

## **MD Addiction Directors Council - 2023 SB 794 FAV -**

Uploaded by: Kim Wireman

Position: FAV



## **Maryland Addiction Directors Council**

### **Senate Bill 794**

### **Behavioral Health Programs – Residential Programs – Food Service Facility Requirements**

Senate Finance Committee

March 16, 2023

### **TESTIMONY IN SUPPORT**

Maryland Addiction Directors Council (MADC) represents substance use disorder (SUD) and dual recovery outpatient and residential providers in Maryland. MADC members provide over 1,200 residential beds across the State and advocate for quality SUD and Dual Recovery outpatient and residential treatment. MADC advocates for treatment quality and evidence-based practice in services to SUD clients.

MADC supports SB 794 specifically that SUD residential programs (ASAM 3.1, 3.3, 3.5 and 3.7) may not be required to comply with food service facility regulations under COMAR 10.15.03 if the residential program has fewer than 17 clients.

While MADC supports regulation of SUD residential programs, the capital required to open a SUD residential program in some areas of the State is already bordering on prohibitive especially for smaller programs. MADC does not believe the added significant expense of a commercial kitchen is needed for smaller units.

MADC supports SB 794 as a sensible exclusion to food service facility requirements for SUD Residential programs smaller than 17 clients.

## **Fav. SB0794 Behavioral Health Programs – Residenti**

Uploaded by: Richard Renshaw

Position: FAV

## ***Favorable: SB0794 Behavioral Health Programs – Residential Programs – Food Service Facility***

Good afternoon – my name is Richard Renshaw, and I own two small Board & Care Homes. (“Small” is defined as 16 beds or less.) The kitchens look very much like what you’d see in a typical house.



Assisted Living is one example type of Board & Care Home, and residential treatment of Substance Use Disorder is another.

According to current state regulations (for small homes), one of these two examples is allowed to have a typical residential kitchen, and all other types are required to have an elaborate & expensive commercial kitchen (like you would see in a large institutional setting). I know what you’re thinking: Assisted living has a more vulnerable – elderly – population, so it must have the more stringent requirement, right?

Not so. Assisted living is the only type that is currently exempted from commercial kitchen requirements... but it didn’t use to be that way. Up until a few years ago, all Board & Care Homes were under the Office of Health Care Quality... but then MDH reorganized and created the Behavioral Health Administration. Residential SUD treatment went under the BHA, and the kitchen exemption failed to be copied over in the new regulations. And that’s an inconsistency that needs to be fixed. You see, my two homes were perfectly acceptable when they were used for assisted living. However, the same buildings, licensed for the same number of beds, are suddenly not acceptable for residential SUD.

### ***Unduly Burdened***

As you can imagine, the cost of a commercial kitchen in a small home would be exorbitant. It’s even worse when considering it as a retrofit. The existing residential kitchen would need to be gutted & replaced, including appliances, countertops, flooring, plumbing, possibly structural framing, etc. (if it will even fit).

- This situation would severely disrupt the treatment program.
- It would be a waste of resources that could otherwise be applied to other aspects of the program.
- Furthermore, it could even become cost-prohibitive.
- At the very least, it would destroy the extra-comforting environment of a ***small*** home, which is desperately needed by so many people suffering from addiction.

As the owner of Palmetto Corner residential treatment, I urge you to vote ‘yes’ to this bill. Thank you.

# **SB 794 Testimony - Carozza\_FINAL.pdf**

Uploaded by: Senator Mary Beth Carozza

Position: FAV

MARY BETH CAROZZA  
Legislative District 38  
Somerset, Wicomico,  
and Worcester Counties

Education, Energy, and  
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**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

**March 16, 2023**

**The Senate Finance Committee**

**SB 794 – Behavioral Health Programs – Residential Programs – Food Service Facility Requirements**

**Statement of Support by Bill Sponsor Senator Mary Beth Carozza**

Thank you, Chair Griffith, Vice Chair Klausmeier, and members of the distinguished Senate Finance Committee for allowing me to present Senate Bill 794 – Behavioral Health Programs – Residential Programs – Food Service Facility Requirements as amended.

This bill as amended would allow the Maryland Department of Health to adopt regulation standards that are appropriate to residential treatment programs for substance use disorder that have under 17 beds. In practice, this would allow residential treatment programs for substance use disorder to not have to install an elaborate and expensive commercial kitchen like you would see in a large industrial setting. The amendment presented to you would address the concerns of the Maryland Department of Health and the Maryland Association of County Health Officers.

For background, COMAR 10.15.03 are the regulations that outline the customs and practices surrounding Food Service Facilities. The Maryland Department of Health put these regulations in place as a result of Chapters 491, 338, and 339 of the Acts of 2018 and Chapters 230, 370, and 371 of the Acts of 2019. The Maryland Department of Health more or less divides Board and Care Homes into two categories: assisted living and residential treatment programs for substance use disorder, and both were originally the responsibility of the Maryland Department of Health's Office of Health Care Quality. However, several years ago the Maryland Department of Health reorganized and created the Behavioral Health Administration. Residential treatment programs for substance use disorder became the responsibility of the Behavioral Health Administration, and the kitchen exemption failed to be copied over in the new regulations.

The cost of a commercial kitchen in a residential home that houses one of these programs can be exponential. The existing kitchen would have to be gutted and replaced with commercial kitchen appliances such as commercial sinks and ventilation hoods. In some instances, the commercial kitchen would require more space than the original residential kitchen, and this space may not be available. Requiring a commercial kitchen could severely disrupt the program, destroying the comfort and supportive atmosphere of a small home these programs often require, and would be cost-prohibitive to many who run these programs. Further, these residential programs are designed to set individuals up for success after they leave, including cooking their own meals, and doing so in a commercial kitchen would be quite different to the typical residential kitchen they would be using in the future.

I truly appreciate your kind attention and consideration, and I respectfully ask for a swift and favorable report on SB 794.

## **SB0794 Amendment.pdf**

Uploaded by: Senator Mary Beth Carozza

Position: FAV



SB0794/823622/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

15 MAR 23  
08:16:26

BY: Senator Carozza

(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 794

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, strike “prohibiting regulations adopted by” and substitute “requiring”; in line 5, strike “from requiring certain residential programs to comply with” and substitute “to adopt regulations that establish”; in line 6, strike “regulations if the” and substitute “standards for certain”; and in the same line, strike “program has” and substitute “programs that have”.

AMENDMENT NO. 2

On page 3, in line 30, strike “**REGULATIONS ADOPTED**” and substitute “**THE DEPARTMENT SHALL ADOPT REGULATIONS**”; strike beginning with “**MAY**” in line 30 down through “**WITH**” in line 31 and substitute “**THAT ESTABLISH**”; in lines 31 and 32, strike “**REGULATIONS UNDER COMAR 10.15.03 IF THE**” and substitute “**STANDARDS THAT ARE APPROPRIATE TO**”; in the same line, strike “**PROGRAM HAS**” and substitute “**PROGRAMS THAT HAVE**”; and in line 33, strike “**IS**” and substitute “**ARE**”.

On page 4, in line 4, strike “June” and substitute “October”.

# **3b - X - SB 794 - FIN - MDH - LOS.docx - Google Do**

Uploaded by: State of Maryland (MD)

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 16, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SB 794 – Behavioral Health Programs - Residential Programs - Food Service Facility Requirements – Letter of Support**

Dear Chair Barnes and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for Senate Bill (SB) 794 – Behavioral Health Programs - Residential Programs - Food Service Facility Requirements. SB 794 exempts residential substance-related programs with fewer than 17 residents from the requirements of COMAR 10.15.03 - Food Service Facilities.

MDH recognizes the value in tailoring regulations to address the needs of these smaller programs. Currently COMAR 10.15.03 requires residential substance-related programs to have a commercial-like food service kitchen, including commercial sinks, ventilation hoods, and follow commercial kitchen codes. Purchasing and maintaining a commercial-like kitchen can create a burden on these providers, especially as patients in these programs typically cook their own meals. Furthermore, a practical component of residential treatment is setting individuals up for success after they leave their treatment program. If individuals are able to practice and begin using skills and resources while in treatment, they are more likely to be able to maintain their recovery in the months and years following rehab.<sup>1</sup>

MDH recommends amending this bill to replace language in the bill with uncodified language that would require MDH to establish regulations specific to these facilities. These regulations will be tailored to ensure proper food safety standards for these smaller programs. MDH is committed to drafting language and will work with the bill sponsor and the Committee in providing proposed drafted amendment language. If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov) or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.  
Secretary

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<sup>1</sup>Medicaid Innovation Accelerator Program “Overview of Substance Use Disorder (SUD) Care Clinical Guidelines: A Resource for States Developing SUD Delivery System Reforms”.  
<https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/reducing-substance-use-disorders/asam-resource-guide.pdf>

### **3a - X - SB 794 - FIN - MACHO - LOC.docx - Google**

Uploaded by: State of Maryland

Position: UNF



## 2023 SESSION POSITION PAPER

**BILL:** SB 794 – Behavioral Health Programs – Residential Programs – Food Service Facility Requirements

**COMMITTEE:** Senate Finance Committee

**POSITION:** Letter of Concern

**BILL ANALYSIS:** SB 794 exempts behavioral health residential programs with fewer than 17 residents from requirements to comply with food service facility regulations.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) and the Conference of Environmental Health Directors (the Conference) are concerned with the potential negative impact of SB 794 on food safety in sober living facilities. Many Health Officers and Environmental Health Directors have received complaints about food safety conditions in group homes, with several associated with foodborne illness outbreaks. Removing all requirements for basic hygiene standards would expose newly sober individuals to potential foodborne illness. It should be noted that people in sober homes are more likely than the average Maryland resident to have infections including HIV and hepatitis that leave them at higher risk of serious health consequences resulting from food poisoning.

Health Officers and the Conference encourage the Committee to keep current regulations of COMAR 10.15.03 in place **or amend SB 794 to require behavioral health residential facilities with <17 residents to abide by the less burdensome COMAR 10.07.14.28A subsections (1) (c) & (d).** This other section of regulations requires basic food safety protocols but are easier to administer than the current standards of COMAR 10.15.03. Small, assisted living facilities are covered under COMAR 10.07.14.28A subsections (1).(c)&(d)'s hygiene standards.

MACHO and the Conference are also concerned that SB 794, as currently drafted, could set a dangerous precedent for group homes housing more vulnerable populations to lobby for similar exemptions. While foodborne illness is unpleasant for everyone – for seniors, or medically fragile individuals - it can be deadly.

For these reasons, MACHO and the Conference submits this letter of concern for SB 794. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433.