



March 5, 2025

House Health & Government Operations Committee

**House Bill 1289 - Drug and Alcohol Treatment Programs - Discharge of Patients and Referral Services – Standards**

POSITION: OPPOSE

Dear Chair, Vice Chair, and Members of the Committee,

I am writing on behalf of Elevate Recovery Centers to express significant concern regarding House Bill 1289 (HB 1289), a piece of legislation that, while underpinned by good intentions, stands to inadvertently introduce a series of adverse consequences for both patients and treatment providers within the state.

Elevate Recovery Centers provides outpatient substance use and mental health services with locations in Glen Burnie and Silver Spring, Maryland. Our vision is to lead the way in facilitating and promoting excellent client service delivery. And that client service delivery includes proper discharge planning and placement.

While we recognize the importance of ensuring appropriate discharge and referral standards in addiction treatment, this bill imposes rigid regulations that could have unintended negative consequences for patients, treatment providers, and the broader recovery ecosystem.

HB1289 mandates extensive and prescriptive discharge planning processes by way of language that is contradictory in nature and could be harmful to the provider and patient if this legislation is passed. Page 2, line 15 states “discharge is prohibited if the patient will be homeless or reside in a homeless shelter upon discharge”, while page 3, line 23 states “If a patient is transitioning to a homeless shelter [outpatient services must be in place prior to the transfer]”.

The current process for discharging or transferring patients begins during the patients’ intake assessment. Individuals are asked about their goals and plans for discharge. Our team utilizes referral sources, family members and patient input to develop an individualized discharge plan. Prior to discharge, our team secures referrals to community agencies and resources for aftercare based on the needs identified during the assessment and weekly progress meetings. If a patient chooses to terminate treatment of their own volition, referrals are offered (including alternative outpatient care, housing and support group contact). Many of the required referral services, such as guaranteed placements in recovery residences or halfway houses, are beyond the control of treatment centers due to limited statewide resources. The inability to comply with these mandates could result in unnecessary delays or legal liability for facilities operating in good faith.



COMAR 10.47.01.04 provided discharge guidelines not found in current regulations under 10.63, Community-Based Behavioral Health Programs and Services. There are sections of the drafted COMAR revisions (which will be presented formally in the spring or summer of 2025) that address how to handle discharges appropriately but only for select provider types. It may be advantageous to use this existing material as a foundation for discharge guidelines for all levels of care, and add guidelines for safe and appropriate discharging, both planned or unplanned. This would provide a solution for both the patient and the provider to ensure the patients' autonomy in their discharge planning, while ensuring providers follow a set of guidelines for appropriate discharge planning which can be done by way of regulation, not legislation.

The bill prohibits discharges in cases where a patient may become homeless, but it does not provide additional funding or resources to address the lack of available transitional housing. Treatment centers are not equipped to house patients indefinitely, and without corresponding investment in recovery housing, this requirement is impractical and unsustainable.

By making it more difficult for providers to transition patients appropriately, HB1289 could disincentivize treatment centers from accepting high-risk individuals who may face homelessness. This unintended consequence could lead to reduced access to care for the very populations that need it most.

Additionally, the bill's rigid discharge requirements fail to account for the individualized nature of addiction treatment. Clinical best practices prioritize flexibility in patient care, and treatment professionals should retain the discretion to make decisions that are in the best interest of each patient's recovery journey.

Maryland's treatment network currently lacks the infrastructure to guarantee immediate placement into appropriate post-treatment settings. Without significant investment in transitional housing, job placement programs, and mental health services, HB1289 sets unrealistic expectations that cannot be met by treatment centers alone.

While we support the intent behind HB1289, we urge lawmakers to consider alternative approaches that better balance patient needs with the realities of treatment facility operations. Elevate Recovery Centers is committed to working with the General Assembly to develop policies that enhance addiction treatment outcomes without placing undue strain on providers.

Thank you for your time and consideration. We welcome further discussion on this important matter.

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Elevate Recovery Centers