



**Senate Judicial Proceedings Committee
February 19, 2025**

**Senate Bill 942
Correctional Services - Medication-Assisted Treatment Funding
Support only with Amendments**

NCADD-Maryland supports implementation of the law passed in 2019 to require local detention centers to provide medication assisted treatment to people in their custody who have opioid use disorders (OUD). We oppose, however, the elimination of the requirement that each local correctional facility makes available at least one formulation of each FDA-approved medications used for the treatment of opioid use disorders. We stand staunchly opposed to eliminating this requirement.

People already in treatment for OUD may be using a buprenorphine product or methadone. It is not medically appropriate to substitute one for the other. Withdrawal can be precipitated when changing medications. In addition, determining the appropriate dose of the new medication is crucial for managing withdrawal and cravings. This process can take time and require close monitoring by a healthcare professional. This would actually increase costs to jails and pose potentially dangerous situations to individuals on medication. If this bill moves forward, **an amendment must be made to strike the brackets on page 3 in lines 29 and 31.**

We know the importance of providing people with OUDs with the medications that have proven for decades to help people achieve and maintain recovery. People with OUD are at high risk of overdose, especially after release from incarceration when they may have reduced tolerance. While in a carceral setting, medications help manage withdrawal symptoms and reduce cravings, avoiding additional medical expenses reducing problematic behaviors. Studies also show that providing medication for OUD in jails can decrease the likelihood of re-offending after release.

Funding for these health care services should be considered a normal part of health care provision, for people in jails and in the community alike. We understand local governments need assistance getting these services up and running in their local detention centers, but the end-goal should be building in these health care services into their health care contracts. Addiction treatment is not a special service and should not be seen as an add-on. The cost to provide these services, along with recognizing the savings by providing care, should be a routine part of health care contracts local governments have with vendors.

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With this in mind, NCADD-Maryland offers two additional amendments for consideration if the bills moves forward. First, the state should not be solely responsible for funding these health care services to people in local detention centers. We would suggest a cap of 50% of the cost be borne by the state, and require local governments to identify the balance.

Second, we believe local governments should move toward building in these health care services into their health care contracts. The Governor's Office of Crime Prevention and Policy could provide technical assistance in support of local governments moving to full implementation of the law. We understand this would take some time, and that there are current contracts in place.

As one of the lead organizations involved in passage of House Bill 116 in 2019, the law that requires local detention centers to provide this essential health care service to people with opioid use disorders, NCADD-Maryland stands ready to work with local governments and the legislature to achieve our collective public health and public safety goals.