

HOUSE BILL 1162

E5

6lr3376

By: **Delegate Alston**

Introduced and read first time: February 11, 2026

Assigned to: Health and Government, Labor, and Elections

A BILL ENTITLED

1 AN ACT concerning

2 **Correctional Services – Medication–Assisted Treatment Funding**

3 FOR the purpose of requiring the Special Secretary of Overdose Response to provide
4 annually each county funding equal to the costs incurred by the county for the
5 implementation of a certain medication–assisted treatment program; requiring
6 certain counties to submit a certain report; authorizing the Governor to include in
7 the annual budget bill an appropriation for the purpose of providing funds under
8 certain circumstances; expanding the authorized uses of the Opioid Restitution
9 Fund; and generally relating to medication–assisted treatment for incarcerated
10 individuals.

11 BY repealing and reenacting, with amendments,
12 Article – Correctional Services
13 Section 9–603
14 Annotated Code of Maryland
15 (2025 Replacement Volume)

16 BY repealing and reenacting, with amendments,
17 Article – State Finance and Procurement
18 Section 7–331
19 Annotated Code of Maryland
20 (2021 Replacement Volume and 2025 Supplement)

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

23 **Article – Correctional Services**

24 9–603.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (a) (1) Subject to paragraph (2) of this subsection, the requirements under this
2 section shall apply to:

3 (i) local detention centers in the following counties by January 1,
4 2020:

- 5 1. Howard County;
- 6 2. Montgomery County;
- 7 3. Prince George's County; and
- 8 4. St. Mary's County; and

9 (ii) local detention centers in six additional counties by October 1,
10 2021.

11 (2) (i) The Governor's Office of Crime Prevention and Policy, the
12 Maryland Department of Health, and the Maryland Correctional Administrators
13 Association shall evaluate the implementation of the requirements of this section and
14 determine a schedule to add additional counties, provided that the provisions of this section
15 shall apply to all local detention centers and the Baltimore Pre-trial Complex by January
16 2023.

17 (ii) If the Baltimore Pre-trial Complex has not fully implemented
18 the provisions of this section by January 2023, the Department of Public Safety and
19 Correctional Services shall report to the Senate Finance Committee and the House
20 Judiciary Committee, in accordance with § 2-1257 of the State Government Article, on the
21 status and timeline of implementation.

22 (iii) Funding for the program at the Baltimore Pre-trial Complex
23 shall be as provided in the State budget.

24 (b) (1) In this section the following words have the meanings indicated.

25 (2) "Health care practitioner" means an individual who is licensed,
26 certified, or otherwise authorized to practice under the Health Occupations Article.

27 (3) "Incarcerated individual" means an individual confined within a local
28 correctional facility.

29 (4) "Medication" means a medication approved by the federal Food and
30 Drug Administration for the treatment of opioid use disorder.

31 (5) "Medication-assisted treatment" means the use of medication, in
32 combination with counseling and behavioral health therapies, to provide a holistic
33 approach to the treatment of opioid use disorder.

1 (6) “Opioid use disorder” means a medically diagnosed problematic pattern
2 of opioid use that causes significant impairment or distress.

3 (7) “Peer recovery specialist” means an individual who has been certified
4 by an entity approved by the Maryland Department of Health for the purpose of providing
5 peer support services, as defined under § 7.5–101(n) of the Health – General Article.

6 (c) An incarcerated individual in a State or local correctional facility shall be
7 placed on a properly supervised program of methadone detoxification if:

8 (1) a physician determines that the incarcerated individual is a person
9 with an opioid use disorder;

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

11 (3) the incarcerated individual consents in writing to the treatment.

12 (d) (1) Each local correctional facility shall conduct an assessment of the
13 mental health and substance use status of each incarcerated individual using
14 evidence–based screenings and assessments, to determine:

15 (i) if the medical diagnosis of an opioid use disorder is appropriate;
16 and

17 (ii) if medication–assisted treatment is appropriate.

18 (2) If an assessment conducted under paragraph (1) of this subsection
19 indicates opioid use disorder, an evaluation of the incarcerated individual shall be
20 conducted by a health care practitioner with prescriptive authority authorized under Title
21 8, Title 14, or Title 15 of the Health Occupations Article.

22 (3) Information shall be provided to the incarcerated individual describing
23 medication options used in medication–assisted treatment.

24 (4) Medication–assisted treatment shall be available to an incarcerated
25 individual for whom such treatment is determined to be appropriate under this subsection.

26 (5) Each local correctional facility shall make available at least one
27 formulation of each FDA–approved full opioid agonist, partial opioid agonist, and
28 long–acting opioid antagonist used for the treatment of opioid use disorders.

29 (6) Each pregnant woman identified with an opioid use disorder shall
30 receive evaluation and be offered medication–assisted treatment as soon as practicable.

31 (e) Each local correctional facility shall:

1 (1) following an assessment using clinical guidelines for
2 medication–assisted treatment:

3 (i) make medication available by a qualified provider to the
4 incarcerated individual; or

5 (ii) begin withdrawal management services prior to administration
6 of medication;

7 (2) make available and administer medications for the treatment of opioid
8 use disorder;

9 (3) provide behavioral health counseling for incarcerated individuals
10 diagnosed with opioid use disorder consistent with therapeutic standards for such therapies
11 in a community setting;

12 (4) provide access to a health care practitioner who can provide access to
13 all FDA–approved medications for the treatment of opioid use disorders; and

14 (5) provide on–premises access to peer recovery specialists.

15 (f) If an incarcerated individual received medication or medication–assisted
16 treatment for opioid use disorder immediately preceding or during the incarcerated
17 individual’s incarceration, a local correctional facility shall continue the treatment after
18 incarceration or transfer unless:

19 (1) the incarcerated individual voluntarily discontinues the treatment,
20 verified through a written agreement that includes a signature; or

21 (2) a health care practitioner determines that the treatment is no longer
22 medically appropriate.

23 (g) Before the release of an incarcerated individual diagnosed with opioid use
24 disorder under subsection (d) of this section, a local correctional facility shall develop a plan
25 of reentry that:

26 (1) includes information regarding postincarceration access to medication
27 continuity, peer recovery specialists, other supportive therapy, and enrollment in health
28 insurance plans;

29 (2) includes any recommended referrals by a health care practitioner to
30 medication continuity, peer recovery specialists, and other supportive therapy; and

31 (3) is reviewed and, if needed, revised by a health care practitioner or peer
32 recovery specialist.

1 (h) The procedures and standards used to determine substance use disorder
2 diagnosis and treatment of incarcerated individuals are subject to the guidelines and
3 regulations adopted by the Maryland Department of Health.

4 [(i) As provided in the State budget, the State shall fund the program of opioid
5 use disorder screening, evaluation, and treatment of incarcerated individuals as provided
6 under this section.]

7 (I) (1) SUBJECT TO SUBSECTION (J) OF THIS SECTION, FOR EACH FISCAL
8 YEAR THE SPECIAL SECRETARY OF OVERDOSE RESPONSE SHALL PROVIDE EACH
9 COUNTY FUNDING EQUAL TO THE COSTS INCURRED BY THE COUNTY FOR THE
10 IMPLEMENTATION OF A MEDICATION-ASSISTED TREATMENT PROGRAM IN
11 ACCORDANCE WITH THIS SECTION DURING THE PRECEDING FISCAL YEAR.

12 (2) THE OFFICE OF OVERDOSE RESPONSE SHALL PROVIDE FUNDING
13 UNDER PARAGRAPH (1) OF THIS SUBSECTION FROM:

14 (I) THE OPIOID RESTITUTION FUND ESTABLISHED UNDER §
15 7-331 OF THE STATE FINANCE AND PROCUREMENT ARTICLE;

16 (II) ANY MONEY APPROPRIATED IN THE STATE BUDGET FOR
17 THE PURPOSE OF PROVIDING FUNDS UNDER THIS SUBSECTION; AND

18 (III) OTHER ELIGIBLE GRANT FUNDING AVAILABLE FOR THE
19 PURPOSE OF PROVIDING MEDICATION-ASSISTED TREATMENT.

20 (3) FUNDING UNDER PARAGRAPH (2) OF THIS SUBSECTION FOR THE
21 PRIOR FISCAL YEAR SHALL BE REIMBURSED ON RECEIPT OF FINAL ITEMIZED
22 EXPENSES.

23 (4) FUNDS DISTRIBUTED UNDER THIS SUBSECTION MAY BE REDUCED
24 BY THE AMOUNT OF AN AWARD FROM THE GOVERNOR'S OFFICE OF CRIME
25 PREVENTION AND POLICY OR THE MARYLAND DEPARTMENT OF HEALTH, OR A
26 FEDERAL AWARD FOR THE SAME PURPOSES.

27 (J) (1) ON OR BEFORE JULY 30 EACH YEAR, EACH COUNTY SHALL
28 SUBMIT TO THE OFFICE OF OVERDOSE RESPONSE ALL ESTIMATED ITEMIZED COSTS
29 FOR THE ANNUAL OPERATION OF THE LOCAL MEDICATION-ASSISTED TREATMENT
30 PROGRAM IN THE LOCAL DETENTION CENTER FOR THE CURRENT FISCAL YEAR AND
31 THE FINAL ITEMIZED EXPENSES FOR THE PRIOR FISCAL YEAR.

32 (2) IF A COUNTY FAILS TO SUBMIT THE INFORMATION REQUIRED
33 UNDER PARAGRAPH (1) OF THIS SUBSECTION OR INFORMATION REQUESTED BY THE
34 GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY IN ACCORDANCE WITH

1 SUBSECTION (L) OF THIS SECTION WHEN DUE, THE OFFICE OF OVERDOSE
2 RESPONSE SHALL DEDUCT AN AMOUNT EQUAL TO 20% OF ANY FUNDING AWARDED
3 UNDER SUBSECTION (I) OF THIS SECTION FOR EACH 30 DAYS OR PART OF 30 DAYS
4 AFTER THE DUE DATE THAT THE INFORMATION WAS NOT SUBMITTED.

5 (K) (1) THE GOVERNOR MAY INCLUDE IN THE ANNUAL BUDGET BILL AN
6 APPROPRIATION TO THE OFFICE OF OVERDOSE RESPONSE SUFFICIENT TO
7 IMPLEMENT SUBSECTION (I) OF THIS SECTION.

8 (2) AN APPROPRIATION UNDER THIS SUBSECTION MAY BE USED ONLY
9 TO PROVIDE FUNDING EQUAL TO THE COSTS INCURRED BY A COUNTY FOR THE
10 IMPLEMENTATION OF A MEDICATION-ASSISTED TREATMENT PROGRAM IN
11 ACCORDANCE WITH THIS SECTION.

12 (3) PRIOR TO RECEIVING FUNDING FROM THE OPIOID RESTITUTION
13 FUND, A COUNTY SHALL DEMONSTRATE AN ATTEMPT TO OBTAIN AT LEAST ONE
14 GRANT FROM THE MARYLAND DEPARTMENT OF HEALTH OR THE GOVERNOR'S
15 OFFICE OF CRIME PREVENTION AND POLICY FOR THE FISCAL YEAR IN WHICH THE
16 COUNTY IS REQUESTING REIMBURSEMENT.

17 [(j)] (L) On or before November 1, 2020, and annually thereafter, the Governor's
18 Office of Crime Prevention and Policy shall report data from individual local correctional
19 facilities to the General Assembly, in accordance with § 2-1257 of the State Government
20 Article, on:

21 (1) the number of incarcerated individuals diagnosed with:

22 (i) a mental health disorder;

23 (ii) an opioid use disorder;

24 (iii) a non-opioid substance use disorder; and

25 (iv) a dual diagnosis of mental health and substance use disorder;

26 (2) the number and cost of assessments for incarcerated individuals in local
27 correctional facilities, including the number of unique incarcerated individuals examined;

28 (3) the number of incarcerated individuals who were receiving medication
29 or medication-assisted treatment for opioid use disorder immediately prior to
30 incarceration;

31 (4) the type and prevalence of medication or medication-assisted
32 treatments for opioid use disorder provided;

1 (5) the number of incarcerated individuals diagnosed with opioid use
2 disorder;

3 (6) the number of incarcerated individuals for whom medication and
4 medication–assisted treatment for opioid use disorder was prescribed;

5 (7) the number of incarcerated individuals for whom medication and
6 medication–assisted treatment was prescribed and initiated for opioid use disorder;

7 (8) the number of medications and medication–assisted treatments for
8 opioid use disorder provided according to each type of medication and medication–assisted
9 treatment options;

10 (9) the number of incarcerated individuals who continued to receive the
11 same medication or medication–assisted treatment for opioid use disorder as the
12 incarcerated individual received prior to incarceration;

13 (10) the number of incarcerated individuals who received a different
14 medication or medication–assisted treatment for opioid use disorder compared to what the
15 incarcerated individual received prior to incarceration;

16 (11) the number of incarcerated individuals who initiated treatment with
17 medication or medication–assisted treatment for opioid use disorder who were not being
18 treated for opioid use disorder prior to incarceration;

19 (12) the number of incarcerated individuals who discontinued medication or
20 medication–assisted treatment for opioid use disorder during incarceration;

21 (13) [a review and summary of the percent of days, including the average
22 percent, median percent, mode percent, and interquartile range of percent, for incarcerated
23 individuals with opioid use disorder receiving medication or medication–assisted treatment
24 for opioid use disorder as calculated overall and stratified by other factors, such as type of
25 treatment received] **THE AVERAGE NUMBER OF DAYS INCARCERATED INDIVIDUALS
26 RECEIVED MEDICATION–ASSISTED TREATMENT IN ACCORDANCE WITH THIS
27 SECTION;**

28 (14) the number of incarcerated individuals receiving medication or
29 medication–assisted treatment for opioid use disorder prior to release;

30 (15) the number of incarcerated individuals receiving medication or
31 medication–assisted treatment prior to release for whom the facility had made a prerelease
32 reentry plan;

33 (16) a review and summary of practices related to medication and
34 medication–assisted treatment for opioid use disorder for incarcerated individuals with
35 opioid use disorder before October 1, 2019;

1 (17) a review and summary of prerelease planning practices relative to
2 incarcerated individuals diagnosed with opioid use disorder prior to, and following, October
3 1, 2019; and

4 (18) any other information requested by the Maryland Department of
5 Health **OFFICE OF OVERDOSE RESPONSE OR THE GOVERNOR'S OFFICE OF CRIME**
6 **PREVENTION AND POLICY** related to the administration of the provisions under this
7 section.

8 **[(k)] (M)** Any behavioral health assessment, evaluation, treatment
9 recommendation, or course of treatment shall be reported to the Governor's Office of Crime
10 Prevention and Policy and also include any other data necessary to meet reporting
11 requirements under this section.

12 **Article – State Finance and Procurement**

13 7–331.

14 (a) In this section, “Fund” means the Opioid Restitution Fund.

15 (b) There is an Opioid Restitution Fund.

16 (c) The purpose of the Fund is to retain the amount of settlement revenues
17 deposited to the Fund in accordance with subsection (e)(1) of this section.

18 (d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7–302 of
19 this subtitle.

20 (2) The State Treasurer shall hold the Fund separately, and the
21 Comptroller shall account for the Fund.

22 (e) The Fund consists of:

23 (1) all revenues received by the State from any source resulting, directly or
24 indirectly, from any judgment against, or settlement with, opioid manufacturers, opioid
25 research associations, or any other person in the opioid industry relating to any claims
26 made or prosecuted by the State to recover damages for violations of State law; and

27 (2) the interest earnings of the Fund.

28 (f) The Fund may be used only to provide funds for the purposes specified in
29 settlement agreements and judgments relating to claims by the State against opioid
30 manufacturers, opioid research associations, or any other person in the opioid industry for
31 violations of State law, including:

32 (1) programs, services, supports, and resources for evidence-based
33 substance use disorder prevention, treatment, recovery, or harm reduction;

1 (2) supporting community-based nonprofit recovery organizations that
2 provide nonclinical substance use recovery support services in the State;

3 (3) addressing racial disparities in access to prevention, harm reduction,
4 treatment, and recovery support services;

5 (4) addressing socioeconomic disparities in access to prevention, harm
6 reduction, treatment, and recovery support services;

7 (5) evidence-informed substance use disorder prevention, treatment
8 recovery, or harm reduction pilot programs or demonstration studies that are not
9 evidence-based if the Opioid Restitution Fund Advisory Council, established under §
10 7.5-902 of the Health – General Article:

11 (i) determines that emerging evidence supports the distribution of
12 money for the pilot program or that there is a reasonable basis for funding the
13 demonstration study with the expectation of creating an evidence-based program; and

14 (ii) approves the use of money for the pilot program or demonstration
15 study;

16 (6) evaluations of the effectiveness and outcomes reporting for substance
17 use disorder abatement infrastructure, programs, services, supports, and resources for
18 which money from the Fund was used, including evaluations of the impact on access to
19 harm reduction services or treatment for substance use disorders and the reduction in
20 drug-related mortality;

21 (7) operating expenses and personnel costs for investigations, enforcement
22 actions, and other activities conducted by the Opioids Enforcement Unit within the Office
23 of the Attorney General that are related to the recovery of funds from opioid-related
24 judgments or settlements; [and]

25 (8) the Buprenorphine Training Grant Program established under §
26 13-5802 of the Health – General Article; AND

27 **(9) FUNDING TO COUNTIES FOR THE IMPLEMENTATION OF A**
28 **MEDICATION-ASSISTED TREATMENT PROGRAM UNDER TITLE 9, SUBTITLE 6 OF THE**
29 **CORRECTIONAL SERVICES ARTICLE.**

30 (g) (1) The State Treasurer shall invest the money of the Fund in the same
31 manner as other State money may be invested.

32 (2) Any interest earnings of the Fund shall be credited to the Fund.

1 (h) (1) Expenditures from the Fund may be made only in accordance with the
2 State budget.

3 (2) For settlement funds received in accordance with the final distributor
4 agreement of July 21, 2021, with McKesson Corporation, Amerisource Bergen Corporation,
5 and Cardinal Health Incorporated, as amended, the Janssen settlement agreement of July
6 21, 2021, as amended, or any other opioid-related court or administrative judgment or
7 settlement agreement involving the State and one or more of its political subdivisions:

8 (i) appropriations from the Fund in the State budget shall be made
9 in accordance with the allocation and distribution of funds to the State and its political
10 subdivisions:

11 1. as agreed on in the State-subdivision agreement of
12 January 21, 2022, as amended; or

13 2. required under any other opioid-related court or
14 administrative judgment or settlement agreement, or any similar agreement reached under
15 an opioid-related court or administrative judgment or settlement agreement, involving the
16 State and one or more of its political subdivisions; and

17 (ii) the Secretary of Health shall establish and administer a grant
18 program for the distribution of funds to political subdivisions of the State in accordance
19 with:

20 1. the State-subdivision agreement of January 21, 2022, as
21 amended; or

22 2. the requirements of any other opioid-related court or
23 administrative judgment or settlement agreement, or any similar agreement reached under
24 an opioid-related court or administrative judgment or settlement agreement, involving the
25 State and one or more of its political subdivisions.

26 (3) The Attorney General shall identify and designate the controlling
27 version of any agreement or amendment described under paragraph (2) of this subsection.

28 (i) (1) (i) This paragraph does not apply in fiscal years 2025 and 2026.

29 (ii) Money expended from the Fund for the programs and services
30 described under subsection (f) of this section is supplemental to and is not intended to take
31 the place of funding that otherwise would be appropriated for the programs and services.

32 (2) Except as specified in subsection (f) of this section, money expended
33 from the Fund may not be used for administrative expenses.

34 (j) The Governor shall:

1 (1) develop key goals, key objectives, and key performance indicators
2 relating to substance use treatment and prevention efforts;

3 (2) subject to subsection (h)(2) of this section, at least twice annually,
4 consult with the Opioid Restitution Fund Advisory Council to identify recommended
5 appropriations from the Fund; and

6 (3) report on or before November 1 each year, in accordance with § 2–1257
7 of the State Government Article, to the General Assembly on:

8 (i) an accounting of total funds expended from the Fund in the
9 immediately preceding fiscal year, by:

- 10 1. use;
- 11 2. if applicable, jurisdiction; and
- 12 3. budget program and subdivision;

13 (ii) the performance indicators and progress toward achieving the
14 goals and objectives developed under item (1) of this subsection; and

15 (iii) the recommended appropriations from the Fund identified in
16 accordance with item (2) of this subsection.

17 (k) Beginning on or before October 1, 2025, and each October 1 thereafter, the
18 Office of the Attorney General shall report to the Governor and, in accordance with §
19 2–1257 of the State Government Article, the General Assembly on the status of activity of
20 the Opioids Enforcement Unit, including:

- 21 (1) the number of investigations taking place;
- 22 (2) the number of lawsuits filed; and
- 23 (3) the disposition of lawsuits filed.

24 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
25 October 1, 2026.