

HB1066 - Senate_FAV_MedChi, GWSCSW_Comm. BH Care T

Uploaded by: Christine Krone

Position: FAV



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Senate Finance Committee
March 25, 2025

House Bill 1066 – *Commission on Behavioral Health Care Treatment and Access – Membership and Workgroups*
POSITION: SUPPORT

On behalf of MedChi, The Maryland State Medical Society and the Greater Washington Society for Clinical Social Work, we submit this letter of support for House Bill 1066.

House Bill 1066 strengthens Maryland's response to behavioral health needs by expanding the membership of the Commission on Behavioral Health Care Treatment and Access and establishing a dedicated workgroup to address health, social, and economic outcomes related to substance use. By incorporating representatives with expertise in harm reduction, housing for individuals with substance use disorders (SUD), healthcare for individuals experiencing homelessness, and drug policy reform, the Commission will be better equipped to address the complex needs of patients. Additionally, the inclusion of individuals with lived experiences, such as those who have sought treatment while incarcerated or participated in drug court programs, ensures that policy recommendations are grounded in real-world challenges and solutions.

Addressing SUD is not just a matter of clinical care but of creating a system that integrates medical treatment, social supports, and harm reduction strategies. Expanding the Commission's membership ensures that those who understand both the science of addiction and the social determinants of health have a voice in shaping policy. Mental health and SUD are deeply interconnected, and separating their treatment leads to fragmented care. By fully integrating SUD within the broader behavioral health framework, Maryland can reduce barriers to evidence-based treatment, improve continuity of care, and promote better outcomes for individuals with co-occurring disorders.

We urge the Committee to vote favorably on House Bill 1066 to strengthen Maryland's behavioral health system, improve patient care, and advance a compassionate, evidence-based approach to substance use treatment.

For more information call:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
410-244-7000

HB 1066_BH Commission SUD WG_Crossover_BHSB FAVORA

Uploaded by: Dan Rabbitt

Position: FAV



March 25, 2025

**Senate Finance Committee
TESTIMONY IN SUPPORT**

HB 1066 - Commission on Behavioral Health Care Treatment and Access - Membership and Workgroups

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore supports HB1066 - Commission on Behavioral Health Care Treatment and Access - Membership and Workgroups. This would add an additional workgroup to the mandate of the Commission that would focus on substance use. This issue is of paramount importance but has not been adequately addressed thus far in the Commission’s work. Adding an additional work group is a commonsense way to ensure this important stakeholder group is reviewing these issues.

Issues related to substance use are significant drivers of costs in both the public behavioral health system and the criminal justice system. Substance use services cost over \$200 million each year in Baltimore City alone and make up around 1/3 of the costs in the public behavioral health system. Drug offenses also represent a significant number of arrests, prison admissions and state costs.

It is essential for the state to consider the effectiveness of these various approaches and investments. There is considerable debate around the effectiveness of arrest and criminal sanctions in helping individuals struggling with substance use disorder. Many see justice involvement as a helpful motivator for an individual to make the changes in their life to achieve recovery. Many others see the carceral system as fundamentally traumatic and disruptive to the bonds and supports needed to achieve recovery. BHSB tends to view harm reduction approaches that aim to improve public health and build relationships with people using drugs as a more effective intervention than court ordered treatment, but we admit there are differing views. A work group to review these different approaches and share recommendations would help policy makers to better understand these dichotomies.

It is reasonable and constructive for the Commission on Behavioral Health Care Treatment and Access to review how best to address substance use in our state and to provide recommendations. **We urge the Senate Finance Committee to support HB1146.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

DRMtestimony.HB1066.Senate.pdf

Uploaded by: Leslie Margolis

Position: FAV



Empowering People to Lead Systemic Change
The Protection and Advocacy System for the State of Maryland

1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
DisabilityRightsMD.org

SENATE FINANCE COMMITTEE

House Bill 1066: Commission on Behavioral Health Care Treatment and Access—Workgroups

Date: March 25, 2025

Position: Support

Disability Rights Maryland (DRM) is the protection and advocacy organization for the State of Maryland; the mission of the organization, part of a national network of similar agencies, is to advance the civil rights of people with disabilities throughout the state. DRM submits this testimony in support of House Bill 1066, which would require a new Commission on Behavioral Health Care Treatment and Access workgroup focused on improvement of health, social, and economic outcomes related to substance use. As an appointed member of the Commission, DRM appreciates the focus of the required workgroup on improvement of health, social and economic outcomes related to substance use. Adding a substance use workgroup to the Commission should result in a more holistic approach to mental health policymaking in Maryland. For this reason, DRM supports House Bill 1066.

DRM hopes the workgroup will include individuals with lived experience and a provider of harm reduction services; their perspectives will be key to the work of the group.

Contact: Leslie Seid Margolis, lesliem@disabilityrightsmd.org or 443-692-2505.

Respectfully submitted,

Leslie Seid Margolis
Managing Attorney and Policy Counsel

Hilliard MD HB 1066 Testimony (3_25_25) (1).pdf

Uploaded by: Mike Hilliard

Position: FAV



LAW ENFORCEMENT ACTION PARTNERSHIP

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Staffordshire Moorlands, England
LEAP UK

Date: March 25, 2025

Re: HB 1066 - Commission on Behavioral Health Care Treatment and Access -
Membership and Workgroups

Position: SUPPORT

To: Maryland Senate Finance Committee

Distinguished Members of the Committee,

My name is Mike Hilliard, and I am submitting testimony on behalf of myself, as a retired Major with the Baltimore City Police Department, and as a speaker for the Law Enforcement Action Partnership (LEAP). Thank you for the opportunity to express my support for Maryland HB 1066, which would establish a workgroup to examine the accessibility and outcomes of treatment received through the criminal justice system, to be housed under the Commission on Behavioral Health Care Treatment and Access. I believe this legislation is crucial to gain a better understanding of the effectiveness of court-referred substance-use treatment, so that we can better align these resources toward public health and safety, equity, and fiscal responsibility.

The Law Enforcement Action Partnership (LEAP) is a nonprofit group of police, prosecutors, judges, and other criminal justice professionals who speak from firsthand experience. Our mission is to make communities safer by focusing law enforcement resources on the greatest threats to public safety, promoting alternatives to arrest and incarceration, addressing the root causes of crime, and working toward healing police-community relations.

Throughout my 27-year policing career with the Baltimore Police Department, I saw the devastating effects substance-use disorders have on individuals and their communities. Heroin use was a crisis in Baltimore when I began as a patrol officer. Now, amid the explosion of fentanyl into the drug supply, overdoses are higher than ever before. Addiction and the overdose epidemic present serious threats to both

LawEnforcementActionPartnership.org

Formerly known as Law Enforcement Against Prohibition to th

public health and safety. The criminal justice system has a role to play in confronting these issues, but we must ensure that we are offering solutions that genuinely set people up for success, not failure.

The new workgroup outlined in HB 1066 would investigate the effectiveness and accessibility of court-referred substance-use treatment and recovery support, including programs that offer housing and employment. This workgroup would also explore the extent to which individuals within the criminal justice system are directed to these services and how their treatment outcomes compare to voluntary treatment. Additionally, this group would examine the financial cost of criminal justice interventions for substance use.

By creating a comprehensive, evidence-based understanding of how our current system operates, this workgroup would be able to provide informed recommendations to make mandated substance-use treatment programs more effective at reducing recidivism, enhancing health outcomes, promoting racial equity, and reducing costs to the state and local government.

Existing data on court-referred treatment programs has shown that [outcomes vary greatly by race](#), highlighting one area of particular concern. Black and Hispanic individuals who are referred to treatment by the courts are less likely to complete programs and more likely to face reincarceration compared to their white counterparts. These disparities raise questions about the equity and effectiveness of our current approaches, contributing to further distrust of the justice system among communities of color, who may view this as another example of its [uneven treatment based on race](#).

The transparency and accountability measures within HB 1066 could help rebuild community trust in the justice system by ensuring that we are not investing taxpayer dollars in ineffective or racially biased programs. As law enforcement, we know that we are only as strong as our relationships with the public. System wide, the research underscores that having trust from the people we serve [directly impacts public safety](#). We can only prevent, detect, and solve crime if witnesses and victims are willing to come forward to report criminal activity and work with us to address it. If people see lawmakers taking steps to improve current practices to be more effective and equitable, they will be more likely to assist us in our efforts to uphold safety and justice.

In sum, HB 1066 provides us with a critical opportunity to review and improve Maryland's court-referred treatment programs, which will help us ensure that we are effectively and efficiently using our finite resources to improve public health and safety. As retired law enforcement, I urge the House Health and Government Operations Committee to support this important legislation.

Respectfully,

Major Mike Hilliard (Ret.)
Baltimore Police Department
Speaker, Law Enforcement Action Partnership

LawEnforcementActionPartnership.org

Formerly known as Law Enforcement Against Prohibition

NCADD-MD - 2025 HB 1066 FAV - Behavioral Health Wo

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee

March 25, 2025

House Bill 1066

Commission on Behavioral Health Care Treatment and Access – Workgroups

Support

NCADD-Maryland supports House Bill 1066. Creating a Workgroup on the Improvement of Health, Social, and Economic Outcomes Related to Substance Use would bring needed focus to the work of the Behavioral Health Commission. The research is clear that addressing substance use disorders (SUDs) has tremendous outcomes, including lower health care system costs, higher workplace productivity, healthier family relationships, and improved mental and physical health.

It is also shown that addressing SUDs lowers crime rates and incarceration. This has positive impacts on communities, and saves money. Recent policy discussions have included criminal justice approaches to dealing with SUD, which are more expensive and have unintended public health consequences. There are also policy discussions promoting less law enforcement involvement with people who use drugs as a way to better engage people in systems that provide support in various ways, including treatment.

The items related to substance use and the criminal justice system could lead to recommendations that better align Maryland's policies and programs with evidence-based approaches that have long-lasting positive impacts on individuals, families and communities. We therefore request a favorable report.

HB1066 - Ruth - Sponsor Testimony Finance - FAV.do

Uploaded by: S Ruth

Position: FAV



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

SPONSOR TESTIMONY IN SUPPORT OF HB1066
(COMMISSION ON BEHAVIORAL HEALTH CARE TREATMENT AND ACCESS -
MEMBERSHIP AND WORK GROUPS)

Delegate Sheila Ruth
March 25, 2025

By now, it is impossible to deny that substance use is a public health crisis - one does not need to wait long to see another heartbreaking story in the news of just how badly it has affected our state. It is difficult to find anyone who has not been touched by this epidemic - whether they have experienced it first-hand, or have loved ones who are suffering.

People with substance use disorders (SUDs) need treatment that not only works in helping them overcome addiction, but holistically helps them thrive in our society once again. We can all agree that our goal is to reduce substance use and the harms associated with it, and improve public health and safety. To do that, we must first truly understand the best ways to treat and then support those with SUDs, rather than simply treating them as criminals.

HB1066 aims to do so by creating a new workgroup in Maryland's Commission on Behavioral Health Care Treatment and Access that would study the ever-pressing issue of substance use in our state and recommend the best ways to address them.

The Commission on Behavioral Health Care Treatment and Access currently has four existing workgroups: one regarding geriatric behavioral health, one regarding youth behavioral health and those with developmental disabilities and/or complex behavioral health needs, one regarding criminal justice-involved behavioral health, and one regarding behavioral health workforce development, infrastructure, coordination, and financing. These are all important groups that provide us with crucial information we need to help our fellow Marylanders. However, substance use is a complex issue that cannot fit neatly into one of these existing workgroups. Although substance use is generally covered under the "Behavioral Health" umbrella, its needs vary enough from other behavioral health aspects that I believe it requires specific focus to ensure that we are achieving the best outcomes, particularly given the massive crisis we are facing now. Further, it's my understanding that the Commission has not been able to give much attention specifically to substance use.

As such, this bill would add a fifth workgroup regarding the improvement of health, social, and economic outcomes related to substance use. This workgroup would evaluate the availability, affordability, and

accessibility of treatments and recovery support services (including housing and employment support) for those with SUDs in the State of Maryland, and the various effects the intervention of the criminal justice system has on these services and those who utilize them, such as:

- How many individuals are directed to the above services by the criminal justice system;
- The health outcomes of individuals who have received the above services after being mandated by the criminal justice system versus those who sought them voluntarily, including a review of current research on the efficacy of voluntary versus criminal justice system mandated treatment;
- The impact of current criminal justice involvement related to substance use on the health and well-being of individuals, their families, and their communities;
- The fiscal impact to the state and local governments resulting from current criminal justice involvement related to substance use;
- The equitability of how current criminal justice involvement related to substance use is applied; and
- The availability and accessibility of data on the above issues.

Ultimately, the workgroup would be charged with making any recommendations it deems necessary regarding potential alterations to state laws, policies, and practices in order to mitigate the harms related to the criminalization of substance use, with the end goal being improving the public health, safety, and well-being of the people of Maryland.

The bill as originally introduced would have added additional members to the Commission on Behavioral Health Care Treatment and Access to represent organizations with expertise in substance use and individuals with lived experience. The House Health and Government Operations Committee amended out that section so as not to burden an already large commission with additional members.

We need to recognize that those requiring help with substance use related issues need real support and deserve to be treated with dignity and respect - as the fellow members of our communities they are. That recognition requires an understanding of their needs - of what really works and what really does not - and a workgroup studying just that is the first step we need to take.

I ask for a favorable report on HB1066.

MASDP_Senate Testimony on HB1066 (Workgroup)_Favor

Uploaded by: Thomas Higdon

Position: FAV



Maryland Alliance for Sensible Drug Policy

LIVED EXPERIENCE. REAL SOLUTIONS.

P.O. Box 11, Butler, MD 21023 | 443.338.0766 | www.masdp.org

March 25, 2025

Senator Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

**RE: House Bill 1066 (Commission on Behavioral Health Care Treatment and Access -
Membership and Workgroups) – FAVORABLE**

Dear Chair Beidle, Vice Chair Hayes, and Committee Members,

The undersigned organizations respectfully submit this letter in support of House Bill 1066, which would create an additional workgroup under the existing Commission on Behavioral Health Care Treatment and Access, created in 2022 by the passage of SB852/HB1148. This workgroup will review the impacts of treatment delivered within the criminal justice system versus treatment sought on a voluntary basis.

The need for this review

Our state's current policies are based on the assumption that court referred treatment is an effective way to address use of illicit substances, however, the existing literature on this topic is limited and mixed – some studies show positive results, other show no effect, and some indicate adverse consequences.¹ One consistent finding is that the court-referred treatment outcomes differ by race. Clients who are people of color and are referred to treatment by the court are less likely to graduate from the program and more likely to be reincarnated than their white

¹ D. Werb, A. Kamarulzaman, M.C. Meacham, C. Rafful, B. Fischer, S.A. Stratthdee, E. Wood, The effectiveness of compulsory drug treatment: A systematic review, International Journal of Drug Policy, Volume 28, 2016, <https://doi.org/10.1016/j.drugpo.2015.12.005>; see also Massachusetts Department of Health, An Assessment of Opioid-Related Deaths in Massachusetts (2013-2014) available at <https://www.mass.gov/doc/legislative-report-chapter-55-opioid-overdose-study-september-2016/download> (finding that patients were twice as likely to die of an overdose following court mandated treatment compared to those who entered treatment voluntarily).

counterparts.² These findings raise significant equity concerns of court-referred treatment outcomes. Since the effects of the criminal justice system on people's lives, their families, and societies are so significant, it is crucial to look at these issues holistically.

House Bill 1066 creates a new workgroup to explore these, and related issues:

- The general availability and accessibility of treatment and recovery support, including housing and employment support;
- The extent to which individuals are directed to these services through the criminal justice system;
- The outcomes for individuals who receive these services, disaggregated by whether the services were sought voluntarily or referred by the criminal justice system;
- The broader impacts of criminal justice involvement related to substance use on individuals, families, and communities;
- The financial cost to the state and local governments resulting from criminal justice involvement related to substance use; and
- The effectiveness of voluntary treatment compared to coerced treatment.

Responding to the MDH's concerns

In their letter to the Health and Government Operations Committee, dated March 5, 2025, the Maryland Department of Health stated that “the work currently being conducted by the Commission and its existing workgroup adequately addresses the relationship between substance use disorder and the criminal justice system.” However, having reviewed all the Commission’s publicly available materials, we are concerned that these issues are not being adequately addressed. For instance, the Workgroup on Criminal Justice-Involved Behavioral Health discussed substance use related issues during its first meeting on December 8, 2023, but there is no indication that these topics have been revisited. Instead, the group's 2024 meetings focused on competency to stand trial, assisted outpatient psychiatric treatment, and the problems of the state’s psychiatric hospitals. This is not a criticism of the Commission or its workgroups, which are doing important and demanding work. It is understandable that substance use disorder may not receive sustained attention, given the vast scope of behavioral health issues they are addressing. Nevertheless, this gap highlights the importance of establishing a dedicated workgroup on substance use.

By creating a comprehensive, evidence-based understanding of how our current system addresses substance use, we will be better able to make informed changes to that system. This has the potential of not only improving health outcomes, but also reducing recidivism, decreasing racial disparities, and reducing costs to state and local government.

² McKean, J., & Warren-Gordon, K. (2011). Racial Differences in Graduation Rates From Adult Drug Treatment Courts. *Journal of Ethnicity in Criminal Justice*, 9(1), 41–55. <https://doi.org/10.1080/15377938.2011.535469>; Brown, R., Systematic review of the impact of adult drug-treatment courts, *Translational Research*, Volume 155, Issue 6, 2010, Pages 263-274, <https://doi.org/10.1016/j.trsl.2010.03.001>; *Journal for Advancing Justice*, Volume I, Identifying and Rectifying Racial, Ethnic, and Gender Disparities in Treatment Courts (2018) available at <https://nyatcp.org/assets/pdfs/powerpoints2020/AJ-Journal.pdf#page=15>.

For these reasons, **we respectfully urge the Finance Committee to give House Bill 1066 a favorable report.**

Sincerely,

Thomas C. Higdon
Executive Director

and the undersigned organizations:

Behavioral Health System Baltimore (BHSB)
Citizens Opposing Prohibition (COP)
Law Enforcement Action Partnership (LEAP)
Maryland-DC Society of Addiction Medicine (MDDCSAM)
Maryland Office of the Public Defender
Maryland Peer Advisory Council (MPAC)
MedChi, The Maryland State Medical Society
NAMI Maryland, National Alliance on Mental Illness
National Council on Alcoholism and Drug Dependence of Maryland (NCADD-MD)
University of Baltimore School of Law, Center for Criminal Justice Reform

HB 1066 - MDH - FIN -LOI.docx (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, Dr.PH, Acting Secretary

March 25, 2025

Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: House Bill (HB) 1066 – Commission on Behavioral Health Care Treatment and Access - Membership and Workgroups – Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for House Bill (HB) 1066, Commission on Behavioral Health Care Treatment and Access – Membership and Workgroups. HB 1066 proposes the establishment of an additional workgroup focused on improving health, social, and economic outcomes related to substance use disorders. This workgroup would specifically examine treatment data, recovery support services, and the intersection of substance use disorder with the criminal justice system. Furthermore, the workgroup would explore the fiscal impact of the criminal justice system on substance use disorders and recommend changes to state laws, policies, and practices aimed at reducing the criminalization of substance use.

As an alternative to creating a new workgroup, the Department believes that these reporting components can be included in the report completed by the Commission's workgroup on Criminal Justice-Involved Behavioral Health, which includes members with the expertise to evaluate and make recommendations on each of the areas currently detailed in HB 1066. The Commission currently uses 12 staff to manage the administrative duties of the Commission and workgroups. Each workgroup needs 2-3 staff to function properly and ensure participation, documentation, and reporting of key discussions and recommendations back to the larger Commission. All Commission staff also contribute to facilitating the bi-monthly joint meetings which include planning sessions, drafting presentations, and ensuring proper documentation and public posting of information in accordance with the Maryland Open Meetings Act. Consolidating these requirements within an existing workgroup would allow the Department and Commission to provide recommendations more effectively. As such, we have provided suggested amendment language below to reflect this alternative.

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,

A handwritten signature in blue ink that reads "Ryan B. Moran".

Ryan Moran, Dr. P.H., MHSA

Acting Secretary

AMENDMENTS TO HOUSE BILL 1066

On page 5, line 19 strike starting with “AND” through line 21.

On page 5, on line 22, strike “(5)” and replace with “(3)”.