



**2025 SESSION  
POSITION PAPER**

**BILL:** SB 942 – Correctional Services – Medication-Assisted Treatment Funding  
**COMMITTEE:** Judicial Proceedings Committee  
**POSITION:** Letter of Support with Amendments  
**BILL ANALYSIS:** SB 942 would alter requirements for medication-assisted treatment provided in detention centers; require the Maryland Secretary of Health to provide funding to counties for medication-assisted treatment programs; require each county to submit a certain report; authorize the Governor to appropriate certain funds in the annual budget bill; alter the requirements for a certain report; and authorize funds in the Opioid Restitution Fund to be used for medication-assisted treatment programs.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) supports SB 942 with several amendments. The state's Health Officers strongly support efforts to engage incarcerated individuals in treatment for substance use disorder that includes medication therapy. Evidence has shown that those who receive medication in support of their recovery efforts are much less likely to relapse than those who only have access to individual and/or group therapy sessions. The State of Maryland should take steps to ensure that local detention centers have financial support for medication therapy, including exploring options to continue health insurance coverage for incarcerated individuals.

MACHO respectfully offers the following amendments:

Page 3, lines 29-33

(5) Each local correctional facility shall make available at least one formulation of ~~each FDA-approved full opioid agonist, partial opioid agonist, and~~ **AN FDA-APPROVED** long-acting opioid antagonist **AND AT LEAST ONE FDA-APPROVED FULL OPIOID AGONIST OR PARTIAL OPIOID AGONIST** used for the treatment of opioid use disorders.

(6) Each pregnant woman identified with an opioid use disorder shall receive evaluation and be offered medication-assisted treatment as soon as practicable **WITHIN 24-HOURS OF ENTRY TO THE FACILITY.**

The Health Officers are very concerned with SB 942 deleting Lines 29-31 on Page 3. It is **essential that medication-assisted treatment (MAT) includes an option of a pharmacological agent that partially or fully activates opioid receptors.** Removal of Lines 29-31 without further amendment could result in correctional facilities limiting the MAT option to a full antagonist which is ineffective for most people attempting to break their dependence on illicit opioids.

Ideally, both methadone (full agonist) and buprenorphine (partial agonist) should be made available to incarcerated individuals, but MACHO acknowledges that not all detention facilities can arrange methadone access without significant strains on their resources. Inmates who are shielded from the environmental triggers in their home communities are likely to do well on a partial agonist while incarcerated. It is a relatively simple transition from buprenorphine to methadone if methadone is best for an individual once they are released back into their home community.

Page 3, Line 33 should be amended to ensure pregnant women with opioid dependence receive prompt MAT. Waiting more than 24 hours to start pregnant women on treatment, as sometimes occurs under current detention center protocols, guarantees the woman and her fetus will go into withdrawal. Evidence shows that this stresses the fetus and increases risks for poor pregnancy outcomes. All women of childbearing age should be screened for

pregnancy and substance abuse upon entry to the correctional facility. If buprenorphine is available in the detention facility, there should not be any excessive burden on staff to start treatment within 24 hours, especially since the number of pregnant opioid-dependent women is unlikely to be more than a few per year in most jails. If a pregnant woman has been taking methadone, all reasonable efforts should be made to continue this treatment. If a jail cannot provide methadone, the individual should be transferred to a facility that can provide the treatment or a maternal-fetal medicine specialist with expertise in substance use disorder treatment should be immediately consulted.

For these reasons, the Maryland Association of County Health Officers submits this Letter of Support with Amendments for SB 942. 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.*