it cannot be done if the resources are not available. State and local government agencies, non-profits, and community-based stakeholders all agree: sustainable funding from the State is necessary in providing these services. Local governments support the procedural clarifications presented in SB 282, but believe – after five years of uncertainty – it is an appropriate time to address the funding challenges that have hindered implementation.

Counties propose the below amendments to specify 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. While counties appreciate the effort to repair elements from the original MAT legislation, the effort must also address the required state funding. For this reason, **MACo urges a FAVORABLE WITH AMENDMENTS report on SB 282** (amendments detailed on next page).

AMENDMENTS OFFERED BY MACo

On page 4, line 32, remove:

[As provided in the State budget,]

On page 4, after line 34 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.

(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.”