

# **HB 1031 Testimony.pdf**

Uploaded by: Delegate Jazz Lewis

Position: FAV

JAZZ LEWIS  
*Legislative District 24*  
Prince George's County

MAJORITY WHIP

Appropriations Committee



The Maryland House of Delegates  
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Annapolis, Maryland 21401  
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## THE MARYLAND HOUSE OF DELEGATES ANNAPOLIS, MARYLAND 21401

Testimony of Delegate Jazz Lewis on Correctional Services - Medication-Assisted Treatment  
Chair Clippinger, Vice Chair Bartlett, and members of the Judiciary Committee

For the record, Delegate Jazz Lewis here to testify on my legislation, HB1031, to help fund our counties' medication-assisted treatment programs in their correctional facilities. This is a crucial program in our fight to tackle the opioid crisis we are seeing across the nation. Through these programs administered at county facilities, we can identify those in need of treatment and get them the assistance they need to move on from addiction with medically-proven treatments administered by professionals.

But even as we have heard great reports from both those who have been treated and those facilities that administer the program, the funding from the state that required these programs in the first place has not materialized. This has stretched the budgets of county facilities that are looking to continue these plans but might be struggling to meet the budgetary needs to provide these services.

What this bill sets out to do is establish a standard and flexible funding pathway to ensure that counties receive the funding that they need to continue these crucial MAT programs. This funding would emanate from the state portion of the opioid settlement funds or, a general fund appropriation. This will help the state meet its funding obligations to these programs so that we can ensure a crucial piece in our fight against the opioid crisis remains operational.

I also want to note, that we are working on a couple of amendments to restore the requirement that programs have on hand a number of treatment medications as well as a number of technical fixes for the bill. I am happy to provide it to the committee once they are finalized.

Thank you for your attention and for the opportunity to speak on this vital initiative.

With best,

Delegate Jazz Lewis

## **Late testimony**

Uploaded by: Jason Kaplan

Position: FAV



## DEPARTMENT OF HEALTH

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

March 7, 2024

Honorable Luke Clippinger  
Chair, Judiciary Committee  
Room 101, House Office Building  
Annapolis, Maryland 21401

Honorable Joseline A. Peña-Melnyk  
Chair, House Health and Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401-1991

### **RE: House Bill 1031 - Correctional Services – Medication–Assisted Treatment Letter of Support with Amendments**

Dear Chair Clippinger, Chair Peña-Melnyk, and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for House Bill (HB) 1031 Correctional Services – Medication–Assisted Treatment. The Department oversees Medication-Assisted Treatment (MAT) programs for Opioid Use Disorder, through the Opioid Restitution Fund (ORF) and the Maryland State Opioid Response (MD-SOR) grant program. The current statutes support the provision of Food and Drug Administration (FDA)-approved opioid medication for the treatment of opioid use disorders at local correctional facilities statewide.

The Department supports the intent of this bill and notes that MAT use in correctional facilities is an important tool to combat the opioid crisis.<sup>1,2,3,4</sup> However, we respectfully recommend amending the bill to:

- **Strike the requirement that grants must be equal to the costs incurred by the county.** The Department is committed to providing counties with funding to defray the cost of MAT provided in correctional settings; however there are several settlements that

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<sup>1</sup> Brinkley-Rubinstein L. et al. Risk of fentanyl-involved overdose among those with past year incarceration: Findings from a recent outbreak in 2014 and 2015. *Drug and Alcohol Dependence*. 2018;185:189-191.

<sup>2</sup> Zaller N. et al. Initiation of buprenorphine during incarceration and retention in treatment upon release. *Journal of Subst Abuse Treat*. 2013;45:222-226.

<sup>3</sup> Green T. et al. Post Incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*. 2018. Published online Feb 14, 2018.

<sup>4</sup> Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field, Posted online November, 2018 [www.ncchc.org/jail-based-mat](http://www.ncchc.org/jail-based-mat)

make up the ORF, and the amount of monies in this fund are merely projections until the transfers are actually made. There are provisions in the settlement agreements that can and have changed the actual amounts the State receives in any given year. Moreover, each settlement has specific terms, and the Department must ensure that spending is in line with settlement terms and conditions or the state is at risk for returning funds.

- **Strike requirements for the Secretary to consult with the Opioid Operational Command Center (now the Maryland Office of Overdose Response, or “MOOR”).** The Secretary currently receives guidance from the ORF Advisory Council regarding potential spending of the ORF. This amendment would be consistent with the current advisory structure set up for the ORF.
- **Require the submission of a report to the Department, and additional reporting requirements.** The county should submit a report to the Department, instead of MOOR, to ensure that work envisioned under this bill is aligned across all programmatic areas, including MOOR, and the Behavioral Health Administration in the Department. Moreover, additional county reporting requirements should be added to include, demographic data of the number of individuals receiving a service under an MAT program, the type of medication they received, the number of days they were treated, the degree to which those receiving treatment have a chronic disease, including opioid use disorder, and alcohol use disorder, and discharge and care coordination provided under such a program.
- **Strike provisions that penalize counties for not submitting a plan.** The Department recommends striking the provision that reduces funding to jurisdictions if the required reporting is not submitted within a given timeframe.

MDH will provide proposed amendment language for the Committee’s consideration.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,



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

Emily Keller  
Special Secretary of Overdose Response

**02.21.24 LOS HB 1031 Joint.pdf**

Uploaded by: Terry Hale

Position: FAV

*Danielle Hornberger*  
County Executive

Steven Overbay  
Director of Administration

Office: 410.996.5202  
Email: [dhornberger@ccgov.org](mailto:dhornberger@ccgov.org)



Jackie Gregory  
Council President

Robert Meffley  
Vice President

Office: 410.996.5201  
Email: [council@ccgov.org](mailto:council@ccgov.org)

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

February 21, 2024

The Honorable Luke Clippinger  
The Honorable J. Sandy Bartlett  
Judiciary Committee  
Room 101  
House Office Building  
Annapolis, MD 21401

RE: HB 1031 Correctional Services - Medication-Assisted Treatment  
Letter of Support

Dear Chairman Clippinger, Vice Chair Bartlett and Members of the Judiciary Committee,

The County Council and the County Executive of Cecil County unanimously support HB 1031 - Correctional Services - Medication-Assisted Treatment. The hearing on this legislation is scheduled on March 7, 2024.

It is our understanding that this legislation is repealing the requirement that each local correctional facility make available at least one formulation of each FDA-approved full opioid agonist, partial opioid agonist, and long-acting opioid antagonist used for the treatment of opioid use disorders; requiring the Maryland Secretary of Health to annually provide each county a grant equal to the costs incurred by the county for the implementation of a certain medication-assisted treatment program; and expanding the authorized uses of the Opioid Restitution Fund.

Cecil County supports the goal of rehabilitation and treatment of opioid use disorders of our incarcerated citizens and providing treatment during this time will help with the transition back into society. Grant funding from the State to provide these treatments will ensure the program will be funded.

The County Executive and County Council of Cecil County respectfully request that the Judiciary Committee send a favorable report on HB 1031.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Hornberger".

Danielle Hornberger  
County Executive

A handwritten signature in blue ink, appearing to read "Jackie Gregory".

Jackie Gregory  
President of County Council

# **MCPA-MSA\_HB 1031 Medication-Assisted Treatment - S**

Uploaded by: Andrea Mansfield

Position: FWA





# Maryland Chiefs of Police Association

## Maryland Sheriffs' Association



### MEMORANDUM

**TO:** The Honorable Luke Clippinger and Joseline Pena-Melnyk, Chairs of the House Judiciary Committee and Health and Government Operations Committee

**FROM:** Darren Popkin, Executive Director, MCPA-MSA Joint Legislative Committee  
Andrea Mansfield, Representative, MCPA-MSA Joint Legislative Committee  
Natasha Mehu, Representative, MCPA-MSA Joint Legislative Committee

**DATE:** March 7, 2024

**RE:** **HB 1031 Correctional Services – Medication–Assisted Treatment**

**POSITION:** SUPPORT WITH AMENDMENTS

The Maryland Chiefs of Police Association (MCPA) and the Maryland Sheriffs' Association (MSA) **SUPPORT HB 1031 WITH AMENDMENTS**. This bill provides much-needed funding for medication-assisted treatment (MAT) in county jails.

HB 1031 requires the Secretary of Health to provide grants to each county that equal the costs of the MAT program. To receive this funding, which covers the preceding fiscal year counties must submit an annual report to the Opioid Operational Command Center on the number of days each inmate was provided MAT services. Counties may submit for prior state commitments unfulfilled by State funding in reports submitted before October 1, 2025.

When the legislation creating the MAT program in local jails was initially passed, it was under the understanding that the State would cover the costs of the program. Unfortunately, state funding quickly became inconsistent and unreliable. Costs are regularly shouldered by the locals. This bill strengthens the language requiring state funding for the program and establishes the Opioid Restitution Fund as the source of funding. It also creates a uniform reporting process for keeping track of MAT services and the costs owed to counties. It even includes a mechanism for the state to deduct funding for late reports.

However, the bill contains a provision removing the requirement that each FDA-approved medication for the treatment of opioid use disorder be made available. Limiting the medications available for treatment does not align with best treatment practices and would prevent some inmates from receiving the most appropriate treatment. The bill should be amended to retain the original statutory language.

For these reasons, MCPA and MSA **SUPPORT HB 1031 WITH AMENDMENTS** and urge a **FAVORABLE** committee report as amended.

# **NCADD-MD - 2024 HB 1031 FWA - OUD Treatment in Jai**

Uploaded by: Ann Ciekot

Position: FWA



**House Judiciary Committee  
March 7, 2024**

**House Bill 1031 – Correctional Services – Medication–Assisted Treatment**

**Support with Amendments**

NCADD-Maryland supports amending House Bill 1031 in two ways. First, we support the sponsor’s amendment that remove the brackets on page 3 in lines 26 and 29. Those brackets repeal the mandate, passed in 2019, that local detention centers provide medication assisted treatment for people with opioid use disorders. As we understand this was a drafting error, we support the sponsor’s amendment to remove those brackets.

NCADD-Maryland also has no objection to the amendment that clarifies partial opioid agonists can be transmucosal or long-acting. While we believe the language in the existing law does not prohibit any particular formulation, we can support the clarification.

As for the section that provides for funding to come from the Opioid Restitution Fund, we are generally supportive of using these funds to help local detention centers get these services provided. We support the amendments offered by the Maryland Association of Counties that include transparency in the reporting by detention centers on how they are spending money for these services.

In addition, we ask for the following amendment that would require local detention centers to begin examining their health care contracts for eventual inclusion of these services as a regular part of their provision of health care services to people in their custody. Substance use disorder treatment is not a special or extra service that is optional. Treatment is health care and the State and local governments should work toward including these services and their costs into their health care contracts.

Amendment No. 1, on page 11, line 1, insert:

SECTION 2, AND BE IT FURTHER ENACTED, That facilities shall certify to the Governor’s Office of Crime Prevention, Youth, and Victim Services that they are in health care contracts that include the provision of medication assisted treatment for opioid use disorders and any related counseling services by July 1, 2027. The Governor’s Office of Crime Prevention, Youth, and Victim Services shall provide technical assistance to ensure facilities have the required contracts.

With these amendments, we ask for a favorable report on House Bill 1031.

# **HB1031 Written Testimony - GOCPP.pdf**

Uploaded by: Brandi Cahn

Position: FWA

WES MOORE  
Governor

ARUNA MILLER  
Lieutenant Governor



DOROTHY LENNIG  
Executive Director

March 7, 2024

Judiciary Committee  
Room 101  
House Office Building  
Annapolis, MD 21401

RE: HB1031 - Correctional Services - Medication-Assisted Treatment - **Favorable with Amendments**

Dear Chair Clippinger, Vice Chair Bartlett and Members of the Committee:

The Governor's Office of Crime Prevention and Policy (GOCPP) respectfully supports House Bill 1031 - Correctional Services - Medication-Assisted Treatment, with an amendment to require local correctional facilities to offer all FDA-approved forms of Medications for Opioid Use Disorder (MOUD).

HB1031 seeks to repeal the requirement that each local correctional facility make available at least one formulation of each FDA-approved full opioid agonist, partial opioid agonist, and long-acting opioid antagonist used for the treatment of opioid use disorder (OUD). According to the [American Society of Addictions Medicine](#), "all FDA-approved medications for the treatment of opioid use disorder should be available to all patients. Clinicians should consider the patient's preferences, past treatment history, current state of illness, and treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone."<sup>1</sup>

Furthermore, the [Bureau of Justice Assistance Guidelines for Managing Substance Withdrawal in Jails](#) states, "Buprenorphine and methadone are first-line treatments for opioid withdrawal and OUD." The guidelines continue to say, "Policy decisions disallowing or disincentivizing FDA-approved medications for opioid withdrawal or OUD are not clinically appropriate."<sup>2</sup>

Medications for opioid use disorder are a critical tool in combating the opioid crisis in Maryland. Equipping local correctional facilities to provide this care will improve public safety and public health. GOCPP strongly urges a favorable report on HB1031 with the proposed amendment to ensure Maryland jails meet the standard of care for the treatment of individuals with opioid use disorder.

For more information, please contact Brandi Cahn, Assistant Director of Justice Reinvestment, [Brandi.Cahn1@maryland.gov](mailto:Brandi.Cahn1@maryland.gov).

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<sup>1</sup> American Society of Addictions Medicine. (2020). National Practice Guideline for the Treatment of Opioid Use Disorder. White et al.

<sup>2</sup> Bureau of Justice Assistance. (2023). Guidelines for Managing Substance Withdrawal in Jails.

**BaltimoreCounty\_FWA\_HB1031.pdf**

Uploaded by: John Olszewski

Position: FWA

JOHN A. OLSZEWSKI, JR.  
*County Executive*



JENNIFER AIOSA  
*Director of Government Affairs*

AMANDA KONTZ CARR  
*Legislative Officer*

WILLIAM J. THORNE  
*Legislative Associate*

**BILL NO.: HB 1031**

**TITLE:** Correctional Services – Medication-Assisted Treatment

**SPONSOR:** Delegate Lewis

**COMMITTEE:** Judiciary

**POSITION:** **SUPPORT WITH AMENDMENTS**

**DATE:** March 7, 2024

Baltimore County **SUPPORTS WITH AMENDMENTS** House Bill 1031 – Correctional Services – Medication-Assisted Treatment. This legislation would provide formulaic grant funding to assist local detention centers with operating their Medication Assisted Treatment programs.

Counties across the State of Maryland desperately need this funding due to the disproportionate number of incarcerated individuals who depend on medication-assisted treatment. However, HB 1031 removes the requirement for local corrections facilities to provide all three FDA approved medications for opioid use disorder. The legislation should be amended to remove this change due to the fact that provision of medications for a chronic health condition, such as opioid use disorder, is an evidence-based practice. Research demonstrates that providing medications for opioid use disorder in corrections settings improves treatment and recovery outcomes for returning individuals and also reduces fatal and nonfatal overdoses. Incarcerated individuals are otherwise at significant increased risk (40-120 times, depending on the location) of overdose upon release. Every opioid overdose death is the tragic loss of a loved one. Baltimore County hopes to continue collaborating with the State of Maryland and community partners to combat this deadly epidemic.

Accordingly, Baltimore County urges a **FAVORABLE WITH AMENDMENTS** report on HB 1031 from the House Judiciary Committee. For more information, please contact Jenn Aiosa, Director of Government Affairs at [jaiosa@baltimorecountymd.gov](mailto:jaiosa@baltimorecountymd.gov).

**MDDCSAM HB 1031 MOUD in correctional facilities.p**

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 801. Correctional Services – Medication-Assisted Treatment**

Judiciary Committee, and Health & Government Operations Committee March 7, 2024

**SUPPORT WITH AMENDMENTS**

MDDCSAM supports what we understand are the sponsor's amendment: removing the brackets in lines 26 and 29 on page 3 so that the mandate for medication for opioid use disorder is not repealed.

We are not opposed to the clarification that partial opioid agonists can include either transmucosal or long-acting formulations, although the original language, 'partial opioid agonist' did not exclude any formulations.

We are also asking for the following amendment proposed by the Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) that would require local detention centers to begin examining their health care contracts for eventual inclusion of these services as a regular part of their provision of health care services to people in their custody. As NCADD-Maryland has pointed out, substance use disorder treatment is not a special or extra service that is optional. State and local governments should work toward including these services and their costs into their health care contracts.

Amendment No. 1, on page 11, line 1, insert:

SECTION 2, AND BE IT FURTHER ENACTED, That facilities shall certify to the Department that they are in health care contracts that include the provision of medication for opioid use disorders and any related counseling services by July 1, 2027. The Department of Health shall provide technical assistance to ensure facilities have the required contracts.

We also support transparency through reporting by detention centers on funds spent for these services. We are generally supportive of the amendments to this effect that we understand are being proposed by the Maryland Association of Counties.

With these amendments, we ask for a favorable report.

Respectfully,

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

## **Late testimony**

Uploaded by: Laura Herrera Scott

Position: FWA



## DEPARTMENT OF HEALTH

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

March 7, 2024

Honorable Luke Clippinger  
Chair, Judiciary Committee  
Room 101, House Office Building  
Annapolis, Maryland 21401

Honorable Joseline A. Peña-Melnyk  
Chair, House Health and Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401-1991

### **RE: House Bill 1031 - Correctional Services – Medication–Assisted Treatment Letter of Support with Amendments**

Dear Chair Clippinger, Chair Peña-Melnyk, and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for House Bill (HB) 1031 Correctional Services – Medication–Assisted Treatment. The Department oversees Medication-Assisted Treatment (MAT) programs for Opioid Use Disorder, through the Opioid Restitution Fund (ORF) and the Maryland State Opioid Response (MD-SOR) grant program. The current statutes support the provision of Food and Drug Administration (FDA)-approved opioid medication for the treatment of opioid use disorders at local correctional facilities statewide.

The Department supports the intent of this bill and notes that MAT use in correctional facilities is an important tool to combat the opioid crisis.<sup>1,2,3,4</sup> However, we respectfully recommend amending the bill to:

- **Strike the requirement that grants must be equal to the costs incurred by the county.** The Department is committed to providing counties with funding to defray the cost of MAT provided in correctional settings; however there are several settlements that

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<sup>1</sup> Brinkley-Rubinstein L. et al. Risk of fentanyl-involved overdose among those with past year incarceration: Findings from a recent outbreak in 2014 and 2015. *Drug and Alcohol Dependence*. 2018;185:189-191.

<sup>2</sup> Zaller N. et al. Initiation of buprenorphine during incarceration and retention in treatment upon release. *Journal of Subst Abuse Treat*. 2013;45:222-226.

<sup>3</sup> Green T. et al. Post Incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*. 2018. Published online Feb 14, 2018.

<sup>4</sup> Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field, Posted online November, 2018 [www.ncchc.org/jail-based-mat](http://www.ncchc.org/jail-based-mat)

make up the ORF, and the amount of monies in this fund are merely projections until the transfers are actually made. There are provisions in the settlement agreements that can and have changed the actual amounts the State receives in any given year. Moreover, each settlement has specific terms, and the Department must ensure that spending is in line with settlement terms and conditions or the state is at risk for returning funds.

- **Strike requirements for the Secretary to consult with the Opioid Operational Command Center (now the Maryland Office of Overdose Response, or “MOOR”).** The Secretary currently receives guidance from the ORF Advisory Council regarding potential spending of the ORF. This amendment would be consistent with the current advisory structure set up for the ORF.
- **Require the submission of a report to the Department, and additional reporting requirements.** The county should submit a report to the Department, instead of MOOR, to ensure that work envisioned under this bill is aligned across all programmatic areas, including MOOR, and the Behavioral Health Administration in the Department. Moreover, additional county reporting requirements should be added to include, demographic data of the number of individuals receiving a service under an MAT program, the type of medication they received, the number of days they were treated, the degree to which those receiving treatment have a chronic disease, including opioid use disorder, and alcohol use disorder, and discharge and care coordination provided under such a program.
- **Strike provisions that penalize counties for not submitting a plan.** The Department recommends striking the provision that reduces funding to jurisdictions if the required reporting is not submitted within a given timeframe.

MDH will provide proposed amendment language for the Committee’s consideration.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,



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

Emily Keller  
Special Secretary of Overdose Response

**HB1031-JUD\_MACo\_SWA.pdf**

Uploaded by: Sarah Sample

Position: FWA



## House Bill 1031

### *Correctional Services – Medication-Assisted Treatment*

MACo Position: **SUPPORT**  
**WITH AMENDMENTS**

To: Judiciary and Health and Government  
Operations Committees

Date: March 7, 2024

From: Sarah Sample

The Maryland Association of Counties (MACo) **SUPPORTS** HB 1031 **WITH AMENDMENTS**. This bill clarifies funding requirements for medication-assisted treatment (MAT) in local detention centers. Additionally, it broadens the medications available to incarcerated individuals with an opioid use disorder. County amendments would clarify certain responsibilities, in line with a stakeholder consensus.

Providing services for incarcerated individuals with an opioid use disorder requires resources and efficiency. Local detention centers agree that this is an important time to frame the means to make these services as successful as possible, particularly with one of the most vulnerable populations in the community. Counties and State stakeholders have spent the last five years discussing ways to make these programs sustainable, and one consensus has been resoundingly clear – the required State funding has not been effectively provided. The Office of the Attorney General issued a formal letter of advice clarifying that the lack of funding from the State converts the mandate to a nonbinding option.

State and local government agencies, non-profits, and community-based stakeholders all agree: continuous funding from the State is necessary to providing these services. Local governments believe – after five years of uncertainty – that stakeholders need to address the funding challenges that have hindered implementation. MACo amendments simply clarify a few elements of the funding language and add additional flexibility for the State to fulfill the funding mandate through opioid settlement funds or a general fund appropriation. Amendments also clarify that the State may require additional information in the reporting requirements for local detention centers in order to receive the appropriate reimbursements for services.

Counties propose the below amendments to clarify a sustainable funding pathway that uses opioid settlement funds, in conjunction with state general funds, to fulfill the State’s statutory obligation from the original mandate to fund the local programs. For this reason, MACo **urges a FAVORABLE WITH AMENDMENTS report on HB 1031** (amendments detailed on next page).

HB 1031 AMENDMENTS OFFERED BY MACo

On page 5, strike in their entirety lines 4 through 28 and substitute:

**(I) THE STATE SHALL FUND THE PROGRAM OF OPIOID USE DISORDER SCREENING, EVALUATION, AND TREATMENT OF INCARCERATED INDIVIDUALS AS PROVIDED UNDER THIS SECTION.**

**“(1) IN ACCORDANCE WITH SUBSECTION I OF THIS SECTION, FOR EACH FISCAL YEAR THE STATE SHALL PROVIDE EACH COUNTY FUNDING EQUAL TO THE COST OF THEIR MEDICATION-ASSISTED TREATMENT PROGRAM, AS OUTLINED IN THIS SECTION, FOR THE PRECEDING FISCAL YEAR.**

**(2) FUNDS, CONSISTENT WITH THE FULL COST OF THE LOCAL MEDICATION-ASSISTED TREATMENT PROGRAMS SHALL BE PROVIDED FROM:**

**(I) THE STATE’S PORTION OF OPIOID SETTLEMENT FUNDS THROUGH THE MARYLAND DEPARTMENT OF HEALTH; OR**

**(II) THROUGH A GENERAL FUND APPROPRIATION.**

**(3) ON OR BEFORE OCTOBER 1 OF EACH YEAR, A COUNTY SHALL SUBMIT TO THE OFFICE OF OVERDOSE RESPONSE, IN THE MARYLAND DEPARTMENT OF HEALTH, A REPORT WITH:**

**(I) THE NUMBER OF DAYS EACH INCARCERATED INDIVIDUAL WAS PROVIDED ALL SERVICES REQUIRED BY THE MEDICATION-ASSISTED TREATMENT PROGRAM AS OUTLINED IN THIS SECTION FOR THE PREVIOUS FISCAL YEAR;**

**(II) THE TOTAL ITEMIZED COSTS INCURRED FOR MEDICATION-ASSISTED TREATMENT SERVICES IN THE LOCAL FACILITY; AND**

**(III) ANY OTHER INFORMATION REASONABLY REQUIRED BY THE DEPARTMENT.**

**(4) REPORTS SUBMITTED BEFORE OCTOBER 1, 2025, MAY INCLUDE PRIOR YEAR EXPENDITURES NOT PREVIOUSLY FULFILLED BY STATE FUNDING.**

**(II) IF A COUNTY FAILS TO SUBMIT THE INFORMATION REQUIRED UNDER PARAGRAPH THREE OF THIS SUBECTION BY OCTOBER 1 OF EACH YEAR, THE DEPARTMENT MAY DEDUCT AN AMOUNT EQUAL TO 20% OF THE FUNDING REQUIRED UNDER SUBPARAGRAPH TWO OF THIS SUBSECTION FOR EACH 30 DAYS OR PART OF 30 DAYS AFTER THE DUE DATE THAT THE INFORMATION WAS NOT SUBMITTED.”**

# **MATOD 2024 - HB 1031 FWA - MAT in Jails - House.pd**

Uploaded by: Teron Powell

Position: FWA





**House Judiciary Committee**  
**Correctional Services – Medication Assisted Treatment**  
**March 7, 2024**  
**Support with Amendment of House Bill 1031**

**Board of Directors**  
**2023 - 2025**

*President*

**Teron Powell**

Silverman Treatment Solutions  
tpowell@addictionmedical.net

*President-Elect*

**Connie Dausch, MS, LCPC, NCC**

Acadia Healthcare  
Connie.Dausch@ctcprograms.com

*Secretary*

**Ronald Greene, BBA, M.ED CAC-AD**

Acadia Healthcare  
Ronald.Greene@ctcprograms.com

*Treasurer*

**Babak Imanoeel, D.O.**

Northern Parkway Treatment  
Services, BH Health Services  
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*National AATOD Liaison*

**Kenneth Stoller, MD**

Johns Hopkins Hospital  
The Broadway Center  
KStolle@jhmi.edu

*Immediate Past President*

**Joshua Grollmes**

Serenity LLC  
jgrollmes@serenityllc.net



Mailing Address

c/o IBR REACH Health Services  
2104 Maryland Avenue  
Baltimore, MD 21218



[www.matod.org](http://www.matod.org)

The Maryland Association for the Treatment of Opioid Dependence (MATOD) is a provider and advocacy organization comprised of over 60 healthcare organizations from across the State.

MATOD strongly supported HB 116 in 2019, which established MAT for incarcerated individuals with OUD with one of the three FDA-approved medications for the treatment of OUD, as well as addiction assessments, counseling, Peer services and re-entry support.

Numerous published studies have documented the life-saving benefits of MAT for OUD during incarceration (referred to as MOUD), including a 61% reduction in overdose mortality after release from Rhode Island Department of Corrections MAT programs, as well as a 61% decrease in overdose deaths after re-entry from the California Department of Corrections and Rehabilitation.

SAMHSA reports additional studies that determined positive outcomes associated with MOUD during incarceration including fewer incarceration days, fewer disciplinary behaviors during incarceration and decreased recidivism post-release. Upon re-entry, MOUD during incarceration is associated with decreased illicit drug use, decreased overdoses and increased engagement and retention in community-based MAT.

MATOD supports this bill only with the sponsor's amendments. First and foremost, the brackets repealing the FDA-approved medication mandate must be deleted. Those brackets and the removal of the medication mandate defeat the purpose and benefits of the 2019 law. We have no objection to the amendment that clarifies that partial opioid agonists can be transmucosal or long-acting. While we believe that the language in the existing law does not prohibit any specific MOUD formulation, we can support the amendment's clarification.

In addition, MATOD requests an additional amendment that would require local detention centers to examine their health care contracts for inclusion of these services as part of their provision of health care services to people in their custody. Substance use disorder treatment is health care and not extra or optional service. The State and local governments should work toward including Substance Use Disorder services and their costs into their health care contracts. We respectfully request the following Amendment No. 1 on page 11, line 1 by inserting the following:

SECTION 2, AND BE IT FURTHER ENACTED, That facilities shall certify to the Department that they are in health care contracts that include the provision of medication assisted treatment for opioid use disorders and any related counseling, medical and peer services by July 1, 2027. The Department of Health shall provide technical assistance to ensure facilities have the required contracts.

**Provided the sponsor's amendment removes the brackets repealing the FDA-approved medication mandate, and considers the above Amendment No.1, MATOD urges a favorable report for House Bill 1031.**

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*MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.*