



HB 1249 SUPPORT

Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment – Prohibition

Senate Finance Committee Hearing: March 31, 2026

Members of the Committee:

Since 2019, I have overseen the discharge planning team at Ashley Addiction Treatment, working directly with hundreds of patients as they transition from residential treatment back into the community. A critical part of that transition is helping patients find safe, supportive housing that allows them to continue building stability in early recovery. Quality recovery residences can provide the structure, peer support, and accountability that help individuals maintain stability during this vulnerable time.

A portion of the patients we serve are prescribed Medications for Opioid Use Disorder (MOUD) such as buprenorphine. These patients are often among the highest-risk individuals we treat, particularly during the period immediately following discharge from residential treatment. When patients continue their prescribed medication while pursuing supportive recovery housing, it represents an important and positive step in their recovery journey. Unfortunately, many recovery residences in Maryland maintain policies that openly exclude individuals who are taking MOUD. These policies prevent patients from accessing the very housing environments that could best support their recovery.

Through my work, I have seen the consequences of these policies firsthand. Patients have felt pressured to discontinue their medications earlier than medically recommended in order to qualify for housing. Others have asked their providers to rapidly taper their prescriptions so they can be admitted, resulting in their first days without medication occurring outside the safety of residential treatment, where the risk of craving and relapse is significantly higher. Some patients are forced to relocate far from their employment or support systems because the recovery residences in their area will not accept them while on medication. And in some cases, patients simply stop pursuing recovery housing altogether because they believe they will not be welcome while taking a medication prescribed by their doctor. For these reasons, I strongly support requiring recovery residences seeking certification in Maryland to allow individuals who are prescribed MOUD. Ensuring that recovery housing is accessible to people using evidence-based treatment will remove unnecessary barriers and help more individuals sustain long-term recovery.

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