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Executive Nominations Committee



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**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

**March 28, 2023**

**The House Health and Government Operations 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 Pena-Melnyk, Vice Chair Cullison, and members of the distinguished House Health and Government Operations Committee for allowing me to present Senate Bill 794 – Behavioral Health Programs – Residential Programs – Food Service Facility Requirements. The crossfile, House Bill 1153, received a unanimous vote from the full House on March 13<sup>th</sup>.

This bill 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. Both the Senate Bill and the House bill were amended to 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.