

# HOUSE BILL 116

J1, E4

(9lr0775)

## ENROLLED BILL

— Judiciary and Health and Government Operations/Finance —

Introduced by **Delegates Barron, Sydnor, and Pena-Melnyk**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Public Health – Correctional Services – Opioid Use Disorder Examinations and**  
3 **Treatment**

4 FOR the purpose of ~~repealing the requirement for a certain inmate to be placed on a~~  
5 ~~properly supervised program of methadone detoxification under certain~~  
6 ~~circumstances~~; requiring ~~State and~~ local correctional facilities to conduct certain  
7 assessments and examinations of inmates to determine whether certain opioid  
8 treatment or medication-assisted treatment for opioid addiction is appropriate  
9 under certain circumstances; requiring ~~State and~~ local correctional facilities to  
10 provide medication-assisted treatment, behavioral health counseling, and access to  
11 peer recovery specialists to inmates suffering from opioid use disorder under certain  
12 circumstances; requiring local correctional facilities to make available at least  
13 certain treatments; requiring State and local correctional facilities to evaluate and  
14 offer certain treatment to pregnant women with an opioid use disorder as soon as  
15 practicable; authorizing inmates to participate in peer recovery specialist training

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#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics indicate opposite chamber/conference committee amendments.*



1 under certain circumstances; establishing certain procedures and standards to  
 2 determine opioid use disorder and treatment of addicted inmates; repealing the  
 3 requirement for the State to fund a certain program of methadone detoxification;  
 4 requiring the State to fund a certain program of opioid use disorder screening,  
 5 examination, and treatment; requiring the ~~Maryland Commission on Correctional~~  
 6 ~~Standards~~ Governor's Office of Crime Control and Prevention to report to the  
 7 Maryland General Assembly on certain information regarding the examination and  
 8 treatment outcomes of inmates with an opioid use disorder; requiring the ~~Maryland~~  
 9 ~~Commission on Correctional Standards and~~ Department of Public Safety and  
 10 Correctional Services and the Maryland Department of Health to develop a timetable  
 11 in accordance with medical best practices, for all inmates to receive assessments,  
 12 examinations, or treatment; requiring the Governor's Office of Crime Control and  
 13 Prevention, the Maryland Department of Health, and the Maryland Correctional  
 14 Administrators Association to evaluate the implementation of certain provisions of  
 15 this Act and make a certain determination; requiring the Department of Public  
 16 Safety and Correctional Services to make a certain report to certain committees  
 17 under certain circumstances; requiring the Department of Public Safety and  
 18 Correctional Services to establish a certain program, beginning on or before a certain  
 19 date; requiring the Governor's Office of Crime Control and Prevention, the  
 20 Department of Public Safety and Correctional Services, and the Maryland  
 21 Department of Health to apply for federal funding to support the implementation of  
 22 this Act and make a certain report; providing for the construction of this Act;  
 23 providing for the application of certain provisions of this Act; providing for the  
 24 termination of certain provisions of this Act; defining certain terms; and generally  
 25 relating to opioid use disorder examinations and treatment of inmates.

26 BY repealing and reenacting, with amendments,  
 27 Article – Correctional Services  
 28 Section 9–603  
 29 Annotated Code of Maryland  
 30 (2017 Replacement Volume and 2018 Supplement)

31 BY adding to  
 32 Article – Correctional Services  
 33 Section 9–603.1  
 34 Annotated Code of Maryland  
 35 (2017 Replacement Volume and 2018 Supplement)

36 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
 37 That the Laws of Maryland read as follows:

### 38 Article – Correctional Services

39 9–603.

40 (A) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE  
 41 REQUIREMENTS UNDER THIS SECTION SHALL APPLY TO:

1 (I) LOCAL DETENTION CENTERS IN THE FOLLOWING COUNTIES  
 2 BY JANUARY 1, 2020:

- 3 1. HOWARD COUNTY;
- 4 2. MONTGOMERY COUNTY;
- 5 3. PRINCE GEORGE'S COUNTY; AND
- 6 4. ST. MARY'S COUNTY; AND

7 (II) LOCAL DETENTION CENTERS IN SIX ADDITIONAL COUNTIES  
 8 BY OCTOBER 1, 2021.

9 (2) (I) THE GOVERNOR'S OFFICE OF CRIME CONTROL AND  
 10 PREVENTION, THE MARYLAND DEPARTMENT OF HEALTH, AND THE MARYLAND  
 11 CORRECTIONAL ADMINISTRATORS ASSOCIATION SHALL EVALUATE THE  
 12 IMPLEMENTATION OF THE REQUIREMENTS OF THIS SECTION AND DETERMINE A  
 13 SCHEDULE TO ADD ADDITIONAL COUNTIES, PROVIDED THAT THE PROVISIONS OF  
 14 THIS SECTION SHALL APPLY TO ALL LOCAL DETENTION CENTERS AND THE  
 15 BALTIMORE PRE-TRIAL COMPLEX BY JANUARY 2023.

16 (II) IF THE BALTIMORE PRE-TRIAL COMPLEX HAS NOT FULLY  
 17 IMPLEMENTED THE PROVISIONS OF THIS SECTION BY JANUARY 2023, THE  
 18 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES SHALL REPORT  
 19 TO THE SENATE FINANCE COMMITTEE AND THE HOUSE JUDICIARY COMMITTEE, IN  
 20 ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, ON THE  
 21 STATUS AND TIMELINE OF IMPLEMENTATION.

22 (III) FUNDING FOR THE PROGRAM AT THE BALTIMORE  
 23 PRE-TRIAL COMPLEX SHALL BE AS PROVIDED IN THE STATE BUDGET.

24 ~~[(a) An inmate in a State or local correctional facility shall be placed on a properly~~  
 25 ~~supervised program of methadone detoxification if:~~

- 26 ~~(1) a physician determines that the inmate is an addict;~~
- 27 ~~(2) the treatment is prescribed by a physician; and~~
- 28 ~~(3) the inmate consents in writing to the treatment.]~~

29 ~~(A)~~ (B) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE  
 30 MEANINGS INDICATED.

1 (2) "HEALTH CARE PRACTITIONER" MEANS:

2 ~~(I) A PHYSICIAN AUTHORIZED BY LAW TO PRACTICE MEDICINE~~  
 3 ~~IN THE STATE, AS DEFINED UNDER § 14-101 OF THE HEALTH OCCUPATIONS~~  
 4 ~~ARTICLE;~~

5 ~~(II) A PHYSICIAN'S ASSISTANT LICENSED TO ACT AS AN~~  
 6 ~~ASSISTANT TO A LICENSED PHYSICIAN UNDER TITLE 15 OF THE HEALTH~~  
 7 ~~OCCUPATIONS ARTICLE; OR~~

8 ~~(III) A NURSE PRACTITIONER, AS DEFINED UNDER § 8-508 OF~~  
 9 ~~THE HEALTH OCCUPATIONS ARTICLE~~ AN INDIVIDUAL WHO IS LICENSED,  
 10 CERTIFIED, OR OTHERWISE AUTHORIZED TO PRACTICE UNDER THE HEALTH  
 11 OCCUPATIONS ARTICLE.

12 (3) "INMATE" MEANS AN INDIVIDUAL CONFINED WITHIN A LOCAL  
 13 CORRECTIONAL FACILITY.

14 ~~(3) (4)~~ "MEDICATION" MEANS A MEDICATION APPROVED BY THE  
 15 FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE  
 16 DISORDER.

17 ~~(4) (5)~~ "MEDICATION-ASSISTED TREATMENT" MEANS THE USE OF  
 18 MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH  
 19 THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE  
 20 DISORDER.

21 ~~(5) (6)~~ "OPIOID USE DISORDER" MEANS A MEDICALLY DIAGNOSED  
 22 PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES SIGNIFICANT IMPAIRMENT  
 23 OR DISTRESS.

24 ~~(6) (7)~~ "PEER RECOVERY SPECIALIST" MEANS AN INDIVIDUAL ~~IN~~  
 25 ~~RECOVERY FOR OPIOID USE DISORDER~~ WHO HAS BEEN CERTIFIED BY AN ENTITY  
 26 APPROVED BY THE MARYLAND DEPARTMENT OF HEALTH FOR THE PURPOSE OF  
 27 PROVIDING PEER SUPPORT SERVICES, AS DEFINED UNDER § 7.5-101(N) OF THE  
 28 HEALTH - GENERAL ARTICLE.

29 [(a)] (C) An inmate in a State or local correctional facility shall be placed on a  
 30 properly supervised program of methadone detoxification if:

31 (1) a physician determines that the inmate is [an addict] A PERSON WITH  
 32 AN OPIOID USE DISORDER;

1           (2)    the treatment is prescribed by a physician; and

2           (3)    the inmate consents in writing to the treatment.

3           ~~(B) (D)~~   (1)   ~~(F)~~   EACH ~~STATE OR~~ LOCAL CORRECTIONAL FACILITY  
4 SHALL CONDUCT AN ASSESSMENT OF THE MENTAL HEALTH AND SUBSTANCE USE  
5 STATUS OF EACH INMATE ~~WITHIN 24 HOURS AFTER INCARCERATION, INCLUDING~~  
6 ~~PRETRIAL INCARCERATION, USING GUIDELINES AND CRITERIA APPROVED BY THE~~  
7 ~~BEHAVIORAL HEALTH ADMINISTRATION WITHIN THE MARYLAND DEPARTMENT OF~~  
8 ~~HEALTH~~ USING EVIDENCE-BASED SCREENINGS AND ASSESSMENTS, TO DETERMINE:

9                           ~~1.~~ (I) IF THE MEDICAL DIAGNOSIS OF AN OPIOID USE  
10 DISORDER IS APPROPRIATE; AND

11                           ~~2.~~ (II) IF       MEDICATION-ASSISTED       TREATMENT       IS  
12 APPROPRIATE.

13                           ~~(H)~~   ~~AN ASSESSMENT UNDER SUBPARAGRAPH (I) OF THIS~~  
14 ~~PARAGRAPH SHALL BE CONDUCTED USING GUIDELINES AND CRITERIA APPROVED~~  
15 ~~BY THE BEHAVIORAL HEALTH ADMINISTRATION WITHIN THE MARYLAND~~  
16 ~~DEPARTMENT OF HEALTH.~~

17           (2)    IF AN ASSESSMENT CONDUCTED UNDER PARAGRAPH (1) OF THIS  
18 SUBSECTION INDICATES OPIOID USE DISORDER, ~~A PHYSICAL EXAMINATION AN~~  
19 EVALUATION OF THE INMATE SHALL BE CONDUCTED BY A HEALTH CARE  
20 PRACTITIONER WITH PRESCRIPTIVE AUTHORITY AUTHORIZED UNDER TITLE 8,  
21 TITLE 14, OR TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE.

22           (3)    INFORMATION SHALL BE PROVIDED TO THE INMATE DESCRIBING  
23 MEDICATION OPTIONS USED IN MEDICATION-ASSISTED TREATMENT.

24           ~~(3)~~ (4)       MEDICATION-ASSISTED TREATMENT SHALL BE AVAILABLE  
25 TO AN INMATE FOR WHOM SUCH TREATMENT IS DETERMINED TO BE APPROPRIATE  
26 UNDER THIS SUBSECTION.

27           (5)    EACH LOCAL CORRECTIONAL FACILITY SHALL MAKE AVAILABLE  
28 AT LEAST ONE FORMULATION OF EACH FDA-APPROVED FULL OPIOID AGONIST,  
29 PARTIAL OPIOID AGONIST, AND LONG-ACTING OPIOID ANTAGONIST USED FOR THE  
30 TREATMENT OF OPIOID USE DISORDERS.

31           (6)    EACH PREGNANT WOMAN IDENTIFIED WITH AN OPIOID USE  
32 DISORDER SHALL RECEIVE EVALUATION AND BE OFFERED MEDICATION-ASSISTED  
33 TREATMENT AS SOON AS PRACTICABLE.

1        ~~(c)~~ (E)        EACH STATE AND LOCAL CORRECTIONAL FACILITY SHALL:

2                    (1) FOLLOWING AN ASSESSMENT USING CLINICAL GUIDELINES FOR  
3 MEDICATION-ASSISTED TREATMENT:

4                    ~~(1) (I) MAKE MEDICATION ASSISTED TREATMENT AVAILABLE~~  
5 ~~WITHIN 24 HOURS AFTER INCARCERATION TO ANY INMATE, INCLUDING INMATES~~  
6 ~~INCARCERATED PRETRIAL, FOR WHOM SUCH TREATMENT IS FOUND TO BE~~  
7 ~~APPROPRIATE UNDER SUBSECTION (B) OF THIS SECTION; MAKE MEDICATION~~  
8 AVAILABLE BY A QUALIFIED PROVIDER TO THE INMATE; OR

9                    (II) BEGIN WITHDRAWAL MANAGEMENT SERVICES PRIOR TO  
10 ADMINISTRATION OF MEDICATION;

11                    ~~(2) MAINTAIN OR PROVIDE FOR THE CAPACITY TO POSSESS,~~  
12 ~~DISPENSE, AND ADMINISTER MEDICATION FOR USE IN OPIOID TREATMENT THERAPY~~  
13 MAKE AVAILABLE AND ADMINISTER MEDICATIONS FOR THE TREATMENT OF OPIOID  
14 USE DISORDER;

15                    (3) PROVIDE BEHAVIORAL HEALTH COUNSELING FOR INMATES  
16 DIAGNOSED WITH OPIOID USE DISORDER CONSISTENT WITH THERAPEUTIC  
17 STANDARDS FOR SUCH THERAPIES IN A COMMUNITY SETTING;

18                    (4) PROVIDE ACCESS TO A HEALTH CARE PRACTITIONER ~~LICENSED AS~~  
19 ~~A DRUG ADDICTION TREATMENT ACT WAIVER PRACTITIONER UNDER THE FEDERAL~~  
20 ~~COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016~~ WHO CAN PROVIDE  
21 ACCESS TO ALL FDA-APPROVED MEDICATIONS FOR THE TREATMENT OF OPIOID  
22 USE DISORDERS; AND

23                    (5) PROVIDE ON-PREMISES ACCESS TO PEER RECOVERY  
24 SPECIALISTS.

25                    ~~(D) IF AN INMATE IS DIAGNOSED WITH OPIOID USE DISORDER AND ELIGIBLE~~  
26 ~~FOR WORK RELEASE OR LEAVE, A STATE OR LOCAL CORRECTIONAL FACILITY SHALL~~  
27 ~~PAY THE COSTS FOR THE INMATE SEEKING PEER RECOVERY SPECIALIST~~  
28 ~~CERTIFICATION FROM AN ENTITY APPROVED BY THE MARYLAND DEPARTMENT OF~~  
29 ~~HEALTH FOR THE PURPOSE OF TRAINING INDIVIDUALS ON PEER SUPPORT~~  
30 ~~SERVICES, AS DEFINED UNDER § 7.5-101 OF THE HEALTH GENERAL ARTICLE.~~

31                    ~~(E)~~ (F)        ~~THE MARYLAND DEPARTMENT OF HEALTH SHALL DETERMINE~~  
32 ~~WHETHER~~ IF AN INMATE RECEIVED MEDICATION OR MEDICATION-ASSISTED  
33 TREATMENT FOR OPIOID USE DISORDER IMMEDIATELY PRECEDING OR DURING THE  
34 INMATE'S INCARCERATION, ~~INCLUDING PRETRIAL INCARCERATION, AND A LOCAL~~

1 CORRECTIONAL FACILITY SHALL CONTINUE THE TREATMENT WITHIN 24 HOURS  
 2 AFTER INCARCERATION OR TRANSFER UNLESS:

3 (1) THE INMATE VOLUNTARILY DISCONTINUES THE TREATMENT,  
 4 VERIFIED THROUGH A WRITTEN AGREEMENT THAT INCLUDES A SIGNATURE; OR

5 (2) A HEALTH CARE PRACTITIONER DETERMINES THAT THE  
 6 TREATMENT IS NO LONGER MEDICALLY APPROPRIATE.

7 ~~(F)~~ (G) BEFORE THE RELEASE OF AN INMATE DIAGNOSED WITH OPIOID  
 8 USE DISORDER UNDER SUBSECTION ~~(B)~~ (D) OF THIS SECTION, A ~~STATE OR~~ LOCAL  
 9 CORRECTIONAL FACILITY SHALL DEVELOP A PLAN OF REENTRY THAT:

10 (1) INCLUDES INFORMATION REGARDING POSTINCARCERATION  
 11 ACCESS TO MEDICATION CONTINUITY, PEER RECOVERY SPECIALISTS, OTHER  
 12 SUPPORTIVE THERAPY, AND ENROLLMENT IN HEALTH INSURANCE PLANS;

13 (2) INCLUDES ANY RECOMMENDED REFERRALS BY A HEALTH CARE  
 14 PRACTITIONER TO MEDICATION CONTINUITY, PEER RECOVERY SPECIALISTS, AND  
 15 OTHER SUPPORTIVE THERAPY; AND

16 (3) IS REVIEWED AND, IF NEEDED, REVISED BY A HEALTH CARE  
 17 PRACTITIONER ~~AND OR~~ PEER RECOVERY SPECIALIST.

18 [(b)] ~~(G)~~ (H) The procedures and standards used to determine [drug addiction]  
 19 ~~OPIOID USE DISORDER and treatment of addicted~~ SUBSTANCE USE DISORDER  
 20 DIAGNOSIS AND TREATMENT OF inmates are subject to the guidelines and regulations  
 21 adopted by the Maryland Department of Health.

22 [(c)] ~~(H)~~ (I) The AS PROVIDED IN THE STATE BUDGET, THE State shall fund the  
 23 program of [methadone detoxification] OPIOID USE DISORDER SCREENING,  
 24 ~~EXAMINATION~~ EVALUATION, AND TREATMENT OF INMATES AS PROVIDED UNDER  
 25 THIS SECTION.

26 ~~(I)~~ (J) ON OR BEFORE NOVEMBER 1, 2020, AND ANNUALLY  
 27 THEREAFTER, THE ~~MARYLAND COMMISSION ON CORRECTIONAL STANDARDS~~  
 28 GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION SHALL REPORT DATA  
 29 FROM INDIVIDUAL LOCAL CORRECTIONAL FACILITIES TO THE GENERAL ASSEMBLY,  
 30 IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, ON:

31 (1) THE NUMBER OF INMATES DIAGNOSED WITH:

32 (I) A MENTAL HEALTH DISORDER;

1                   **(II) AN OPIOID USE DISORDER;**

2                   **(III) A NON-OPIOID SUBSTANCE USE DISORDER; AND**

3                   **(IV) A DUAL DIAGNOSIS OF MENTAL HEALTH AND SUBSTANCE**  
4 **USE DISORDER;**

5                   ~~(1)~~ **(2)**       THE NUMBER AND COST OF ~~BEHAVIORAL HEALTH~~  
6 ~~ASSESSMENTS AND OPIOID USE DISORDER EXAMINATIONS~~ FOR INMATES IN ~~STATE~~  
7 ~~AND LOCAL CORRECTIONAL FACILITIES, INCLUDING THE NUMBER OF ASSESSMENTS~~  
8 ~~AND EXAMINATIONS, AND~~ THE NUMBER OF UNIQUE INMATES EXAMINED;

9                   ~~(2)~~ **(3)**       THE NUMBER OF INMATES WHO WERE RECEIVING  
10 MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER  
11 IMMEDIATELY PRIOR TO INCARCERATION;

12                   ~~(3)~~ **(4)**       THE TYPE AND PREVALENCE OF MEDICATION OR  
13 MEDICATION-ASSISTED TREATMENTS FOR OPIOID USE DISORDER PROVIDED;

14                   ~~(4)~~ **(5)**       THE NUMBER OF INMATES DIAGNOSED WITH OPIOID USE  
15 DISORDER;

16                   ~~(5)~~ **(6)**       THE NUMBER OF INMATES FOR WHOM MEDICATION AND  
17 MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER WAS PRESCRIBED;

18                   ~~(6)~~ **(7)**       THE NUMBER OF INMATES FOR WHOM MEDICATION AND  
19 MEDICATION-ASSISTED TREATMENT WAS PRESCRIBED AND INITIATED FOR OPIOID  
20 USE DISORDER;

21                   ~~(7)~~ **(8)**       THE NUMBER OF MEDICATIONS AND  
22 MEDICATION-ASSISTED TREATMENTS FOR OPIOID USE DISORDER PROVIDED  
23 ACCORDING TO EACH TYPE OF MEDICATION AND MEDICATION-ASSISTED  
24 TREATMENT OPTIONS;

25                   ~~(8)~~ **(9)**       THE NUMBER OF INMATES WHO CONTINUED TO RECEIVE  
26 THE SAME MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE  
27 DISORDER AS THE INMATE RECEIVED PRIOR TO INCARCERATION;

28                   ~~(9)~~ **(10)**      THE NUMBER OF INMATES WHO RECEIVED A DIFFERENT  
29 MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER  
30 COMPARED TO WHAT THE INMATE RECEIVED PRIOR TO INCARCERATION;

31                   ~~(10)~~ **(11)**     THE NUMBER OF INMATES WHO INITIATED TREATMENT  
32 WITH MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE



1 DISORDER WHO WERE NOT BEING TREATED FOR OPIOID USE DISORDER PRIOR TO  
2 INCARCERATION;

3 ~~(11)~~ (12) THE NUMBER OF INMATES WHO DISCONTINUED  
4 MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER  
5 DURING INCARCERATION;

6 ~~(12)~~ (13) A REVIEW AND SUMMARY OF THE PERCENT OF DAYS,  
7 INCLUDING THE AVERAGE PERCENT, MEDIAN PERCENT, MODE PERCENT, AND  
8 INTERQUARTILE RANGE OF PERCENT, FOR INMATES WITH OPIOID USE DISORDER  
9 RECEIVING MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE  
10 DISORDER AS CALCULATED OVERALL AND STRATIFIED BY OTHER FACTORS, SUCH  
11 AS TYPE OF TREATMENT RECEIVED;

12 ~~(13)~~ (14) THE NUMBER OF INMATES RECEIVING MEDICATION OR  
13 MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER PRIOR TO  
14 RELEASE;

15 ~~(14)~~ (15) THE NUMBER OF INMATES RECEIVING MEDICATION OR  
16 MEDICATION-ASSISTED TREATMENT PRIOR TO RELEASE FOR WHOM THE FACILITY  
17 HAD MADE A PRERELEASE REENTRY PLAN;

18 ~~(15)~~ (16) A REVIEW AND SUMMARY OF ~~STATE AND LOCAL FACILITIES'~~  
19 PRACTICES RELATED TO MEDICATION AND MEDICATION-ASSISTED TREATMENT  
20 FOR OPIOID USE DISORDER FOR INMATES WITH OPIOID USE DISORDER BEFORE  
21 OCTOBER 1, 2019;

22 ~~(16)~~ (17) A REVIEW AND SUMMARY OF ~~STATE AND LOCAL FACILITIES'~~  
23 PRERELEASE PLANNING PRACTICES RELATIVE TO INMATES DIAGNOSED WITH  
24 OPIOID USE DISORDER PRIOR TO, AND FOLLOWING, OCTOBER 1, 2019; AND

25 ~~(17)~~ (18) ANY OTHER INFORMATION REQUESTED BY THE MARYLAND  
26 DEPARTMENT OF HEALTH RELATED TO THE ADMINISTRATION OF THE PROVISIONS  
27 UNDER THIS SECTION.

28 ~~(J)~~ (K) ANY BEHAVIORAL HEALTH ASSESSMENT, ~~PHYSICAL~~  
29 ~~EXAMINATION~~ EVALUATION, TREATMENT RECOMMENDATION, OR COURSE OF  
30 TREATMENT SHALL BE REPORTED TO THE ~~MARYLAND COMMISSION ON~~  
31 ~~CORRECTIONAL STANDARDS~~ GOVERNOR'S OFFICE OF CRIME CONTROL AND  
32 PREVENTION AND ALSO INCLUDE ANY OTHER DATA NECESSARY ~~FOR THE~~  
33 ~~MARYLAND COMMISSION ON CORRECTIONAL STANDARDS~~ TO MEET REPORTING  
34 REQUIREMENTS UNDER THIS SECTION.

1 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read  
 2 as follows:

3 Article – Correctional Services

4 9–603.1.

5 (A) BEGINNING JANUARY 1, 2020, THE DEPARTMENT SHALL ESTABLISH A  
 6 MEDICATION–ASSISTED TREATMENT PROGRAM THAT UTILIZES AT LEAST ONE  
 7 FORMULATION OF EACH FDA–APPROVED FULL OPIOID AGONIST, PARTIAL OPIOID  
 8 AGONIST, AND LONG–ACTING OPIOID ANTAGONISTS USED FOR THE TREATMENT OF  
 9 OPIOID USE DISORDERS IN THE BALTIMORE PRE–TRIAL COMPLEX.

10 (B) FUNDING FOR THE PROGRAM SHALL BE AS PROVIDED IN THE STATE  
 11 BUDGET.

12 (C) THE DEPARTMENT SHALL, IN CONSULTATION WITH ITS HEAD OF  
 13 MEDICAL TREATMENT SERVICES, DETERMINE WHETHER THE PROGRAM IS CAPABLE  
 14 OF BEING ADMINISTERED IN EXISTING STRUCTURES OF THE BALTIMORE  
 15 PRE–TRIAL COMPLEX.

16 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That the ~~Maryland Commission~~  
 17 ~~on Correctional Standards~~ Department of Public Safety and Correctional Services and the  
 18 Behavioral Health Administration within the Maryland Department of Health, in  
 19 consultation with the Maryland Correctional Administrators Association, shall develop a  
 20 timetable in accordance with medical best practices for inmates to receive assessments,  
 21 ~~examinations~~ evaluation, or treatment under this Act.

22 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall not be construed  
 23 to supersede any federal law or existing agreement between a court or agency of the federal,  
 24 state, or local government.

25 SECTION 5. AND BE IT FURTHER ENACTED, That on or before December 1,  
 26 2019, the Governor’s Office of Crime Control and Prevention, the Department of Public  
 27 Safety and Correctional Services, and the Maryland Department of Health shall apply for  
 28 federal funding to support implementation of this Act beyond fiscal year 2020 and shall  
 29 report to the General Assembly, in accordance with § 2–1246 of the State Government  
 30 Article, on the efforts to secure funding.

31 SECTION ~~5~~ 6. AND BE IT FURTHER ENACTED, That this Act shall take effect  
 32 October 1, 2019. Section 2 of this Act shall remain effective for a period of 4 years and, at  
 33 the end of September 30, 2023, Section 2 of this Act, with no further action required by the  
 34 General Assembly, shall be abrogated and of no further force and effect.