March 5, 2025

House Bill 1289 - Drug and Alcohol Treatment Programs - Discharge of Patients and Referral Services – Standards
House Health & Government Operations Committee

Position: OPPOSE

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

Recovery180 writes 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.

Recovery 180 is a low-intensity residential treatment program that provides substance abuse treatment in a structured sober living environment. We have multiple locations throughout Maryland which include Baltimore City, Carrol County, and Eastern Shore. The program includes 6 months of housing and clinical services for clients as part of a comprehensive approach to addiction treatment. Clients are supported as they gain skills to improve their physical, mental, emotional, and financial health, with the ultimate goal of becoming self-sufficient and independent.

HB 1289's directive to the Maryland Department of Health (MDH) to establish rigid standards around the discharge of patients from substance use disorder (SUD) treatment programs is redundant, given the already stringent regulations ensuring comprehensive discharge planning. The bill's stipulation that patients cannot be discharged into homelessness or without adequate referral to residential programs, although seemingly compassionate, does not factor in the practical and fiscal realities of SUD treatment provisions. Such constraints could lead to a logjam within facilities, keeping patients who are prepared for a less intensive level of care from being discharged. This would, paradoxically, limit access for new patients, exacerbating waitlists and delaying crucial treatment for others.

Furthermore, the bill overlooks the critical factor of patient readiness and willingness to participate in treatment. For patients who have relapsed or express a desire to exit the treatment program, it remains unclear how providers should proceed. HB 1289’s vague language on this matter leaves providers without clear guidance, potentially resulting in the confinement of patients against their will or better clinical judgment.

By adhering to the American Society of Addiction Medicine (ASAM) criteria, MDH has historically been successful in tailoring SUD services to the specific needs of patients. These criteria consider a patient's strengths and support systems in addition to their challenges. The existing model ensures that patients are not discharged until they are assessed as ready to transition to outpatient services, a process that is both patient-centered and grounded in clinical expertise.

Impeding the discharge process, as HB 1289 proposes, not only risks compromising the effectiveness of treatment programs by mixing active treatment participants with those ready for discharge but also may lead to higher acuity patients not receiving the immediate residential care they require. Furthermore, the potential to exceed the §1115 waiver's stipulated average length of stay (ALOS) threatens the financial equilibrium of our SUD treatment system by jeopardizing federal funding and increasing reliance on state funds.

In conclusion, Recovery180 believes that the current regulatory framework sufficiently protects patients during the discharge process. HB 1289, in its present form, risks imposing unnecessary operational burdens on treatment providers, delaying access to care for those in need, and straining the state's financial resources. We urge reconsideration of the bill's provisions to ensure that the objectives of compassionate care and treatment efficacy are met without the unintended consequences outlined herein.

Thank you,

Dr. John Kotz
Director of Operations
Recovery180