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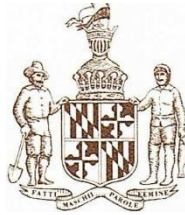
Health and Government Operations Committee

*Subcommittees*

Public Health and Minority Health Disparities, Chair

Elder and Long-Term Care

Maternal, Infant, and Child Health



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## **THE MARYLAND GENERAL ASSEMBLY**

ANNAPOLIS, MARYLAND 21401

### **HB 1249 - Certified Recovery Residences – Refusing Services to Individuals Receiving Medication–Assisted Treatment – Prohibition**

March 31, 2026

Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee,

**House Bill 1249** would prohibit, as a condition of certification, a recovery residence from refusing services to an individual because they are receiving Medication-Assisted Treatment (MAT) with FDA-approved therapies or requiring a resident to cease or modify their medical treatment as a condition of housing. The bill does not prohibit a and operator from running “sober” recovery residence but makes clear up-front that such non-federally compliant policies that limit access to effective recovery support for many individuals diagnosed with and in treatment for opioid use disorder are prohibitive of certification. **HB1249 passed the House with a vote of 102-33.**

MAT combines counseling and/or behavioral therapy with medications like buprenorphine, methadone, and naltrexone which ease the cravings and physical symptoms associated with opioid withdrawal. According to the National Institutes of Health Institute on Drug Abuse ([Medications for Opioid Use Disorder | National Institute on Drug Abuse \(NIDA\)](#)) they

- help people stop or reduce opioid use.
- reduce the risk of overdose deaths.
- reduce the incidence of behaviors that increase the risk of contracting and spreading infectious diseases.
- are safe and effective during pregnancy and breastfeeding.
- are provided to fewer than 1 in 5 people with opioid use disorder.

More widespread use is in part limited by stigma including, social, structural, and internal. Treatment stigma, a disregard for MAT as simply trading addictions, is another stigma and is the barrier impeding individual recovery efforts **HB1249** seeks to address, by prohibiting these arbitrary, unsubstantiated criteria use for excluding individuals from the very stable, alcohol- and drug-free environments important for achieving stable, long-term sobriety. Mandating credentialing entities include MAT-protections in their certification requirements aligns Maryland’s recovery housing standards with evidence-based medical practices and federal non-discrimination guidelines.

This legislation protects the autonomy of the patient-physician relationship while ensuring that "certified" recovery residences in Maryland are inclusive, supportive of all pathways to sobriety, and ADA compliant in not discriminating based on a medical condition and its prescribed, medically supervised, therapeutic treatment plan.

I urge a favorable report.

*Terri L. Hill, M.D.*