

SENATE BILL 846

J1, E4

9lr2294
CF HB 116

By: **Senator West**

Introduced and read first time: February 4, 2019

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 19, 2019

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
16 under certain circumstances; establishing certain procedures and standards to
17 determine opioid use disorder and treatment of addicted inmates; repealing the
18 requirement for the State to fund a certain program of methadone detoxification;
19 requiring the State to fund a certain program of opioid use disorder screening,
20 examination, and treatment; requiring the ~~Maryland Commission on Correctional~~
21 ~~Standards~~ Governor's Office of Crime Control and Prevention to report to the
22 Maryland General Assembly on certain information regarding the examination and
23 treatment outcomes of inmates with an opioid use disorder; requiring the ~~Maryland~~
24 ~~Commission on Correctional Standards and~~ Department of Public Safety and
25 Correctional Services and the Maryland Department of Health to develop a timetable

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.



1 in accordance with medical best practices, for all inmates to receive assessments,
 2 examinations, or treatment; requiring the Governor's Office of Crime Control and
 3 Prevention, the Maryland Department of Health, and the Maryland Correctional
 4 Association to evaluate the implementation of certain provisions of this Act and
 5 make a certain determination; requiring the Department of Public Safety and
 6 Correctional Services to make a certain report to certain committees under certain
 7 circumstances; requiring the Department of Public Safety and Correctional Services
 8 to establish a certain program, beginning on or before a certain date; requiring the
 9 Governor's Office of Crime Control and Prevention, the Department of Public Safety
 10 and Correctional Services, and the Maryland Department of Health to apply for
 11 federal funding to support the implementation of this Act and make a certain report;
 12 providing for the construction of this Act; providing for the application of certain
 13 provisions of this Act; providing for the termination of certain provisions of this Act;
 14 defining certain terms; and generally relating to opioid use disorder examinations
 15 and treatment of inmates.

16 BY repealing and reenacting, with amendments,
 17 Article – Correctional Services
 18 Section 9–603
 19 Annotated Code of Maryland
 20 (2017 Replacement Volume and 2018 Supplement)

21 BY adding to
 22 Article – Correctional Services
 23 Section 9–603.1
 24 Annotated Code of Maryland
 25 (2017 Replacement Volume and 2018 Supplement)

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

28 **Article – Correctional Services**

29 9–603.

30 **(A) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE**
 31 **REQUIREMENTS UNDER THIS SECTION SHALL APPLY TO:**

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

- 34 **1. HOWARD COUNTY;**
- 35 **2. MONTGOMERY COUNTY;**
- 36 **3. PRINCE GEORGE'S COUNTY; AND**

1 **4. ST. MARY’S COUNTY; AND**

2 **(II) LOCAL DETENTION CENTERS IN SIX ADDITIONAL COUNTIES**
 3 **BY OCTOBER 1, 2021.**

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

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

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

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

21 ~~**(1) a physician determines that the inmate is an addict;**~~

22 ~~**(2) the treatment is prescribed by a physician; and**~~

23 ~~**(3) the inmate consents in writing to the treatment.**~~

24 ~~**(A) (B) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE**~~
 25 ~~**MEANINGS INDICATED.**~~

26 **(2) “HEALTH CARE PRACTITIONER” MEANS:**

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

30 ~~**(II) A PHYSICIAN’S ASSISTANT LICENSED TO ACT AS AN**~~
 31 ~~**ASSISTANT TO A LICENSED PHYSICIAN UNDER TITLE 15 OF THE HEALTH**~~
 32 ~~**OCCUPATIONS ARTICLE; OR**~~

1 ~~(H)~~ ~~A NURSE PRACTITIONER, AS DEFINED UNDER § 8-508 OF~~
 2 ~~THE HEALTH OCCUPATIONS ARTICLE~~ AN INDIVIDUAL WHO IS LICENSED,
 3 CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS
 4 ARTICLE.

5 (3) “INMATE” MEANS AN INDIVIDUAL CONFINED WITHIN A LOCAL
 6 CORRECTIONAL FACILITY.

7 ~~(3)~~ (4) “MEDICATION” MEANS A MEDICATION APPROVED BY THE
 8 FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE
 9 DISORDER.

10 ~~(4)~~ (5) “MEDICATION-ASSISTED TREATMENT” MEANS THE USE OF
 11 MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH
 12 THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE
 13 DISORDER.

14 ~~(5)~~ (6) “OPIOID USE DISORDER” MEANS A MEDICALLY DIAGNOSED
 15 PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES SIGNIFICANT IMPAIRMENT
 16 OR DISTRESS.

17 ~~(6)~~ (7) “PEER RECOVERY SPECIALIST” MEANS AN INDIVIDUAL ~~IN~~
 18 ~~RECOVERY FOR OPIOID USE DISORDER~~ WHO HAS BEEN CERTIFIED BY AN ENTITY
 19 APPROVED BY THE MARYLAND DEPARTMENT OF HEALTH FOR THE PURPOSE OF
 20 PROVIDING PEER SUPPORT SERVICES, AS DEFINED UNDER § 7.5-101(N) OF THE
 21 HEALTH – GENERAL ARTICLE.

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

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

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

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

28 ~~(B)~~ (D) (1) ~~(I)~~ EACH STATE OR LOCAL CORRECTIONAL FACILITY
 29 SHALL CONDUCT AN ASSESSMENT OF THE MENTAL HEALTH AND SUBSTANCE USE
 30 STATUS OF EACH INMATE ~~WITHIN 24 HOURS AFTER INCARCERATION, INCLUDING~~
 31 ~~PRETRIAL INCARCERATION, USING GUIDELINES AND CRITERIA APPROVED BY THE~~
 32 ~~BEHAVIORAL HEALTH ADMINISTRATION WITHIN THE MARYLAND DEPARTMENT OF~~
 33 ~~HEALTH~~ USING EVIDENCE-BASED SCREENINGS AND ASSESSMENTS, TO DETERMINE:

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

3 ~~2.~~ **(II)** IF MEDICATION-ASSISTED TREATMENT IS
4 APPROPRIATE.

5 ~~(II) AN ASSESSMENT UNDER SUBPARAGRAPH (I) OF THIS~~
6 ~~PARAGRAPH SHALL BE CONDUCTED USING GUIDELINES AND CRITERIA APPROVED~~
7 ~~BY THE BEHAVIORAL HEALTH ADMINISTRATION WITHIN THE MARYLAND~~
8 ~~DEPARTMENT OF HEALTH.~~

9 **(2)** IF AN ASSESSMENT CONDUCTED UNDER PARAGRAPH (1) OF THIS
10 SUBSECTION INDICATES OPIOID USE DISORDER, ~~A PHYSICAL EXAMINATION AN~~
11 EVALUATION OF THE INMATE SHALL BE CONDUCTED BY A HEALTH CARE
12 PRACTITIONER WITH PRESCRIPTIVE AUTHORITY AUTHORIZED UNDER TITLE 8,
13 TITLE 14, OR TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE.

14 ~~(3) EDUCATION MATERIALS~~ **(3)** INFORMATION SHALL BE PROVIDED TO
15 THE INMATE DESCRIBING MEDICATION OPTIONS USED IN MEDICATION-ASSISTED
16 TREATMENT.

17 **(4)** MEDICATION-ASSISTED TREATMENT SHALL BE AVAILABLE TO AN
18 INMATE ~~AFTER GUIDELINES AND CRITERIA FOR THE ASSESSMENT HAVE BEEN MET~~
19 FOR WHOM SUCH TREATMENT IS DETERMINED TO BE APPROPRIATE UNDER THIS
20 SUBSECTION.

21 **(5)** EACH LOCAL CORRECTIONAL FACILITY SHALL MAKE AVAILABLE
22 AT LEAST ONE FORMULATION OF EACH FDA-APPROVED FULL OPIOID AGONIST,
23 PARTIAL OPIOID AGONIST, AND LONG-ACTING OPIOID ANTAGONIST USED FOR THE
24 TREATMENT OF OPIOID USE DISORDERS.

25 **(6)** EACH PREGNANT WOMAN IDENTIFIED WITH AN OPIOID USE
26 DISORDER SHALL RECEIVE EVALUATION AND BE OFFERED MEDICATION-ASSISTED
27 TREATMENT AS SOON AS PRACTICABLE.

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

29 **(1)** ~~WITHIN 24 HOURS,~~ FOLLOWING AN ASSESSMENT USING CLINICAL
30 GUIDELINES FOR MEDICATION-ASSISTED TREATMENT, ~~INCLUDING INMATES~~
31 ~~INCARCERATED PRETRIAL:~~

32 **(I)** MAKE MEDICATION AVAILABLE BY A QUALIFIED PROVIDER
33 TO THE INMATE; OR

1 (II) ~~COMPLETE~~ BEGIN WITHDRAWAL MANAGEMENT SERVICES
2 PRIOR TO ADMINISTRATION OF MEDICATION;

3 (2) ~~MAINTAIN OR PROVIDE FOR THE CAPACITY TO POSSESS,~~
4 ~~DISPENSE, AND ADMINISTER ALL FDA APPROVED~~ MAKE AVAILABLE AND
5 ADMINISTER MEDICATIONS FOR THE TREATMENT OF OPIOID USE DISORDER;

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

9 (4) PROVIDE ACCESS TO A HEALTH CARE PRACTITIONER ~~THAT~~ WHO
10 CAN PROVIDE ACCESS TO ALL ~~FDA APPROVED~~ FDA-APPROVED MEDICATIONS FOR
11 THE TREATMENT OF OPIOID USE DISORDERS; AND

12 (5) PROVIDE ON-PREMISES ACCESS TO PEER RECOVERY
13 SPECIALISTS.

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

20 ~~(E) (F) THE MARYLAND DEPARTMENT OF HEALTH SHALL DETERMINE~~
21 ~~WHETHER IF~~ AN INMATE RECEIVED MEDICATION OR MEDICATION-ASSISTED
22 TREATMENT FOR OPIOID USE DISORDER IMMEDIATELY PRECEDING OR DURING THE
23 INMATE'S INCARCERATION, ~~INCLUDING PRETRIAL INCARCERATION, AND A LOCAL~~
24 CORRECTIONAL FACILITY SHALL CONTINUE THE TREATMENT IF ALL GUIDELINES
25 AND CLINICAL CRITERIA ARE MET WITHIN 24 HOURS AFTER INCARCERATION OR
26 TRANSFER UNLESS:

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

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

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

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

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

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

9 [(b)] ~~(G)~~ (H) The procedures and standards used to determine [drug addiction]
 10 ~~OPIOID USE DISORDER~~ SUBSTANCE USE DISORDER DIAGNOSIS and treatment of
 11 ~~addicted~~ inmates are subject to the guidelines and regulations adopted by the Maryland
 12 Department of Health.

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

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

22 (1) THE NUMBER OF INMATES DIAGNOSED WITH:

23 (I) A MENTAL HEALTH DISORDER;

24 (II) AN OPIOID USE DISORDER;

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

26 (IV) A DUAL DIAGNOSIS OF MENTAL HEALTH AND SUBSTANCE
 27 USE DISORDER;

28 ~~(1)~~ (2) THE NUMBER AND COST OF ~~BEHAVIORAL HEALTH~~
 29 ~~ASSESSMENTS AND OPIOID USE DISORDER EXAMINATIONS~~ FOR INMATES IN ~~STATE~~
 30 ~~AND LOCAL CORRECTIONAL FACILITIES, INCLUDING THE NUMBER OF ASSESSMENTS~~
 31 ~~AND EXAMINATIONS, AND~~ THE NUMBER OF UNIQUE INMATES EXAMINED;

1 ~~(2)~~ (3) THE NUMBER OF INMATES WHO WERE RECEIVING
2 MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER
3 IMMEDIATELY PRIOR TO INCARCERATION;

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

6 ~~(4)~~ (5) THE NUMBER OF INMATES DIAGNOSED WITH OPIOID USE
7 DISORDER;

8 ~~(5)~~ (6) THE NUMBER OF INMATES FOR WHOM MEDICATION AND
9 MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER WAS PRESCRIBED;

10 ~~(6)~~ (7) THE NUMBER OF INMATES FOR WHOM MEDICATION AND
11 MEDICATION-ASSISTED TREATMENT WAS PRESCRIBED AND INITIATED FOR OPIOID
12 USE DISORDER;

13 ~~(7)~~ (8) THE NUMBER OF MEDICATIONS AND
14 MEDICATION-ASSISTED TREATMENTS FOR OPIOID USE DISORDER PROVIDED
15 ACCORDING TO EACH TYPE OF MEDICATION AND MEDICATION-ASSISTED
16 TREATMENT OPTIONS;

17 ~~(8)~~ (9) THE NUMBER OF INMATES WHO CONTINUED TO RECEIVE
18 THE SAME MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE
19 DISORDER AS THE INMATE RECEIVED PRIOR TO INCARCERATION;

20 ~~(9)~~ (10) THE NUMBER OF INMATES WHO RECEIVED A DIFFERENT
21 MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER
22 COMPARED TO WHAT THE INMATE RECEIVED PRIOR TO INCARCERATION;

23 ~~(10)~~ (11) THE NUMBER OF INMATES WHO INITIATED TREATMENT
24 WITH MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE
25 DISORDER WHO WERE NOT BEING TREATED FOR OPIOID USE DISORDER PRIOR TO
26 INCARCERATION;

27 ~~(11)~~ (12) THE NUMBER OF INMATES WHO DISCONTINUED
28 MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER
29 DURING INCARCERATION;

30 ~~(12)~~ (13) A REVIEW AND SUMMARY OF THE PERCENT OF DAYS,
31 INCLUDING THE AVERAGE PERCENT, MEDIAN PERCENT, MODE PERCENT, AND
32 INTERQUARTILE RANGE OF PERCENT, FOR INMATES WITH OPIOID USE DISORDER
33 RECEIVING MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE

1 DISORDER AS CALCULATED OVERALL AND STRATIFIED BY OTHER FACTORS, SUCH
2 AS TYPE OF TREATMENT RECEIVED;

3 ~~(13)~~ (14) THE NUMBER OF INMATES RECEIVING MEDICATION OR
4 MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER PRIOR TO
5 RELEASE;

6 ~~(14)~~ (15) THE NUMBER OF INMATES RECEIVING MEDICATION OR
7 MEDICATION-ASSISTED TREATMENT PRIOR TO RELEASE FOR WHOM THE FACILITY
8 HAD MADE A PRERELEASE REENTRY PLAN;

9 ~~(15)~~ (16) A REVIEW AND SUMMARY OF ~~STATE AND LOCAL FACILITIES'~~
10 PRACTICES RELATED TO MEDICATION AND MEDICATION-ASSISTED TREATMENT
11 FOR OPIOID USE DISORDER FOR INMATES WITH OPIOID USE DISORDER BEFORE
12 OCTOBER 1, 2019;

13 ~~(16)~~ (17) A REVIEW AND SUMMARY OF ~~STATE AND LOCAL FACILITIES'~~
14 PRERELEASE PLANNING PRACTICES RELATIVE TO INMATES DIAGNOSED WITH
15 OPIOID USE DISORDER PRIOR TO, AND FOLLOWING, OCTOBER 1, 2019; AND

16 ~~(17)~~ (18) ANY OTHER INFORMATION REQUESTED BY THE MARYLAND
17 DEPARTMENT OF HEALTH RELATED TO THE ADMINISTRATION OF THE PROVISIONS
18 UNDER THIS SECTION.

19 ~~(J)~~ (K) ANY BEHAVIORAL HEALTH ASSESSMENT, ~~PHYSICAL~~
20 ~~EXAMINATION~~ EVALUATION, TREATMENT RECOMMENDATION, OR COURSE OF
21 TREATMENT SHALL BE REPORTED TO THE ~~MARYLAND COMMISSION ON~~
22 ~~CORRECTIONAL STANDARDS~~ GOVERNOR'S OFFICE OF CRIME CONTROL AND
23 PREVENTION AND ALSO INCLUDE ANY OTHER DATA NECESSARY ~~FOR THE~~
24 ~~MARYLAND COMMISSION ON CORRECTIONAL STANDARDS~~ TO MEET REPORTING
25 REQUIREMENTS UNDER THIS SECTION.

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

28 Article – Correctional Services

29 9-603.1.

30 (A) BEGINNING JANUARY 1, 2020, THE DEPARTMENT SHALL ESTABLISH A
31 MEDICATION-ASSISTED TREATMENT PROGRAM THAT UTILIZES AT LEAST ONE
32 FORMULATION OF EACH FDA-APPROVED FULL OPIOID AGONIST, PARTIAL OPIOID
33 AGONIST, AND LONG-ACTING ANTAGONISTS USED FOR THE TREATMENT OF OPIOID
34 USE DISORDERS IN THE BALTIMORE PRE-TRIAL COMPLEX.

1 **(B) FUNDING FOR THE PROGRAM SHALL BE AS PROVIDED IN THE STATE**
 2 **BUDGET.**

3 **(C) THE DEPARTMENT SHALL, IN CONSULTATION WITH ITS HEAD OF**
 4 **MEDICAL TREATMENT SERVICES, DETERMINE WHETHER THE PROGRAM IS CAPABLE**
 5 **OF BEING ADMINISTERED IN EXISTING STRUCTURES OF THE BALTIMORE**
 6 **PRE-TRIAL COMPLEX.**

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

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

16 SECTION 5. AND BE IT FURTHER ENACTED, That on or before December 1,
 17 2019, the Governor's Office of Crime Control and Prevention, the Department of Public
 18 Safety and Correctional Services, and the Maryland Department of Health shall apply for
 19 federal funding to support implementation of this Act beyond fiscal year 2020 and shall
 20 report to the General Assembly, in accordance with § 2-1246 of the State Government
 21 Article, on the efforts to secure funding.

22 SECTION ~~3~~ 6. AND BE IT FURTHER ENACTED, That this Act shall take effect
 23 October 1, 2019. Section 2 of this Act shall remain effective for a period of 4 years and, at
 24 the end of September 30, 2023, Section 2 of this Act, with no further action required by the
 25 General Assembly, shall be abrogated and of no further force and effect.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.