

# **NCADD-MD - 2024 SB 751 FAV - Opioid Restitution Fu**

Uploaded by: Ann Ciekot

Position: FAV



**Senate Finance Committee**

**March 1, 2024**

**Senate Bill 751 – Public Health - Opioid Restitution Advisory  
Council and Fund – Revisions**

**Support**

NCADD-Maryland strongly supports Senate Bill 751 which adds additional transparency and timeframes to the spending decisions related to the Opioid Restitution Fund (ORF). It also requires a set-aside for community recovery organizations that generally do not have access to other sources of ongoing funding from the State.

The number of overdose deaths in Maryland in August of 2023 increased by nearly 3% compared to August of 2022. The tens of millions of dollars coming to the state from the opioid manufacturers must be spent on activities that provide intervention, treatment and recovery support services.

Transparency of how settlement dollars are spent is an issue for states across the country. While we believe there is adequate transparency on how the state spends money, Senate Bill 751 proposes to add additional transparency to the money being spent by county and municipal governments that receive money directly from the settlements. We understand local governments are already required to provide reporting under the terms of the settlements. We believe making sure these reports are also shared with the Maryland Department of Health should not be an added burden. Further, the information should be easily accessible and posted on the Department's website.

The creation of the ORF's Advisory Council was intended to provide a level of transparency and community input into how money is spent from the State pot. This Advisory Council has made recommendations to the Secretary and Governor, and we await their decisions about the spending. Senate Bill 751 would add timeframes to those decision disclosures.

Finally, we are seeking to direct at least 25% of the funds to support community-based recovery organizations in Maryland. These organizations are nonprofits that are founded and led

*(over)*

by members the local recovery community, and provide non-clinical substance use recovery support services at no cost to the participant. These organizations provide a variety of essential services, including case management, peer support, funding for housing, and much more. Unlike services various treatment programs that are supported by Medicaid, recovery organizations depend on small grants and donations to remain open. We believe ensuring that there is a relatively stable pot of funds they can access on a competitive basis will improve their efficacy.

Maryland must continue to invest in treatment, peer support, prevention, harm reduction, and recovery support services. We believe Senate Bill 751 supports these efforts and we urge a favorable report.

# **SB 751\_Opioid Restitution Fund Set Aside\_BHSB\_FAVO**

Uploaded by: Dan Rabbitt

Position: FAV



March 1, 2024

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

*SB 751 - Public Health - Opioid Restitution Advisory Council and Fund - Revisions*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**Behavioral Health System Baltimore supports SB 751 - Public Health - Opioid Restitution Advisory Council and Fund - Revisions.** This bill would provide transparency in the funding decisions made related to the Opioid Restitution Fund (ORF) and establish an important set aside for community-based recovery organizations.

The ORF is an important funding source critical to combatting the opioid epidemic in Maryland. These dollars must be allocated strategically to maximize their impact and be responsive to community needs. The General Assembly established the ORF Advisory Council to make recommendations on funding allocations and provide a forum for community and stakeholder feedback. The Maryland Department of Health (MDH) is not required to follow ORF Advisory Council recommendations but should consider them. SB 751 would add some required timelines and explanations for the allocation decisions made by MDH to ensure transparency in how these important dollars are being used.

The bill would also allocate 25% of ORF dollars to community-based recovery organizations. These programs provide non-clinical services and support led by members of the local recovery and peer community. These programs prioritize critical social support, case management, and peer services that are not provided in traditional treatment settings. These recovery programs operate on small budgets and do not have a steady source of funding. BHSB funds these programs at about \$2 million per year from grant dollars passed through from MDH, but this funding is not secure. Allocating a portion of the ORF to these critical services would make sure these programs have the resources needed to serve their communities and become stronger and more effective.

Community priorities, including recovery support, must be considered for funding through the ORF.  
**BHSB urges the Senate Finance Committee to support SB 751.**

***For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142***

**Senate Bill 751 D.Santini Testimony 3.1.2024 (2).p**

Uploaded by: Debra Santini

Position: FAV

**Senate Bill**        **751**

**Bill Title**        **Public Health Advisory Council and Fund -  
Revision**

**Committees**      **Finance**

**Date**                **March 1<sup>st</sup> 2024**

**Position**         **In Favor**

**Hello, my name is Debbie Santini and I am in favor of this Senate Bill 751. I am writing to you as a mother of 2 sons that struggled with addiction. I have been an advocate for my sons and other Maryland families for over 10 years. My youngest son Jesse died in Stella 'Recovery' house on Marda Lane in Annapolis on February 16<sup>th</sup> 2022. Jesse died of fentanyl poisoning. There were 10 people in that house at the time of his death and no one saved his life. There were no safety measures in place at Stella house and no standard of protocol measures were used at the time of Jesse's entry.**

**This Senate bill 751 will allow transparency of funding and offer supports to those in recovery. There are many people who work tirelessly as boots on the ground to support people with substance use disorder. We need your support in favor of this bill to show transparency of the allocation of the Opioid Restitution Funds and to continue to combat the ever-growing opioid crisis in this state. This money going back to the recovery community could help to put safety measures in place in recovery houses.**

**We need to continue to work together and fight to save lives so that no other family is destroyed like mine has been. This money going back to the recovery community could help to put safety measures in place in recovery houses**

# **SB0751 Favorable.pdf**

Uploaded by: Hanna Jones

Position: FAV





**Daniel Carl Torsch  
Foundation**

New day. New beginning.

February 29, 2024

RE: SB0751 - Opioid Restitution Advisory Council and Fund - Revisions

Good Afternoon,

My name is Hanna Jones, I am the Supervisor of the Daniel Carl Torsch Foundation and in favor of SB0751.

This bill affects me both personally and professionally. I am an individual who at one point in my life could have greatly benefited from community based services. Instead I went through institutions and homelessness and eventually prison. Recovery is such a broad spectrum and without community based support often people fail to succeed simply due to lack of support in their own community.

As the supervisor of a community based organization who came from a hospital based setting I see daily the benefit of community based services/organizations. Maryland is not lacking when it comes to treatment centers, but the gap that needs to be filled is in the community. From youth to adult services this is where the need is and the impact can truly be made. By meeting people where they are and providing support, basic needs, and recovery support services we can provide early intervention, which has proven to reduce overdose deaths, recidivism rates and recurrent ER/hospitalizations.

Your support of SB0751 can truly make a difference in this uphill battle. Thank you for your time and consideration. I respectfully request a favorable report on this bill.

Hanna Jones, Supervisor and Care Coordinator

[HannaJ.DCTF@gmail.com](mailto:HannaJ.DCTF@gmail.com)

667-331-0227

**sb letter.pdf**

Uploaded by: Jennifer Berterman

Position: FAV



February, 29, 2024

Maryland General Assembly  
Senator Pamela Beidle  
Chair, Finance Committee  
RE: SB0751 - Opioid Restitution Advisory Council and Fund - Revisions

Greetings Chair Beidle and Committee Members,

My name is Jennifer Berterman, I am the owner/director of Halo Recovery Sober Living and I am in favor of SB0751.

I am also in recovery from substance abuse myself for 9 years now and know how important this bill is to our recovery community. I was fortunate to recover from active addiction right when fentanyl began hitting our streets of Baltimore and the surrounding counties. I have lost many people close to me, many beautiful, talented, and intelligent people who fell victim to this deadly disease and the opioid epidemic. I could have been one of those people had I not gotten out when I did.

In redemption mode, I began working in the field of addiction recovery to help others turn their lives around, overcome their addiction, and become contributing members of society again. My program is just one of many amazing programs in our area that helps these individuals treat their underlying issues, mend broken relationships with family, be present and loving parents again, obtain successful employment, and re-establish responsible independence. However, we are not able to provide this platform for these individuals who are trying to change their lives if we don't receive assistance from recovery support services that are offered from local non-profit organizations in our area.

This bill will help fund these organizations who work closely with our programs and support our clients, helping them achieve these goals and take their lives back. Ultimately, this bill will save many lives. The addiction recovery journey is rewarding when we have the proper support, but it can be very heartbreaking when we don't. The opioid epidemic consistently claims too many lives. These lives matter. They are daughters, sons, parents, siblings, friends, and most of all, they are humans who deserve a second chance at life. I hope you will produce a favorable report on this bill. I thank you for your time and consideration.

Kindly,  
Jennifer Berterman % Halo Recovery LLC  
#443-447-3599

# **SB0751 Testimony.pdf**

Uploaded by: Jennifer Tuerke

Position: FAV



February 29, 2024

Dear Senate Finance Committee,

My name is Jennifer Tuerke and I am a person in long term recovery and the Executive Director of Voices of Hope, a Recovery Community Organization (RCO) that serves Cecil and Harford Counties.

I am asking you to support SB 751 – doing so, you will be investing in Recovery from opioid use disorder throughout Maryland. After crisis and treatment, Recovery is what happens with us and our families in our communities. This bill invests directly into Recovery from addiction. Recovery Community Organizations are nonprofit groups that have been formed by people in recovery, parents and loved ones of those who have died from overdose and addiction. RCOs include such great organizations such as Addiction Connections Resource (ACR), Rage Against Addiction, Charm City Care Connection, James Place, Fort Recovery, etc. We fill the gaps in services in our local communities, especially needed in rural communities. Services include distributing Narcan, providing treatment connection, assisting with recovery planning after treatment, providing recovery housing, increasing access to vocational training and employment, offering family reunification supports, and comforting the grieving after an overdose death.

For example, in Cecil County, where we have no detox or inpatient treatment programs for those with Medicaid, we transport individuals to the closest location, 45 minutes away or more, when they are ready, 24 hours a day, 7 days a week – something no state agency or treatment center can do. RCO's work with health departments, justice systems and local governments to address needs so people have access to treatment but also are supported to overcome barriers to long term recovery.

Recovery supports are a smart investment because it moves us away from the costly acute care models of only crisis and treatment over and over again. This bill will provide RESTITUTION, or setting things right, for the opioid crisis caused in part by the pharmaceutical companies by funding directly into the local communities affected. We are asking for a percentage of total opioid restitution dollars. Currently, substance use RCO's have no dedicated funding stream statewide and we hustle every year to stay in operation, even in this overdose death crisis. Please support recovery in our communities, please support SB 751.

Thank you so much,

Jennifer A. Tuerke, Executive Director

# **TESTIMONY IN SUPPORT OF SB 0751.pdf**

Uploaded by: John Torsch

Position: FAV

## **TESTIMONY IN SUPPORT OF SB 751**

February 29, 2024

Maryland General Assembly  
Senator Pamela Beidle  
Chair, Finance Committee

**RE: SUPPORT of Senate Bill 0751  
(Public Health – Opioid Restitution Advisory Council and Fund – Revisions) FAVORABLE**

FROM: John Torsch, Baltimore County, Legislative District 8

Good Day Chair Beidle and Committee Members,

My name is John Torsch, I am the co-founder and program director of The Daniel Carl Torsch Foundation (DCTF). We advocate for harm reduction, addiction treatment, and recovery communities. Myself, and the DCTF support Senate Bill SB 0751, which would encourage transparency, and require a small percentage of the Opioid Restitution Funds to be earmarked for recovery support services.

The DCTF, leads a 6 person community outreach team made up of peer recovery specialists with lived experience battling addiction. We have been a part of introducing several pieces of legislation that were signed into law, including the 2013 Overdose Response Program, which led to the standing orders for Naloxone that we have today. In 2010, my younger brother Danny died in my home of a multi-drug overdose. Since then I have represented our foundation in Danny's memory. It is essential to share that I have lost more friends and family members than I can count to drug overdoses, drug-related health complications, and violence related to drugs.

As a peer recovery specialist and person in long term recovery from drug addiction, my life is literally "all addiction all the time." This broad spectrum of experience has given me a unique perspective on the drug syndemic that is ravaging our state and country. Without a shadow of a doubt, the recovery support services that myself, our team of peers and similar organizations provide are vital to the successful recovery of everyone that we serve. From helping people obtain identification and navigate complicated social services systems, to providing them with tangible supplies and being that voice of support in their darkest moments, we are dedicated to helping people improve their quality of life.

The recovery housing funding that we distribute is also critical to this success because as we all know, recovery begins with safe and stable housing. By maintaining a close relationship with both clients receiving funding, and the people running these programs, we are able to provide wrap-around support and accountability to these programs so they treat everyone with dignity and utilize best practices.

Funding sources for recovery support services like these as well as the recovery housing funding are not consistent. Small organizations like DCTF are often put up against much larger corporate organizations that have net worths of hundreds of millions of dollars, and are able to provide billable services. This unfair competition means that smaller organizations miss out on funding for these services. As we have seen in dozens of other states, even though there are clear Federal guidelines on how these funds are to be spent, these guidelines are not always followed and it is difficult to actually see where the money has gone. That is why SB 0751 is so important. This will guarantee a steady stream of funding to small community based organizations in order to provide the services these funds were meant to provide.

Lest we forget the 10s of thousands of people who died because of the greed and reckless dishonesty from pharmaceutical companies that were held accountable, and forced to pay this fine. This is blood money, paid in the memory of those we've loved and lost. These funds MUST not be squandered, they MUST be used to save lives with evidence based practices. Maryland has an excellent reputation for its progressive and person centered actions that our legislators have taken over the years to reduce drug related deaths and improve quality of life for those living with addiction.

I/We respectfully ask that you give SB 0751 a favorable report to stem the rising tide of overdose deaths in Maryland and help improve the quality of life for those living with addiction.

Thank you,

John Torsch  
Co-founder/Director of Special Programs  
The Daniel Carl Torsch Foundation  
[dctfoundationinc.org](http://dctfoundationinc.org)  
[dctfoundationinc@gmail.com](mailto:dctfoundationinc@gmail.com)  
410-847-4247



**SB07151 Testimony.docx.pdf**

Uploaded by: Jonathan Dayton

Position: FAV



**Statement of Maryland Rural Health Association (MRHA)**

To the Senate Finance Committee

Chair: Senator Pamela Beidle

February 29, 2024

***Senate Bill 0751: Public Health – Opioid Restitution Advisory Council and Fund – Revisions***

**POSITION: SUPPORT**

*Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA), is in SUPPORT of Senate Bill 0751: Public Health – Opioid Restitution Advisory Council and Fund – Revisions*

*This bill will ensure that community-based recovery organizations receive funding to address the opioid crisis in Maryland. We urge a favorable report.*

*On behalf of the Maryland Rural Health Association,  
Jonathan Dayton, MS, NREMT, CNE, Executive Director  
[jdayton@mdruralhealth.org](mailto:jdayton@mdruralhealth.org)*

# **Testimony - SB751 - Opioid Restitution Fund.pdf**

Uploaded by: Lisa Lowe

Position: FAV



***Testimony to Support Amendment***

***SB751:***

***Public Health - Opioid Restitution Advisory Council and Fund -  
Revisions***

***Senate Finance Committee***

***March 1, 2024***

***Prepared and Submitted by Lisa Lowe***

***lowelisa9395@gmail.com / 301-525-6183***

I am here today with cautionary support for the idea of the bill and the promise that it potentially holds out for COMMUNITY–BASED RECOVERY ORGANIZATIONS. But if I went around the room and asked each of you, “What is a Community-Based Recovery Organization?”, I doubt whether any one of you would know.

So, I’m going to tell you MY concept:

A Community-Based Recovery Organization is Addiction Connections Resource in Harford County, where Linda Williams founded the first Safe Station in Maryland inside her home in 2000, a full 17 years before Anne Arundel Safe Stations would be funded with a state grant in 2017.

Or it is Heroin Action Coalition of Montgomery County, where I navigated over 200 Marylanders into some level of treatment with no funding source whatsoever every year –a full six years before Montgomery County funded their STEER program that cost nearly \$240,000 to navigate between 44 and 101 people per year into treatment between 2017 and 2019.

Or it is any of six non-profits that formed a network throughout Maryland back in 2014, and that assisted close to 1400 families via in person and telephone support – providing education and support for families impacted by Opioid Addiction and Other Substance-Use Disorders, the same year that Maryland Coalition of Families for Children’s Mental Health was handed \$350,000 without an RFP or any bid process to pilot a program to do the same thing. For a grant amount of \$350,000, their target goal was to reach 100 families that year –but the baseline of 1400 families reached with a \$0 budget had already been established.

I, like about a dozen other Community-Based Recovery Organizations throughout Maryland, have had our programs replicated by our local jurisdictions, but never funded by our local jurisdictions. I currently have a website –[faceaddictionmd.org](http://faceaddictionmd.org), and a publication, copyright 2019, summarizing the conclusions of more than 650 valid research sources on treatment for opioid addiction, including data on alternative therapies, like kratom, ibogaine, cannabis, ketamine, amino-acid infusion, transcranial magnetic stimulation (tms), transcutaneous auricular neurostimulation (tan), hypnotherapy and others –both completed without any funding.

But you can't view the site right now because I haven't been able to afford my payment to Go Daddy for my domain name.

Last year, I contacted scientists and researchers from across the nation who agreed to fly to Maryland at their own expense to present their research on these alternative therapies. I had a Conference Center in Western Maryland that agreed to hold space and rooms without a deposit until two weeks prior to the Conference –an unheard-of deal I was told –but in the end, I couldn't find anyone willing to work pro bono to create the electronic promotion and registration pages, and so was forced to table the project.

These stories are just the tip of the iceberg –I have many more. So, are you really planning on funding COMMUNITY–BASED RECOVERY ORGANIZATIONS –whose leadership has always been at the forefront of innovative solutions, progressive drug policy, and successful outcomes, as we struggle year after year with zero to very little funding –to save the lives of our loved ones and everyone else while we're at it, only to have our programs replicated by local government health departments, million-dollar non-profits, and already established healthcare businesses –years, sometimes decades later, as soon as funding becomes available. Instead of funding good programs founded and operated by peers to save lives, we allow business operators to chase funding opportunities to make money.

If so, I would like to work with the bill sponsor to add amendments to the bill to define COMMUNITY–BASED RECOVERY ORGANIZATIONS, as well as language that will level the playing field for us –otherwise, this bill is not really about COMMUNITY–BASED RECOVERY ORGANIZATIONS.

# **SB0751 Favorable.pdf**

Uploaded by: Toni Torsch

Position: FAV



# Daniel Carl Torsch Foundation

New day. New beginning.

February 29, 2024

Maryland General Assembly

Senator Pamela Beidle

Chair, Finance Committee

RE: SB0751 - Opioid Restitution Advisory Council and Fund - Revisions

Good Day Chair Beidle and Committee Members.

My name is Toni Torsch, I am the Director of the Daniel Carl Torsch Foundation and in favor of SB0751.

This is important legislation that will enhance our response to the opioid crisis. It will require transparency that Marylanders deserve.

This bill will also prioritize **community based recovery organizations** (RCO) as part of the solution to the opioid crisis. These organizations meet the needs of those who are struggling with substance use directly where they are in their communities with recovery-orientated services. Services including assistance with sober housing, obtaining vital documents and identification, food, job skill training and basic essentials. By dedicating resources from the Opioid Restitution Fund to recovery, we can help provide stability, change and save lives in Maryland.

Community-Based Recovery Organizations” means a nonprofit organization that:

- is founded and led by members of the local recovery community; and
- provide non-clinical substance use recovery support services at no cost to the participant.

These funds should not be any type of a department budget filler, nor should the presumed complexity of the settlement agreement be a factor in allowing this small percentage be dedicated to RCOs of Maryland.

A quote taken from our Attorney General Brown’s press release on 2/2/2024, *“The opioid epidemic has claimed thousands of innocent lives through addiction and overdoses, has torn families apart, and has devastated communities across this country,”* said Attorney General Brown. *“This settlement money will help support recovery efforts in Maryland and prevent future loss where we need it most”*.

Your support of SB0751 will signal a strong commitment to public health and recovery in Maryland.

Thank you for your time and consideration. I respectfully request a favorable report on this bill.

Toni Torsch, Director

[dctfoundationinc@gmail.com](mailto:dctfoundationinc@gmail.com)

443-554-6150

*Mission: to provide assistance for substance abuse treatment and sober living; promote and provide overdose prevention programs.*



**5a - SB 751 - LOSWA (1).pdf**

Uploaded by: Jason Caplan

Position: FWA



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary  
March 1, 2024

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

### **RE: Senate Bill 751 – Public Health – Opioid Restitution Advisory Council and Fund – Revisions - Letter of Support with Amendments**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) and the Maryland's Office of Overdose Response (MOOR) respectfully submit this letter of support with amendments for House Bill (SB) 751– Public Health – Opioid Restitution Advisory Council and Fund – Revisions.

SB 751 contains technical updates to the name of the Office of Overdose Response and has several provisions relating to transparency around reporting regarding spending from the Opioid Restitution Fund (ORF) and opioid related settlements. The bill adds supporting community-based recovery organizations as a purpose of funding from Maryland's ORF. Additionally, the bill requires that in each fiscal year, at least 25% of the money in the fund be used to support community-based recovery organizations and that each subdivision that receives money from the fund report to the secretary on certain matters related to the use of the funds.

The ORF is key to our work to combat the deadly opioid crisis and the Department supports many of the important updates that HB 980 makes to the ORF process. However, due to the critical nature of the work that the ORF makes possible and the importance of ensuring that funds are spent in accordance with the settlement agreements that make the ORF possible, the Department does suggest some amendments to the bill. Specifically, the Department suggests:

- 1) Amending the funding decision timeline;
- 2) Defining community-based recovery organizations; and
- 3) Striking the 25% minimum funding requirement for community-based recovery organizations..

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs, at 410-260-3190.

Sincerely,

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

Emily Keller  
Special Secretary of Overdose Response



**MDDCSAM SB 751 ORF transparency.pdf**

Uploaded by: Joseph Adams, MD

Position: FWA



*MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

**SB 751 Public Health - Opioid Restitution Advisory Council and Fund – Revisions.**  
Finance Committee. March 1, 2024

### **SUPPORT WITH AMENDMENT**

As of October 19th 2023, 18 states have indicated they will report to the public how 100% of their opioid settlement funds will be spent: AZ, CO, CT, DE, FL, ID, IN, MA, MN MO, NH, NJ, NC, OR, SC, UT, WA.

***Maryland is not among them.***

According to the Executive Director of the Opioid Policy Institute (<https://opioidpolicy.org>) Jonathan Stoltman, "The opportunity for trouble is massive with 50 billion dollars. My concern is: is it cronyism? Is there some kind of waste, fraud and abuse happening? Because you can't look at it. It's all back door secret stuff, and that's scary." (Reference: The National Desk)

According to Christine Minhee JD, founder of OpioidSettlementTracker.com, "Public reporting of the settlement expenditures is not required by the settlements themselves, so we're in wild west territory." (OpioidSettlementTracker.com independently investigates the transparency of each of these fund's state by state). (Reference: The National Desk)

**Without full transparency, states, including their Opioid Advisory Councils, will be unable to meaningfully evaluate or modify spending over the 15 – 18 years that these funds will be dispersed, and there are a great many ways that funds could be wasted or used ineffectively.**

**Therefore, we strongly support that transparency provisions of this bill.**

### **PROPOSED AMENDMENT:**

**We propose removing the provision that at least 25% of all funds be earmarked for community-based recovery organizations.**

It is possible that community-based recovery services are relatively under-funded and a 25% level of funding might eventually be deemed appropriate. However, this is likely to change over time. We believe that spending priorities should be determined on their merits and that a mandated earmark interferes with making the best spending decisions.

**Some recovery services are not providing the standard of care.** Many recovery residences limit or prohibit access to FDA-approved medications to treat opioid use disorder (OUD) regardless of patient preference or medical provider's recommendation. This practice does not meet the most basic standard of care for OUD. Nevertheless, many such recovery residences receive quality certification from the Maryland Certification of Recovery Residences program (MCOORR). (Reference: LAC)

With this amendment, we urge a favorable report.

Joseph A. Adams, MD, FASAM, board certified in internal medicine and addiction medicine.

(continued . . .)

## REFERENCES:

The National Desk (News reference): 'Lack of transparency concerns over billions in Opioid settlement money distributions.' October 17th 2023, Updated October 19th 2023

<https://thenationaldesk.com/news/spotlight-on-america/lack-of-transparency-concerns-over-billions-in-opioid-settlement-money-distributions>

LAC: Legal Action Center. Opioid Use Disorder & Health Care: Recovery Residences. People who take medication for opioid use disorder (MOUD), like methadone or buprenorphine, often experience illegal barriers to healthcare. (posted 2022) <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>

# **SB751 Amendment - Definition.pdf**

Uploaded by: Katherine Klausmeier

Position: FWA



SB0751/223127/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

07 FEB 24  
10:33:35

BY: Senator Klausmeier  
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 751  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike in their entirety lines 21 through 25, inclusive.

On page 2, in line 1, strike “7-331(f)” and substitute “7-331(a) and (f)”.

AMENDMENT NO. 2

On page 3, in line 16, after “(a)” insert “**(1)**”; in the same line, strike the comma and substitute “**THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**”

**(2) “COMMUNITY-BASED RECOVERY ORGANIZATION” MEANS A  
NONPROFIT ORGANIZATION THAT:**

**(I) IS FOUNDED AND LED BY MEMBERS OF A STATE OR  
LOCAL SUBSTANCE USE RECOVERY COMMUNITY; AND**

**(II) PROVIDES NONCLINICAL SUBSTANCE USE RECOVERY  
SUPPORT SERVICES AT NO COST TO THE PARTICIPANT.**

**(3)**”.



**5b - SB 751 - FIN- MACHO - LOSWA.pdf**

Uploaded by: State of Maryland (MD)

Position: FWA



**2024 SESSION  
POSITION PAPER**

**BILL:** SB 751 - Public Health – Opioid Restitution Advisory Council and Fund – Revisions  
**COMMITTEE:** House Health & Government Operations Committee  
**POSITION:** Letter of Support With Amendments  
**BILL ANALYSIS:** SB 751 establishes certain reporting requirements on political subdivisions regarding expenditures of money received from the Opioid Restitution Fund (ORF), requires the Secretary of Health to present decisions for the allocation of money from the ORF; adds an additional use of the ORF funds to support community-based recovery organizations; and requires at least 25% of the Fund to be used to support community-based recovery organizations.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) offers this Letter of Support With Amendments for SB 751. MACHO supports efforts to improve accountability related to the Opioid Restitution Fund. Local health departments have a long history of working to address the opioid crisis through prevention programming, evidence-based treatment, and the provision of wraparound services to Marylanders affected by opioid use disorder. In collaboration with local stakeholders, local health departments are actively engaged in the development and execution of local abatement plans using ORF funds.

As currently written, the bill requires at least 25% of the money in the Opioid Restitution Fund to be used to support community-based recovery organizations. MACHO recognizes the important role that community-based recovery organizations play in the statewide response to the opioid epidemic, many local health departments partner closely with these organizations in their jurisdictions. However, the requirement that a minimum of 25% of these funds be restricted to this one use may not be in the best interest of each community. Local subdivisions were charged with developing local abatement plans to determine how to use ORF funds to best meet the specific needs of local communities. These plans are already being developed with the involvement of local stakeholders, including community-based recovery organizations, and members of the community. Some jurisdictions are in the final approval process.

As the resources available to address the opioid epidemic vary widely across subdivisions, the establishment of minimum funding requirements may conflict with the needs and priorities identified locally. In addition, each jurisdiction may not have a community-based recovery organization that can receive these funds. Other community-based recovery organizations may not be equipped to manage the level of funding that would be awarded if the 25% requirement were to take effect. ***Decisions regarding the allocation of funding are best made at the local level to allow each jurisdiction to tailor funding decisions to its unique needs and circumstances.***

For these reasons, MACHO respectfully requests the following amendment to the bill text:

- Strike Page 4, Lines 30 through 32.

The proposed amendment will allow local jurisdictions the flexibility to allocate funding as needed, including the ability to award funding to community-based recovery organizations, while preserving the bill's efforts to improve accountability of ORF funding. For these reasons, MACHO provides a Letter of Support With Amendments for SB 751. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

**SB0751-FIN\_MACo\_OPP.pdf**

Uploaded by: Sarah Sample

Position: UNF



## **Senate Bill 751**

### *Public Health – Opioid Restitution Advisory Council and Fund - Revisions*

MACo Position: **OPPOSE**

To: Finance Committee

Date: March 1, 2024

From: Sarah Sample

The Maryland Association of Counties (MACo) **OPPOSES** SB 751. This bill adds an additional layer of requirements around the use and reporting of funds from the state opioid settlements. County opposition to this bill centers on the unnecessary procedural requirements and its mandated allocation of a minimum share of funds from the State’s Opioid Restitution Fund to a certain set of providers.

The emotional, physical, and financial damage inflicted on communities across Maryland by the opioid crisis is almost incalculable. The remediation efforts, while extensive, may never allow families and individuals to recover what they’ve lost. Federal, state, and local governments, as well as community stakeholders, are the cornerstone of the progress that can be achieved. These are efforts that require an extensive level of collaboration and accountability, which is what the settlement agreements explicitly mandate and require.

SB 751 adds redundant standards, procedures, and requirements that have the potential to conflict with and, in some instances, counter the existing legal mandates in current law. Further, the bill creates a mandate for the State to set aside 25 percent of the Opioid Restitution Fund for community-based recovery organizations, rather than requiring that their grant applications be considered amongst the entire competitive pool of applicants, including local governments.

Abiding by the already stringent requirements of the settlement agreements is the necessary framework for rolling out resources and services for individuals and at-risk communities struggling with the opioid crisis. This is not to say additional provisions might not be prudent in the future, but the implementation efforts with settlement funds are in their infancy. Making changes before the process is fully underway could squander valuable time, especially as sufficient safeguards already exist.

While counties appreciate the need for collaboration with community providers, they oppose uniform mandated funding to any one segment of the potential programs or recipients. Accordingly, MACo urges an **UNFAVORABLE** report for SB 751.

**02.14.24 LOO SB 0751 Joint.pdf**

Uploaded by: Terry Hale

Position: UNF

Danielle Hornberger  
County Executive

Steven Overbay  
Director of Administration

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Council President

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**CECIL COUNTY GOVERNMENT**  
Cecil County Administration Building  
200 Chesapeake Boulevard, Elkton, MD 21921

The Honorable Pamela Beidle  
The Honorable Katherine Klausmeier  
Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, MD 21401

RE: SB 0751 - Public Health – Opioid Restitution Advisory Council and Fund – Revisions  
Letter of Opposition

Dear Chairman Beidle, Vice Chair Klausmeier and Members of the Finance Committee:

The County Council and the County Executive of Cecil County unanimously opposes SB 0751 - Public Health – Opioid Restitution Advisory Council and Fund – Revisions. The hearing on this legislation is scheduled for March 1, 2024.

It is our understanding that this legislation is requiring the Secretary of Health to present decisions for the allocations of money from the Opioid Restitution Fund to the Opioid Restitution Fund Advisory Council; requiring the Maryland Department of Health to post on the Department's website certain information regarding allocations of money from the Fund; requiring in each fiscal year, that at least 25% of the money in the Fund be used to support community-based recovery organizations in the State; establishing certain reporting requirements; etc.

The allocations of money from the Opioid Restitution Fund to the Opioid Restitution Fund Advisory Council should be sent to the local jurisdiction and allow them to best allocate the funds based on the needs of the community. Cecil County strongly opposes this legislation.

The County Executive and County Council of Cecil County respectfully request that the Finance Committee send an unfavorable report on SB 0751.

Sincerely,

Handwritten signature of Danielle Hornberger in black ink.

Danielle Hornberger  
County Executive

Handwritten signature of Jackie Gregory in blue ink.

Jackie Gregory  
President of County Council

**SB751\_SMART\_Favorable.pdf**

Uploaded by: Deborah Burrell

Position: INFO





# Strengthening the Mid-Atlantic Region for Tomorrow

Four States, One Region, Infinite Possibilities

February 29, 2024

Chair Senator Pamela Beidle  
Vice Chair Senator Katherine Klausmeier  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

RE: SB751 – Favorable

Dear Chair Beidle, Vice Chair Klausmeier and Committee Members,

We are writing today in support of SB 751, to require the Secretary of Health to present decisions for the allocations of money from the Opioid Restitution Fund to the Opioid Restitution Fund Advisory Council; requiring the Maryland Department of Health to post on the Department's website certain information regarding allocations of money from the Fund; requiring in each fiscal year, that at least 25% of the money in the Fund be used to support community-based recovery organizations in the State; establishing certain reporting requirements; etc.

The Strengthening the Mid-Atlantic Region for Tomorrow (SMART) is a non-profit group that supports primarily Maryland, Pennsylvania, New Jersey, and Delaware on legislative and policy issues affecting the Mid-Atlantic Region. SMART has 15 working groups comprised of industry and community leaders across the 4 states in healthcare, veteran's issues, and workforce development.

We are gravely concerned about the on-going opioid overdose epidemic and the rise of substance use disorder, due to the disproportionate impact on the region due to the I-95 corridor. SMART has been broadening the outreach with our healthcare working group to support consistent implementation of best practices across the region to combat this crisis.

As you may know, provisional drug overdose statistics from the CDC indicate that for the 12-month period ending in September 2023, ~111,000 Americans died from drug overdoses, which includes Maryland's ~2500 deaths, an almost 3% increase from the previous year.<sup>1</sup> SMART understands the challenges Maryland currently faces, as one of the most impacted in the nation. Not only are these losses unnecessary, but there are also enormous direct and indirect costs to families, healthcare systems, employers and society that may be greatly mitigated through existing channels. According to the CDC, the U.S. economic cost of opioid use disorder (\$471B) and fatal opioid overdose (\$550B) during 2017 totaled just over \$1T.<sup>2</sup>

Maryland's Opioid Restitution Fund has provided an opportunity to establish, promote, and sustain programs for the prevention and treatment of opioid use disorders. These programs, new and existing, are critical to overcoming the opioid epidemic.

SMART understands that opioid use prevention is priority, but it is vital for recovery initiatives to be recognized with similar importance. Recovery is highly personal process, and has proven to not be one-size-fits-all as far as the pathways taken for those who are successful. While clinical treatments and medications have proven effective, they often are not solely responsible for one's recover. Support systems, including peer, family, faith-based, and self-care, have proven their efficacy, as recovery is a lifestyle change and requires one to maintain continual growth and improvement. Further, community and faith leaders are often the first points of contact when individuals and families are in crisis, and they will often turn to these contacts before reaching out to professionals. These human networks are critical expanded safety net for initial points of contact, and if a person in recovery faces a setback.

Therefore, as part of Maryland's holistic approach to overcoming the opioid epidemic, community-based recovery organizations should be considered, and given priority, as an integral part of the response. Funding to support the establishment and sustainment of these organizations is vital to expand access to individuals and families that may lack resources otherwise.

SMART acknowledges, and applauds, Maryland for the great lengths taken to ensure a comprehensive approach to the crisis, and the consideration provided to securing equitable access to overdose and addiction prevention and treatment

<sup>1</sup> <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>2</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7015a1.htm#:~:text=The%20U.S.%20economic%20cost%20of,during%202017%20totalled%20%241%2C021%20billion.>





## Strengthening the Mid-Atlantic Region for Tomorrow

Four States, One Region, Infinite Possibilities

services. Our hope is that Maryland continues to be at the forefront in mitigating overdose deaths, and the actions encourage other states to follow suit.

Thank you for your consideration of the passage of SB751.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Carullo".

Robert Carullo  
SMART Executive Director  
[bcarullo@smartstates.com](mailto:bcarullo@smartstates.com)

A handwritten signature in black ink, appearing to read "Deborah Burrell".

Deborah Burrell  
SMART Board Member, Maryland  
[dburrell@burrellig.com](mailto:dburrell@burrellig.com)