

Final SB942 Senator Sydnor Testimony .pdf

Uploaded by: Charles E. Sydnor III

Position: FAV

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Judicial Proceedings Committee
Executive Nominations Committee

Joint Committees

Administrative, Executive, and
Legislative Review
Children, Youth, and Families
Senate Chair, Legislative Ethics

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony for Senate Bill 942
Correctional Services - Medication-Assisted Treatment Funding
Before the Judicial Proceedings Committee
February 19, 2025

Good afternoon, Chair Smith and members of the Judicial Proceedings Committee,

Some committee members may recall in 2019, I co-sponsored House Bill 116 with my colleagues then-Delegate Barron and Chairwoman Pena-Melnyk and Senator West cross-filed SB846. We passed that legislation¹ and the law required medication-assisted treatment be provided in all local detention centers to incarcerated individuals found to be suffering from an opioid use disorder.

When it comes to funding for opioid remediation there has historically been a handful of options through different federal and state agencies that offer grants, and that was in addition to opioid settlement dollars in the Opioid Restitution Fund. In trying to be budget conscious and use a good deal of money that was available to pay for these programs, at the time, we devised a three-agency process to filter grants to the locals to pay for these programs.

Counties, the Governor's Office of Crime Prevention and Policy ("GOCPP"), the Maryland Office of Overdose Response ("MOOR"), and the Attorney General's office have found that the current process needs some minor changes to ensure these funds are more effectively getting to the local facilities to pay for these programs. Some counties have annual costs for these programs that cannot be sufficiently met by one grant. In fact, some counties must apply for three grants, which brings with it three different sets of restrictions and reporting requirements. Unfortunately, if the counties are unsuccessful, they are left to cover those gaps with their own local funds, which was not the intention. Additionally, not knowing whether you will get the funding from a competitive grant process makes it very difficult to financially plan for a requirement like this every year.

Senate Bill 942 ("SB 942") is intended to simplify the process substantially and ensure that local detention centers will be able to recover the full cost of their programs. MOOR, GOCPP, and the locals have figured out a way to do this. SB 942 requires a county to send the full year estimate of its costs for the upcoming year. This will function as a universal application for funding. MOOR will then coordinate the braiding of funding on the state side. Any funding that cannot be covered

¹The legislation was signed into law as Chapter 532 of 2019.

by an eligible grant would be covered by supplemental funds from the state's discretionary portion of the Opioid Restitution Fund.

Additionally, during drafting some language was inadvertently left out and, in some instances, some text was inadvertently removed; therefore you will receive amendments which:

- ensure required medications intended to will not change;
- lists the Special Secretary of MOOR as the agency responsible for allocating the funding;
- specifies “a grant” will change to “funds” except in one instance to ensure grants are still required to be used where they can; and
- will add a requirement that a county shall send the forecasted costs for the coming fiscal year to MOOR.

In conclusion, we have had six years to assess what the actual challenges are in providing incarcerated individuals medication-assisted treatment in our local detention centers and we now have clarity on how this can be done better. SB 942, with its originally intended language, will do just that without putting any pressure on the state budget. This has been confirmed by GOCCP and MOOR, that they can implement SB 942 within existing means, so there is no fiscal note. For the aforementioned reasons, I ask this committee for favorable report on SB 942.

NCADD-MD - 2025 SB 942 FWA - MAT Funding - Senate.

Uploaded by: Ann Ciekot

Position: FWA



**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.

(over)

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.

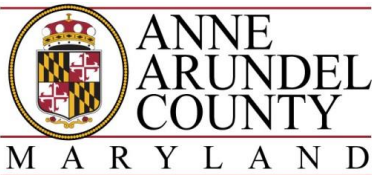
Second, we believe local governments should move toward building in these health care services into their health care contracts. The Governor's Office of Crime Prevention and Policy could provide technical assistance in support of local governments moving to full implementation of the law. We understand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

Klein Written Testimony SB942.pdf

Uploaded by: Christopher Klein

Position: FWA



Department of Detention Facilities

Jennifer Road Detention Center
131 Jennifer Road
Annapolis, MD 21401
410-222-7374

Christopher Klein
Superintendent

2/14/25

Good afternoon members of the Senate Judicial Proceedings Committee,

For the record, I am Christopher Klein, Vice President of the Maryland Correctional Administrators Association (MCAA), and the Superintendent of the Anne Arundel County Department of Detention Facilities. I am providing this written testimony in both of these capacities and in support of Senate Bill 942 Correctional Services – Medication-Assisted Treatment Funding with amendments. As a general statement, I want to share that the law only has value if it is enforced. While I do not want to belabor the point, the original legislation HB116 was introduced in the 2019 regular session requiring local detention centers to implement Medication Assisted Treatment programs within our facilities. That bill provided various timelines for different jurisdictions to come into compliance with this law, with full implementation to be completed by January 2023. That legislation was also very clear that the “Funding for the program shall be provided in the state budget”. It is my belief that if that law, as written, was enforced, there would be no need for us to be discussing it. While I do not know all of the specific details of every MAT program that each local jurisdiction has implemented, I do know that each of us continue to question where and when we will receive the State funding for our program that is part of the law. This legislation, at face value, identifies where that funding will come from, as well as identifies how we will be paid. While I believe that the State Department of Budget and Management could have made that decision for themselves, I am thankful that this body has recognized their failure to do such and has decided to take additional action. I believe this bill still needs some work with the language and clarity; however, it seems necessary at this point. The costs of MAT programs and services come at a real price, but the alternative of continuing to lose individuals to opioid use disorder is much higher. In closing, I want to reiterate my support for this bill; however, I would be remis if I did not remind this body that this law, if passed, will also only have value it is enforced.

Thank you

Christopher M. Klein

Christopher Klein, CCE
Superintendent
Vice President MCAA

Testimony SB 942 final.pdf

Uploaded by: Luciene Parsley

Position: FWA

DISABILITY RIGHTS MARYLAND
SB 942: Correctional Services - Medication-Assisted Treatment
Funding
Senate Judicial Proceedings Committee
February 19, 2025
POSITION: FAVORABLE WITH AMENDMENTS

Disability Rights Maryland (DRM) is the federally-mandated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of persons with disabilities. DRM has strongly supported the requirement for detention centers to offer medication-assisted treatment (MAT) and behavioral health counseling for incarcerated individuals with opioid use disorders in local correctional facilities statewide. MAT, in combination with behavioral health counseling, is a proven method of treating opioid use disorder. DRM supports amending SB 942 to remove the brackets in lines 29-32 on page 3, which would repeal the mandate, passed in 2019, that local detention centers provide medication assisted treatment for people with opioid use disorders. In 2024, the sponsor indicated this was a drafting error.

MAT works best when patients have access to all medication options. Different patients will respond differently to the different medication options (methadone, buprenorphine, and naltrexone).¹ By allowing local correctional facilities to limit treatment options, this bill would effectively deny appropriate healthcare to anyone who does not respond well to whichever option is available where they are incarcerated. Individuals who are incarcerated are already often in crisis and have no way to seek alternative medical treatment. Denying them the treatment that works for them will only harm individuals seeking treatment for opioid use disorder.

Medication-assisted treatment for opioid use disorder is healthcare, and as such, denying or restricting access to MAT is considered discrimination on the basis of disability and disability and a violation of the Americans with Disabilities Act. The U.S. Department of Justice recently reached a settlement with the Unified Judicial System of Pennsylvania prohibiting discrimination against individuals taking their prescribed opioid use disorder medication.²

¹ Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, Centers for Disease Control and Prevention (2018), <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>.

² Justice Department Secures Agreement with Pennsylvania Courts to Resolve Lawsuit Concerning Discrimination Against People with Opioid Use Disorder, U.S. Department of Justice Office of Public Affairs (Feb. 1, 2024), <https://www.justice.gov/opa/pr/justice-department-secures-agreement-pennsylvania-courts-resolve-lawsuit-concerning>.

We support the amendment requested by NCADD in 2024 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. We agree that 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 29, 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 assisted treatment 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.

Maryland's commitment to providing MAT in local correctional facilities is an important step in combating the opioid epidemic. It should not be undercut by limiting the forms of MAT that are available to those who are incarcerated at local correctional facilities. With these amendments, we urge a favorable report on SB 942. Please contact Luciene Parsley, Litigation Director, at 443-692-2494 or LucieneP@DisabilityRightsMD.org with any questions.

SB942 MACHO

Uploaded by: MACHO State of Maryland

Position: FWA



**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 or 410-937-1433. *This communication reflects the position of MACHO.*

MCAA SB 942 Letter Medicated Assisted Treatment.pdf

Uploaded by: Mary Ann Thompson

Position: FWA



SB 942
Correctional Services – Medication-Assisted Treatment Funding

MCAA Position: **SUPPORT w/ Amendment** TO: Judicial Proceedings

DATE: February 17, 2025

FROM: Ryan Ross, President
Lamonte Cooke, Legislative Committee
Mary Ann Thompson, Legislative Committee

The Maryland Correctional Administrator's Association (MCAA), an organization comprised of our statewide jail wardens and administrators for promoting and improving best correctional practices, appreciates the opportunity to provide information regarding Senate Bill 942.

House Bill 116 was enacted in 2019 as an unfunded mandate. By law, local detention centers throughout the State have implemented Medicated Assisted Treatment Programs. Since then, however, local detention centers have struggled to fund the program and all its tenets. The bill, as written, requires local detention centers to submit for grant funding, and the law clearly states that the State will provide the budgetary monies to implement and maintain the program. Local detention centers do not have the resources to apply for grants and to ensure compliance with stringent grant requirements in addition to the detailed statistical data required by the law.

In 2020, for the pilot programs identified in the law, the State of Maryland, through the federal State Opioid Response (SOR), provided grant monies without the counties formally applying for the funding. The affected counties did have to proffer a projected budget analysis. While not having to apply for the funding, the local counties were required to submit the statistical data required by law and comply with the stringent grant compliance, which was a great burden on staffing resources.

MCAA has carefully reviewed the bill, collaborated with partners from MACO, and affected the State of Maryland agencies. MCAA would support the bill if the following amendments were affected:

1. The bill language is amended to replace "a grant" funding with "funds" except in one instance to ensure the grants are still required to be used where eligible.
2. The local detention centers must submit a budget projection for their programs to the State of Maryland. Likewise, at the end of the fiscal year, the local detention centers would be responsible for providing documentation and proof of expenditures before reimbursement.
3. It is agreed the language should remain the three (3) formularies are offered.
4. Data reporting will remain consistent with the current legislative requirement.

The unfunded mandate has been a source of great contention for the past six (6) years, and we are appreciative of the collaboration to address the funding deficit. The Maryland Correctional Administrators Association respectfully requests **FAVORABLE WITH AMENDMENTS** on Senate Bill 941.

SB0942-JPR_MACo_SWA.pdf

Uploaded by: Sarah Sample

Position: FWA

Senate Bill 942

Correctional Services – Medication-Assisted Treatment

MACo Position: **SUPPORT**
WITH AMENDMENTS

To: Judicial Proceedings and Finance
Committees

Date: February 19, 2025

From: Sarah Sample

The Maryland Association of Counties (MACo) **SUPPORTS SB 942 WITH AMENDMENTS**. This bill clarifies State procedures and viable funding sources for medication-assisted treatment in local detention centers. County-offered amendments would clarify the original intent of the bill – reflecting a careful balance to resolve a prolonged and vexing issue. These corrections will help the State reach compliance with at least one of several missed obligations within local detention centers.

Providing services for incarcerated individuals with an opioid use disorder requires resources and efficiency. Counties and local detention center wardens agree these services deserve priority in funding and delivery, particularly as they serve such a vulnerable population. State and county stakeholders have labored for six years to properly support sustainable program funding, but one consensus has been resoundingly clear – the required State support has not been effectively provided. The Office of the Attorney General issued a formal letter of advice clarifying that this persistent lack of funding from the State converts the statutory mandate to a nonbinding option, which was not the intent of the General Assembly and the many stakeholders in these programs' success.

Local governments believe – after six years of uncertainty and resistance from State agencies – the General Assembly needs to address the funding challenges that have hindered implementation and State compliance. While MACo has requested this bill, the amendments proposed simply clarify certain elements that were missed in the drafting but are outlined below:

- the current required medications will not change;
- the Special Secretary and Maryland Office of Overdose Response should be listed as the agency responsible for receiving the local cost reports;
- the language that specifies “a grant” will change to “funds” except in one instance to ensure grants are still required to be used where eligible; and
- a requirement should be added that the county shall send the forecasted costs for the ending and coming fiscal years to the Office of Overdose Response each year.

With these amendments, the bill will effectively require counties, during their local budgeting process, to document the needed annual funding for these programs, and submit that assessment to the

responsible state agency. The coordinating state agencies will then be required to braid all eligible funding sources, as outlined in the bill, in order to comply with the state funding mandate to cover the costs of the local programs.

SB 942 will finally deliver on the long-sought agreement to support critical services to Maryland's incarcerated populations. This bill will connect current mandates to specified agencies and viable funding sources through the use of opioid settlement funds, in conjunction with appropriated funds and eligible grants. The changes will bring long-awaited clarity and compliance for resources to serve these vulnerable populations. For this reason, MACo urges a **FAVORABLE WITH AMENDMENTS** report on **SB 942**.

LOI

Uploaded by: Emily Keller

Position: INFO



Maryland's Office of Overdose Response

Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Overdose Response

February 19, 2025

The Honorable William C. Smith Jr.
Chair, Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, MD 21401

RE: Senate Bill 942 - Correctional Services - Medication-Assisted Treatment Funding

Dear Chair Smith:

Maryland's Office of Overdose Response (MOOR) respectfully submits this letter of information for Senate Bill (SB) 942, which would require the Maryland Department of Health to provide funding to counties for medication-assisted treatment programs and would require counties to report on related programming. Additionally, the bill would authorize the use of Opioid Restitution Funds (ORF) to be used for medication-assisted treatment programs.

The opioid settlement funds present a unique opportunity to enhance Maryland's overdose response efforts, but special attention must be paid to State Finance and Procurement Article 7-331 (i), which states that "money expended from the Fund for the programs and services described under subsection (f) of this section is supplemental to and is not intended to take the place of funding that otherwise would be appropriated for the programs and services".¹ Maryland currently offers multiple grant opportunities for local detention centers to fund medication-assisted treatment programs, including grants from the Governor's Office of Crime Prevention & Policy (GOCPP), the Maryland Department of Health (MDH), and MOOR. Accessing these grant opportunities first would help ensure that the ORF is able to fund multiple priority areas identified by Maryland's Opioid Restitution Fund Advisory Council.

MOOR recognizes that funding opioid use disorder assessment and treatment has been challenging. Expanding access to medications for opioid use disorder (MOUD) is a vital component of the state's overdose response efforts and an allowable use under the settlements.

If you would like to discuss this further, please do not hesitate to contact Benjamin Fraifeld, Associate Director for Policy & Advocacy at MOOR, 443-346-3013.

Sincerely,

¹ <https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gsf§ion=7-331&enactments=false>

Emily Keller
Special Secretary of Overdose Response

MDH Letter of Information

Uploaded by: Meghan Lynch

Position: INFO



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

February 19, 2025

Honorable William C. Smith, Jr.
Chair, Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill (SB) 942 - Correctional Services – Medication – Assisted Treatment Funding - Letter of Information

Dear Chair Smith and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for Senate Bill (SB) 942 -Correctional Services – Medication–Assisted Treatment Funding which would require the Maryland Department of Health to provide funding to counties for medication-assisted treatment programs and would require counties to report on related programming. Additionally, the bill would authorize the use of Opioid Restitution Funds (ORF) to be used for medication-assisted treatment programs.

The opioid settlement funds present a unique opportunity to enhance Maryland’s overdose response efforts, but special attention must be paid to State Finance and Procurement Article 7-331 (i), which states that “money expended from the Fund for the programs and services described under subsection (f) of this section is supplemental to and is not intended to take the place of funding that otherwise would be appropriated for the programs and services”.¹ Maryland currently offers multiple grant opportunities for local detention centers to fund medication-assisted treatment programs, including grants from the Governor’s Office of Crime Prevention & Policy (GOCPP), the Maryland Office of Overdose Response (MOOR) and the Department.

Accessing grant opportunities before drawing down ORF funds leverages the ability to diversify the funding streams to support MOUD as well as ensure the ORF is able to fund multiple priority areas as identified by Maryland’s ORF Advisory Council. The Department has historically worked with detention centers to leverage state and federal grant funding, such as STOP and State Opioid Response, that can be used for these programs and services. These grants have specific federal application and reporting requirements for funding.

¹ <https://mgaleg.maryland.gov/mgaweb/site/Laws/StatuteText?article=gfs§ion=7-331&enactments=false>

One note of reference, effective fall 2024, the Maryland Office of Opioid Response (MOOR) has transitioned to under the Lieutenant Governor's Office and the maintenance and operations of the Opioid Restitution Fund resides with MOOR.

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.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Scott", is positioned above the typed name. The signature is fluid and cursive.

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