

DISABILITY RIGHTS MARYLAND
HB 1084: Correctional Services - Medication-Assisted Treatment
Funding
House Judiciary Committee
March 4, 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 HB 1084 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 HB1084. Please contact Luciene Parsley, Litigation Director, at 443-692-2494 or LucieneP@DisabilityRightsMD.org with any questions.