

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1249
Health

(Delegate Hill)

Certified Recovery Residences - Refusing Services to Individuals Receiving
Medication-Assisted Treatment - Prohibition

This bill specifies that the requirements established by a credentialing entity for certified recovery residences must prohibit a recovery residence from (1) refusing services to an individual based on the individual receiving medication-assisted treatment (MAT) for opioid use disorder (OUD) and (2) requiring an individual to cease or modify how the individual receives MAT for OUD before the individual may receive services at the recovery residence.

Fiscal Summary

State Effect: The Behavioral Health Administration (BHA) advises that it already has nondiscrimination policies in place. As the bill codifies current practice, BHA revenues and expenditures are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law:

Certified Recovery Residences

A recovery residence is a service that provides alcohol- and drug-free housing to individuals with substance-related disorders or addictive disorders (including those that co-occur with mental disorders) and does not include clinical treatment services.

BHA is the approved credentialing entity for recovery residences, pursuant to Chapters 710 and 711 of 2016. The Maryland Certification of Recovery Residences oversees the application, certification, recertification, monitoring, and inspection of recovery residences to improve the quality of services. Maryland RecoveryNet partners with service providers across the State to fund access to recovery support services for individuals seeking treatment for substance use and co-occurring disorders.

Chapter 580 of 2017 (the Recovery Residence Residential Rights Protection Act) requires the Maryland Department of Health to publish a list of each recovery residence operating in each county of the State on its website with indicators as to whether the owner of a recovery residence has received a valid certificate of compliance.

A certificate of compliance is valid for one year from the date of issuance. The credentialing entity may revoke the certificate of compliance if the credentialing entity finds that the recovery residence is not in compliance with requirements.

Medication-assisted Treatment

MAT is a comprehensive approach to treating substance use disorders and OUD that involves both medications and therapy to address psychological, emotional, and physical aspects of recovery. It involves using medications like Suboxone, buprenorphine, or vivitrol to address withdrawal symptoms, as well as therapy and counseling.

MAT must be available to an incarcerated individual for whom such treatment is determined to be appropriate. Each local correctional facility must make available at least one formulation of each federal Food and Drug Administration (FDA) approved full opioid agonist, partial opioid agonist, and long-acting opioid antagonist used for the treatment of OUD.

Each local correctional facility must:

- following an assessment using clinical guidelines for MAT, make medication available, as specified, or begin withdrawal management services prior to administration of medication;
- make available and administer medications for the treatment of OUD;
- provide behavioral health counseling for incarcerated individuals diagnosed with OUD consistent with therapeutic standards in a community setting;
- provide access to a health care practitioner who can provide access to all FDA-approved medications, as specified; and
- provide on-premises access to peer recovery specialists.

If an incarcerated individual received medication or MAT for OUD immediately preceding or during the individual's incarceration, a local correctional facility must continue the treatment after incarceration or transfer unless (1) the incarcerated individual voluntarily discontinues the treatment, verified through a written agreement that includes a signature or (2) a health care practitioner determines that the treatment is no longer medically appropriate. In addition, before the release of an incarcerated individual diagnosed with OUD, a local correctional facility must develop a plan of reentry that:

- includes information regarding post-incarceration access to medication continuity, peer recovery specialists, other supportive therapy, and enrollment in health insurance plans;
- includes any recommended referrals by a health care practitioner to medication continuity, peer recovery specialists, and other supportive therapy; and
- is reviewed and, if needed, revised by a health care practitioner or peer recovery specialist.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Department of Health; *Maryland Recovery*; Montgomery County Department of Health and Human Services; Department of Legislative Services

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