

Corrections-based MAT essential for recovery 02052

Uploaded by: Eric Gally

Position: FAV

Corrections-Based SUD and MAT Programs: Foundational to Recovery for Individuals and Essential for Community Health

Medication-Assisted Treatment for substance use disorder works for individuals and communities

- Medication-Assisted Treatment (MAT) is foundational to recovering from a substance use disorder (SUD) and has been shown to be effective in dozens of studies over more than a decade.^{1 2}
- In its report, “Brief Guidance to the States on Medication-Assisted Treatment (MAT) in the Criminal Justice System³”, the Substance Abuse and Mental Health Services Administration (SAMHSA) lists benefits of providing MAT based on studies that show:
 - “MAT reduces drug use,”⁴
 - “MAT reduces disease rates, and overdose events,”⁵
 - “MAT promotes recovery⁶ among individuals with opioid use disorders,” and
 - “MAT has been found to reduce criminal activity,⁷ and arrests,⁸ as well as probation revocations and reincarcerations.”⁹

Treatment is the backbone of substance use recovery and community re-entry

- Specific to treatment in jails and prisons, “MAT should be considered a gold standard and offered to all patients with OUD,”¹⁰ according to the Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons National Council for Mental Wellbeing and Vital Strategies toolkit developed in partnership with faculty from Johns Hopkins University.
- In 2017, the nation’s sheriffs “resolved to support the most current, evidence-based substance use disorder treatment within their jails,” by establishing and expanding jail-based MAT programs.¹¹
- This commitment to treatment in jails is essential as people with an opioid use disorder, for example, who are “released to the community are between 10 and 40 times more likely to die of an opioid overdose than the general American population—especially within a few weeks after reentering society,”¹² according to SAMHSA.

Now is the time to strengthen jail-based MAT programs with increased funding

- The evidence clearly shows providing MAT in jails results in the positive benefits listed elsewhere in this document. Data also shows overall cost-savings from MAT:
 - A literature review of 21 studies published between 2015 and 2019 found “new health economic evidence supporting the use of OUD pharmacotherapy.”²¹
 - Several studies show “potential reductions in healthcare costs associated with treatment for OUDs,” and “found significantly lower criminal justice–related costs.”²²
 - A 2021 study of Cost-effectiveness of Treatments for Opioid Use Disorder published in JAMA Psychiatry called MAT, “a cost-saving medical intervention that reduces morbidity and mortality from OUD.”²³
- The FY2021 Criminal Justice Kentucky Treatment Outcome Study (CJTOS), funded by the Kentucky Department of Corrections, examined outcomes of individuals in state custody participating in substance use disorder treatment programs in Kentucky’s prisons, jails, and community custody settings. The study showed that for every \$1 spent on Kentucky corrections- based substance use disorder treatment, there was a \$4.54 cost offset.

-
- ¹ Mattick RP, Breen C, Kimber J, Davoli M. (2009). Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence. *Cochrane Database Syst Rev*. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002209.pub2/full>
- ² Mattick RP, Breen C, Kimber J, Davoli M. (2014) Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database Syst Rev*. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002207.pub4/full>
- ³ SAMHSA. (2019) Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States. https://store.samhsa.gov/sites/default/files/pep19-matbriefcjs_0.pdf
- ⁴ Lee J, McDonald R, Grossman E, McNeely J, Laska E, Rotrosen J, et al. (2015). Opioid treatment at release from jail using extended release naltrexone: A pilot proof-of-concept randomized effectiveness trial. *Addiction*, 110, 1008-1014. <https://onlinelibrary.wiley.com/doi/10.1111/add.12894>
- ⁵ Lee JD, Friedmann PD, Kinlock TW, Nunes EV, Boney TY, Hoskinson RA, et al. (2016). Extended-release naltrexone to prevent opioid relapse in criminal justice offenders. *New England Journal of Medicine*, 374, 1232–1242. <https://www.nejm.org/doi/full/10.1056/NEJMoa1505409>
- ⁶ Bart G. (2012). Maintenance Medication for Opiate Addiction: The Foundation of Recovery. *Journal of Addictive Diseases*, 31(3), 207–225. <https://www.tandfonline.com/doi/abs/10.1080/10550887.2012.694598>
- ⁷ Ball J & Ross A. (1991). The effectiveness of methadone maintenance treatment: Patients, programs, services, and outcomes. New York: Springer-Verlag. <https://link.springer.com/book/10.1007/978-1-4613-9089-3> and Joseph H, Stancliff S, & Langrod J. (2000). Methadone maintenance treatment (MMT): A review of historical and clinical issues. *The Mount Sinai Journal of Medicine*, 67, 347-364. <https://pubmed.ncbi.nlm.nih.gov/11064485/>
- ⁸ Schwartz RP, Jaffe JH, O’Grady KE, Kinlock TW, Gordon MS, Kelly SM, et al. (2009). Interim methadone treatment: Impact on arrests. *Drug & Alcohol Dependence*, 103(3):148–154. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699328/>
- ⁹ Cornish JW, Metzger D, Woody GE, Wilson D, McLellan AT, Vandergrift B, et al. (1997). Naltrexone pharmacotherapy for opioid dependent federal probationers. *Journal of Substance Abuse Treatment*, 14(6), 529-534. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/naltrexone-pharmacotherapy-opioid-dependent-federal-probationers>
- ¹⁰ Mace S, et al. (2023). Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit. The National Council for Mental Wellbeing. <https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/>
- ¹¹ The National Sheriff’s Association (NSA) and the National Commission on Correctional Health Care (NCCHC). (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field. <https://www.ncchc.org/wp-content/uploads/Jail-Based-MAT-PPG-web.pdf>
- ¹² Berg J. (2019). Breaking the Cycle: Medication Assisted Treatment (MAT) in the Criminal Justice System. SAMHSA. <https://www.samhsa.gov/blog/breaking-cycle-medication-assisted-treatment-mat-criminal-justice-system>
- ¹³ New York Senate Bill S1795. Passed 2021. <https://www.nysenate.gov/legislation/bills/2021/S1795>

-
- ¹⁴ National Association of Counties. (2023). Effective Treatment for Opioid Use Disorder for Incarcerated Populations: A NACo Opioid Solutions Strategy Brief. <https://www.naco.org/resource/osc-incarcerated-pops>
- ¹⁵ New York State Governor’s Office. (2021). Governor Hochul Announces \$5 Million in New Funding for Local Jails to Provide Substance Use Disorder Services to Incarcerated Individuals (press release). <https://www.governor.ny.gov/news/governor-hochul-announces-5-million-new-funding-local-jails-provide-substance-use-disorder>
- ¹⁶ Maine Department of Corrections (2022). Medication for Substance Use Disorder (MSUD) Treatment Services Three Year Report July 1, 2019 — June 30, 2022. <https://www.maine.gov/corrections/sites/maine.gov.corrections/files/inline-files/MDOC%20MSUD%20Year%20Three%20Report%20%282022%29.pdf>
- ¹⁷ Maine Updated Fiscal Year 24-25 Supplemental Budget, March 22, 2024. <https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/Updated%20Overview%20of%20Fiscal%20Year%2024-25%20Supplemental%20Budget.pdf>
- ¹⁸ Massachusetts Sheriffs Association, MSA Comprehensive Inventory of Programs Services Interventions Reinvestments CY23. https://www.masssheriffs.org/files/ugd/6ac314_26b371138fe843398563feac874a9da4.xls?dn=MSA%20Comprehensive%20Inventory%20of%20Programs%20Services%20Interventions%20Reinvestments%20CY23.xls
- ¹⁹ Massachusetts Sheriffs Association, MSA Average Daily Population Counts - December 2023. https://www.masssheriffs.org/files/ugd/6ac314_a84275acda17423cacc979858dbb267c.xlsx?dn=MSA%20ADP%20REPORT%20DECEMBER%202023.xlsx
- ²⁰ New York State Department of Corrections and Community Supervision, Medication Assisted Treatment Legislative Report 2023. https://doocs.ny.gov/system/files/documents/2023/10/2023-medication-assisted-treatment-legislative-report_final.pdf
- ²¹ [Economic Evaluations of Pharmacologic Treatment for Opioid Use Disorder: A Systematic Literature Review - ScienceDirect](#), July 2021.
- ²² Onuoha E, et al. (2021). Economic Evaluations of Pharmacologic Treatment for Opioid Use Disorder: A Systematic Literature Review. *Value Health*, 24(7):1068–1083. [https://www.valueinhealthjournal.com/article/S1098-3015\(21\)00154-6/fulltext](https://www.valueinhealthjournal.com/article/S1098-3015(21)00154-6/fulltext)
- ²³ Fairley M, Humphreys K, Joyce VR, et al. (2021). Cost-effectiveness of Treatments for Opioid Use Disorder. *JAMA Psychiatry*, 2021;78(7):767-777. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2778020>

HB1084 - GOCPP - FWA Written Testimony.pdf

Uploaded by: Bethany Young

Position: FWA

WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor



DOROTHY LENNIG
Executive Director

March 04, 2025

Maryland Judiciary Committee
100 Taylor House Office Building
Annapolis, MD 21401

RE: HB1084 Correctional Services - Medication-Assisted Treatment Funding - **Favorable with Amendments**

Dear Chair Clippinger, Vice Chair Bartlett, and Members of the Committee:

The Governor's Office of Crime Prevention and Policy (GOCPP) advises the Governor on criminal justice strategies, coordinates across public safety agencies, and allocates resources statewide to support public safety. One of GOCPP's duties is monitoring and reporting to the federal government on racial and ethnic disparities in Maryland's juvenile justice system. GOCPP respectfully supports House Bill 1084 - Correctional Services - Medication-Assisted Treatment Funding, with amendments.

Of particular concern to GOCPP are the changes HB1084 would make to the medications made available to patients receiving medication-assisted treatment and ensuring GOCPP receives the data from local correctional facility to comply with the reporting requirements under §9–603 of the Correctional Services Article.

Under §9–603 of the Correctional Services Article, the Opioid Use Disorder Examinations and Treatment Act, GOCPP must monitor and report on the implementation of medication-assisted treatment in local correctional facilities. The required reporting includes 17 unique measures collected annually from each local correctional facility in the State. Since enactment, GOCPP has worked closely with the local correctional facilities on implementing the Act. [To increase compliance, our office contracted Health Management Associates to provide technical assistance through in-person, site-specific consultation, weekly virtual learning sessions, and an in-person learning collaborative.](#) Topics included evidence-based practices for MAT and treatment for opioid use disorder (OUD) in justice-involved populations and data collection. In total, 18 counties participated in the technical assistance. GOCPP's work to improve implementation also includes grant funding to counties and the Department of Public Safety and Correctional Services through the Performance Incentive Grant Fund and the Residential Substance Abuse Treatment Program.

Among other changes, HB 1084 repeals the requirement that each local correctional facility make available at least one formulation of each FDA-approved full opioid agonist, partial opioid agonist, and long-acting opioid antagonist used for the treatment of opioid use disorder (OUD). According to the [American Society of Addictions Medicine](#), "all FDA-approved medications for the treatment of opioid use disorder should be available to all patients. Clinicians should consider the patient's preferences, past treatment history, current state of illness, and treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone."¹ **GOCPP**

¹ American Society of Addictions Medicine. (2020). National Practice Guideline for the Treatment of Opioid Use Disorder. White et al.

proposes an amendment to retain the current requirement that correctional facilities provide each FDA-approved medication.

Furthermore, HB 1084 would allow counties to recoup the entire cost of MAT implementation through the Opioid Restitution Fund (ORF). Other State funding is available to supplement this critical effort, and there are many initiatives that do and will rely on the ORF. GOCPP administers the Performance Incentive Grant Fund and the Residential Substance Use Treatment Grant Program, which can support substance use treatment programming in local detention centers. **In support of our sister agency's effort to ensure the ORF can support as many important initiatives as possible, GOCPP proposes an amendment requiring counties to demonstrate an attempt to obtain grant funding from GOCPP or the Maryland Department of Health before requesting reimbursement from the ORF.**

Finally, to ensure GOCPP receives data required under §9-603 in a complete and timely manner, the office proposes an amendment that would reduce ORF funding by 20% for counties that do not provide the required information by the designated deadlines.

Providing local correctional facilities the resources necessary to provide substance use treatment will improve both public safety and public health outcomes. GOCPP strongly urges a favorable report on HB1084 with the proposed amendments to ensure Maryland jails meet the standard of care for the treatment of individuals with substance use disorder.

For more information, please contact
Bethany Young, Director of Policy and Legislation, Bethany.Young@maryland.gov or
Brandi Cahn, Assistant Director of Justice Reinvestment, Brandi.Cahn1@maryland.gov.

HB 1084 C Klein in Person Testimony.pdf

Uploaded by: Christopher Klein

Position: FWA



ANNE
ARUNDEL
COUNTY

M A R Y L A N D

Department of Detention Facilities

Jennifer Road Detention Center

131 Jennifer Road

Annapolis, MD 21401

410-222-7374

Christopher Klein
Superintendent

2/28/25

Good afternoon Chairman Clippinger, and members of the House Judiciary Committee,

I am Christopher Klein, Vice President of the MCAA, and the Superintendent of the Anne Arundel County Department of Detention Facilities. I am testifying in both of these capacities and in support of House Bill 1084 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 2019 requiring local detention centers to fully implement MAT programs within our facilities by January 2023. **We did this**. That bill was also very clear that the “Funding for the program shall be provided in the state budget. **This, never happened**. I actually believe it was Senator McKay that received an AG’s opinion that “a local jurisdictions obligation to provide the services required by that section”, in their view “**are contingent** on the State providing the necessary funding.” It is my belief that if that law, as written, was enforced, there would be no need for us to be here today. While I do not know all the details of every MAT program implemented, I do know that each of us continue to question where and when we will receive the State funding for our programs.



ANNE
ARUNDEL
COUNTY

M A R Y L A N D

Department of Detention Facilities

Jennifer Road Detention Center

131 Jennifer Road

Annapolis, MD 21401

410-222-7374

Christopher Klein
Superintendent

We also concur that the current options of each of us trying to piecemeal our funding and seeking out grants that require more reporting, are not guaranteed, unsustainable, and have us competing against each other, other entities, and in some cases even our own County, is not the solution and not what was intended. This legislation, at face value, will correct that. While I believe the State Budget Office could have made these funding decisions for themselves, they have willfully chosen not to. I am thankful this body has recognized their failure and has decided to take action. I believe this bill still needs some work with language and clarity; however, it is 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, but I would be remiss if I did not remind this body that this law, if passed, will also only have value if it is enforced.

Thank you

Christopher Klein

Christopher Klein, CCE
Superintendent
Vice President MCAA

HB1084- MOOR - LOSWA.docx.pdf

Uploaded by: Emily Keller

Position: FWA



Maryland's Office of Overdose Response

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

March 4, 2025

The Honorable Luke Clippinger
Chair, House Judiciary Committee
100 Taylor House Office Building
Annapolis, MD 21401

RE: House Bill 1084 - Correctional Services - Medication-Assisted Treatment Funding

Dear Chair Clippinger:

Maryland's Office of Overdose Response (MOOR) respectfully submits this letter of support with amendments for House Bill (HB) 1084, 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. Because state law prohibits the ORF from supplanting existing funding sources, MOOR suggests that this bill be amended to reflect that detention centers must demonstrate prior application to at least one grant source prior to utilizing the ORF. MOOR also recommends keeping the requirement that detention centers offer one form of each FDA-approved MOUD. More specific language for amendments can be found below.

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.

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

Sincerely,



Emily Keller
Special Secretary of Overdose Response

AMENDMENT NO. 1

On page 3, in line 29 and in line 32, in each instance, strike the bracket.

AMENDMENT NO. 2

On page 5, in line 10 and 11, strike "SECRETARY OF HEALTH THROUGH " and substitute "THE SPECIAL SECRETARY OF;"
in line 11 strike "A GRANT" and substitute "FUNDING"; strike lines 15 through 17 and replace with "(2) THE MARYLAND OFFICE OF OVERDOSE RESPONSE SHALL PROVIDE FUNDING UNDER PARAGRAPH (1) OF THIS SUBSECTION FROM:";
in line 19 after the semicolon, strike "AND";
in line 21 strike "GRANTS" and substitute "FUNDS";
in line 21 strike the period and insert "; AND (III) ELIGIBLE GRANT FUNDING AVAILABLE THROUGH THE STATE FOR THE PURPOSE OF PROVIDING MEDICATION-ASSISTED TREATMENT.
(3) FUNDING UNDER PARAGRAPH (2) OF THIS SUBSECTION FOR THE PRIOR FISCAL YEAR SHALL BE REIMBURSED UPON RECEIPT OF FINAL ITEMIZED EXPENSES ."

in line 22, strike "(3)" and substitute "(4)";
strike line 26 on page 5 through line 2 of page 6 and insert "(J) (1) ON OR BEFORE JULY 30 EACH YEAR, EACH COUNTY SHALL SUBMIT TO THE OFFICE OF OVERDOSE RESPONSE ALL ESTIMATED ITEMIZED COSTS FOR THE ANNUAL OPERATION OF THE LOCAL MEDICATION-ASSISTED TREATMENT PROGRAM IN THE LOCAL DETENTION CENTER FOR THE CURRENT FISCAL YEAR AS WELL AS THE FINAL ITEMIZED EXPENSES FOR THE PRIOR FISCAL YEAR."

AMENDMENT NO. 3

On page 6, in lines 4 and 5, strike "SECRETARY OF HEALTH" and substitute "MARYLAND OFFICE OF OVERDOSE RESPONSE";
in line 4, after "SUBSECTION," insert
"OR INFORMATION REQUESTED BY THE GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY UNDER SUBSECTION (L);"
in line 5 strike "GRANT" and substitute "FUNDING";
in lines 9 and 10, strike "DEPARTMENT OF HEALTH FOR THE PURPOSE OF PROVIDING GRANTS UNDER SUBSECTION (I) OF THIS SECTION" and substitute "OFFICE OF OVERDOSE RESPONSE IN AN AMOUNT SUFFICIENT TO CARRY

OUT SUBSECTION (I) OF THIS SECTION”

AMENDMENT NO. 4

On page 6, after line 14 insert “A COUNTY MUST DEMONSTRATE AN ATTEMPT TO OBTAIN AT LEAST ONE GRANT FROM THE MARYLAND DEPARTMENT OF HEALTH OR THE GOVERNOR’S OFFICE OF CRIME PREVENTION AND POLICY FOR THE FISCAL YEAR IN WHICH THEY ARE REQUESTING REIMBURSEMENT PRIOR TO RECEIVING FUNDING FROM THE OPIOID RESTITUTION FUND”

AMENDMENT NO. 5

On page 7, in line 36, strike the brackets.

On page 8, strike lines 1 through 6 and insert; (18) ANY OTHER INFORMATION REQUESTED BY THE MARYLAND DEPARTMENT OF HEALTH, THE MARYLAND OFFICE OF OVERDOSE RESPONSE, OR THE GOVERNOR’S OFFICE OF CRIME PREVENTION AND POLICY RELATED TO THE ADMINISTRATION OF THE PROVISIONS UNDER THIS SECTION.

AMENDMENT NO. 6

On page 10, in line 8 strike “GRANTS” and substitute “FUNDING”.

Testimony HB 1084 final.pdf

Uploaded by: Luciene Parsley

Position: FWA



Empowering People to Lead Systemic Change
The Protection and Advocacy System for the State of Maryland

1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
DisabilityRightsMD.org

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.

MCAA HB1084 Letter Medicated Assisted Treatment.pdf

Uploaded by: Mary Ann Thompson

Position: FWA



HB 1084
Correctional Services – Medication-Assisted Treatment Funding

MCAA Position: **SUPPORT w/Amendment**

TO: Judiciary and Health and Government
and Operations

DATE: February 28, 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 House Bill 1084.

House Bill 116 was enacted in 2019 as a state-funded mandate but has not played out as anticipated to date. 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 because the process for receiving grant funding from competitive applications for mandated programs has been inconsistent and onerous. The bill, as written, required 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 multiple competitive grants to only get a fraction of the costs covered, while also needing to report on the multiple grants in addition to the detailed statistical data required by the law.

This bill amends the original law to remove some of that burden by requiring a county to demonstrate a single application for grant funding before receiving full reimbursement from the state. This helps jurisdictions avoid trying to piece together what is sometimes 3-5 different sources and forces the state to comply with the original intent of the bill, which was to fully fund the local programs.

MCAA has carefully reviewed the bill, collaborated with partners from MACO, and affected the State of Maryland agencies. MCAA would support the bill with the following amendments that are consistent with the consensus achieved by the sponsors panel.

HB1084-JUD_MACo_SWA.pdf

Uploaded by: Sarah Sample

Position: FWA



House Bill 1084

Correctional Services – Medication-Assisted Treatment

MACo Position: **SUPPORT**
WITH AMENDMENTS

To: Judiciary and Health and Government
Operations Committees

Date: March 4, 2025

From: Sarah Sample

The Maryland Association of Counties (MACo) **SUPPORTS** HB 1084 **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.

HB 1084 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 **HB 1084**.

HB 1084 - JUD - MACHO - LOS.pdf

Uploaded by: State of Maryland (MD)

Position: FWA



**2025 SESSION
HOUSE BILL 1084**

Correctional Services – Medication-Assisted Treatment Funding
WRITTEN TESTIMONY BEFORE THE JUDICIARY COMMITTEE
Laurence Polsky, MD, MPH, FACOG, Calvert County Health Department
For the Maryland Association of County Health Officers (MACHO)
Position: Favorable with Sponsor’s Amendments- March 4, 2025

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports HB 1084 with the sponsor’s 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/supports the following amendments:

Page 3, lines 29-33

1) Remove the brackets around lines 29-31.

2) Delete “as soon as practicable” and add the following language to the end of line 33:

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 the deletion of Lines 29-31 on Page 3. It is **essential that medication-assisted treatment (MAT) include options of pharmacological agents that partially or fully activate opioid receptors.** Removal of Lines 29-31 could result in correctional facilities limiting the MAT option to a full antagonist (Vivitrol) which is ineffective for most people attempting to break their long-term dependence on illicit opioids.

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.¹

All women of childbearing age should be screened for pregnancy and substance misuse 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, the American College of Obstetrics and Gynecology recommends that all reasonable efforts should be made to continue this treatment.² 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. Maternal-fetal medicine specialists are available for phone consultation 24 hours a day at all major hospitals in Maryland.

For these reasons, the Maryland Association of County Health Officers submits this Letter of Support with Sponsor’s Amendments for HB 1048. For more information, please contact Ruth Maiorana, MACHO Executive Director at рмаiorа1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

¹ <https://www.asam.org/docs/default-source/public-policy-statements/1-opioids-in-pregnancy---joint-acog-4-12.pdf?sfvrsn=2>
² <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

NCADD-MD - 2025 HB 1084 LOI - MAT Funding - House.

Uploaded by: Ann Ciekot

Position: INFO



House Judiciary Committee
March 4, 2025

**House Bill 1084 - Correctional Services - Medication-Assisted Treatment Funding
Letter of Information**

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 understand this was a drafting error and the brackets on page 3, lines 29 and 32, will be removed.

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. Providing this care is also something that is required by federal law, further supporting the premise that treatment for substance use disorders is not optional.

(over)

We strongly believe local governments should move toward building in these health care services into their health care contracts. We understand this would take some time, and that there are current contracts in place. NCADD-Maryland urges the General Assembly to revisit this funding issue at the appropriate time to check on the progress local government are making in this regard.

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.