

**SB0878\_MHAMD\_FAV.pdf**

Uploaded by: Ann Geddes

Position: FAV

**SB 878 – Health Facilities – Certified Recovery Residences – Unannounced Inspections**

Senate Finance Committee

March 4, 2026

**Position: FAVORABLE**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 878.

SB 878 requires the Maryland Department of Health to conduct at least two inspections of each certified recovery residence each year, and if it is found that the residence is not in compliance with regulatory requirements and fails to correct the problem, the Department may take steps to have the residence's certification revoked.

Recovery residences are an important part of the continuum of care for people in early recovery. They deliver peer support and structured living and greatly increase an individual's odds of successfully recovering from a substance use disorder. When compared with returning home, living in a recovery residence after a treatment episode leads to higher abstinence rates, greater rates of employment and lower rates of criminal recidivism.

The Department of Health certifies that a recovery residence meets the requirements set by the Maryland Certification of Recovery Residences (MCOORR). Requirements for certification include:

- Maintain clean and safe residences that comply with building codes and safety regulations and adhere to space requirements
- Provide peer support services
- Have clear policies on intake and discharge, house rules, and resident rights

The number of certified recovery residences in Maryland has grown tremendously in recent years. In January 2024, there were almost 200 recovery residences.<sup>1</sup> As of September 2025, the state had 285 recovery residences and 2,704 certified beds.<sup>2</sup>

There is a dire need for quality recovery residences. In Maryland, there are both certified and uncertified recovery residences. While uncertified homes can provide adequate

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<sup>1</sup> Maryland Department of Health (January 2024). <https://health.maryland.gov/bha/documents/certified%20rr.pdf>

<sup>2</sup> Report on Oversight of Substance Use Disorder Treatment Programs and Recovery Residences (December 2025) [https://dlslibrary.state.md.us/publications/Exec/MDH/HB722Ch697\(2025\)\\_2025.pdf](https://dlslibrary.state.md.us/publications/Exec/MDH/HB722Ch697(2025)_2025.pdf)

accommodations, there have been many stories about uncertified residences with horrible conditions and exploitative practices. There is no oversight of uncertified homes.

People who are seeking to enter a recovery residence rely on Maryland's certification process to guide them to select a quality home. In addition, certified recovery homes and their residents are eligible to receive certain federal and state funds. To protect people with a substance use disorder who are seeking a quality recovery residence, and to ensure that grant dollars are only going to fund deserving programs, the Department must conduct regular inspections.

For these reasons, MHAMD supports SB 878 and urges a favorable report.

# **SB0878 Health Facilities - Certified Recovery Resi**

Uploaded by: Cecilia Plante

Position: FAV



**TESTIMONY FOR SB0878 – Health Facilities – Certified Recovery Residences – Unannounced Inspections – FAVORABLE**

**Bill Sponsor: Senator Attar**

**Committee: Finance**

**Organization Submitting: Maryland Legislative Coalition**

**Person Submitting: Jessica Gorski, Executive Committee**

**Position: FAVORABLE**

Chair, Vice Chair, and Members of the Committee,

My name is Jessica Gorski, and I am submitting this testimony in strong support of SB0878 on behalf of the Maryland Legislative Coalition. We are a statewide coalition of grassroots organizations representing more than 30,000 Marylanders across every legislative district. Our work is rooted in the belief that government should protect people’s lives, health, and dignity, especially for individuals in vulnerable situations, including those in recovery from substance use disorders.

SB0878 does exactly that.

This bill requires the Maryland Department of Health to conduct at least 2 unannounced on-site inspections of each certified recovery residence each year to ensure compliance with statutory and regulatory requirements. It also requires the Department to provide notice of any deficiencies identified and to allow a one-month remediation period for the certified recovery residence to correct them. If the residence fails to take corrective action within that period, the Department may instruct the credentialing entity to revoke its certification.

These protections are not theoretical. They are urgently needed.

Certified recovery residences serve Marylanders who are working to rebuild their lives, stabilize their health, and maintain long-term recovery. When these residences fail to meet basic health, safety, or regulatory standards, residents face serious risks, including unsafe living conditions and inadequate support for their recovery. Routine, scheduled inspections alone are not always sufficient to identify problems that may only be visible during day-to-day operations. As stated in the House crossfile

testimony, “Certified recovery residences serve Marylanders who are working to rebuild their lives, stabilize their health, and maintain long-term recovery.”

By requiring regular unannounced inspections, SB0878 strengthens oversight and accountability while still providing a fair opportunity for remediation. The one-month correction period recognizes that some deficiencies can and should be fixed, but it also makes clear that ongoing noncompliance will have consequences, including potential revocation of certification. This balance of support and enforcement helps ensure that only residences that meet appropriate standards retain state-recognized certification.

This bill aligns squarely with the mission of the Maryland Legislative Coalition. It advances public safety, protects the health and dignity of residents in recovery, and ensures that state-recognized recovery residences meet the standards that Marylanders rightly expect. As the original HB0448 testimony notes, “No one seeking recovery should be placed in an unsafe, noncompliant, or unaccountable setting.”

No one seeking recovery should be placed in an unsafe, noncompliant, or unaccountable setting. SB0878 helps ensure that certified recovery residences truly support recovery, rather than undermine it.

Thank you for your time and consideration. **We respectfully urge a FAVORABLE report on SB0878.**

**2026-03-06 - MD - Pyramid Healthcare - Testimony r**

Uploaded by: Collan Rosier

Position: FAV



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March 6, 2026

*Delivered Via [MyMGA Witness Signup Platform](#)*

The Hon. Pamela Beidle, Chair  
Senate Finance Committee  
Maryland General Assembly  
3 East Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

The Hon. Antonio Hayes, Vice Chair  
Senate Finance Committee  
Maryland General Assembly  
223 James Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

**RE: Pyramid Healthcare Testimony In Favor of Senate Bill 878 – An Act Concerning “Health Facilities - Certified Recovery Residences - Unannounced Inspections”**

Dear Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee:

The Pyramid Healthcare, Inc. (“Pyramid Healthcare”) family of companies urges the Committee to favorably report SB 878, which would require the Maryland Department of Health (“MDH”) to conduct unannounced, on-site inspections of certified recovery residences prior to any recertification being granted.

The Pyramid Healthcare family of companies is an integrated behavioral healthcare system serving Medicaid and commercial clients in nine (9) states across a continuum of residential and outpatient substance use disorder (“SUD”), mental health, autism, and eating disorder treatment services. We employ over 3,600 team members across our 80+ active facilities caring for over 14,000 unique commercial and Medicaid patients every day throughout our locations. With over 2,100 active beds throughout our system, we are one of the largest adult Medicaid residential SUD treatment providers in the country.

In Maryland, we operate five locations serving over 2,000 residents per year: a withdrawal management & residential treatment center and an outpatient treatment center in California; a withdrawal management & residential treatment center in Charlotte Hall; a withdrawal management & residential treatment center in Joppa; and a withdrawal management & residential treatment center in Bowie. In total, we have almost 275 licensed SUD residential treatment beds for adult Medicaid clients across the state. We also have two facilities in the eastern panhandle of West Virginia which are able to serve Maryland Medicaid clients in western Maryland.

Safe and supportive recovery housing plays a critical role in Maryland’s SUD continuum of care and is often the bridge between treatment and long-term stability. For many individuals, a safe and accountable recovery residence is not just optional – it is a lifeline that helps sustain recovery, prevent relapses, and reduce the risk of overdose, homelessness, and avoidable crisis. Treatment providers have a responsibility to support and strengthen the recovery housing system. Individuals leaving structured treatment must have access to recovery residences that are consistently compliant, safe, and operating with integrity. SB 878 strengthens accountability and protects residents by ensuring certified recovery residences meet statutory and regulatory requirements—not only during scheduled visits.

We strongly support SB 878 as a practical and necessary step to improve quality, safety, and transparency across the recovery housing system. For these reasons, we request the Committee to favorably report SB 878 to the full House for further action.

Thank you for your support of behavioral health providers – including those in both substance use disorder and mental health – in Maryland and for considering our policy proposals and recommendations on behalf of Pyramid Healthcare. If we can provide any additional information or materials, please contact me at [crosier@pyramidhc.com](mailto:crosier@pyramidhc.com) or 667-270-1582. In addition, we invite you or a member of the Committee or staff to reach out and schedule a visit to one of our Maryland locations sometime soon to learn more about our programs and services.

Sincerely,

A handwritten signature in black ink that reads "Collan B. Rosier". The signature is fluid and cursive, with the first name "Collan" being the most prominent.

Collan B. Rosier  
Vice President of Government Relations

CC: Members, Senate Finance Committee  
Tammy Kraft, Committee Manager, Senate Finance Committee

**SB878\_FAV\_BHRC.pdf**

Uploaded by: Darci Curwen-Garber

Position: FAV

March 4, 2026



The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SUPPORT for Senate Bill 878**  
***Health Facilities - Certified Recovery Residences - Unannounced Inspections***

Dear Chair Beidle, Vice Chair Hayes, and Senate Finance Committee Members,

The Baltimore Harm Reduction Coalition (BHRC) writes to express our **support** for **Senate Bill 878** - Health Facilities - Certified Recovery Residences - Unannounced Inspections. Certified recovery residences are a key part in Maryland's behavioral health landscape, occupying a critical space between acute treatment and long-term stability. For many Marylanders, these recovery homes provide community-based support during an especially vulnerable period. However, recovery housing is only effective when quality standards are enforced with meaningful oversight. SB 878 strengthens the Maryland Department of Health's authority and responsibility to ensure certified residences operate safely and as intended.

BHRC is an overdose response program and one of 29 MDH-authorized syringe service programs in Maryland. Through street outreach in partnership with local churches, we provide survival supplies and connect people actively using drugs to stabilizing care. Many of our participants have entered recovery housing as a significant step toward improving their quality of life. While drug use and homelessness are distinct issues, they often intersect.<sup>1</sup> Housing instability can exacerbate chaotic substance use and substance use can increase vulnerability to homelessness. In this context, recovery residences can play an important stabilizing role, but only if they provide safe, equitable, and consistent care.

Despite current oversight structures, we continue to hear concerns from participants about conditions in some certified recovery residences, including: **chronic overcrowding, lack of adequate sleeping accommodations (including residences without beds), inconsistent or selective enforcement of house rules, and discriminatory treatment based on race, gender identity, and sexual orientation.** Residents are often reluctant to report these issues due to fear of retaliation while trying to maintain stability. Strong state oversight is essential as certified recovery residences are regulated by the Maryland Department of Health, rather than local jurisdictions. Unannounced inspections are particularly important to ensure sustained compliance with health and safety standards, rather than temporary adjustments.

People who use drugs and those entering recovery deserve safe, supportive, and accountable housing as they work towards a better quality of life. When someone takes a significant step toward recovery, our systems must meet that moment with integrity and care. SB 878 moves Maryland toward that standard. **For these reasons and more, BHRC respectfully urges a favorable report on Senate Bill 878.**

For more information about this position, please contact Darci Curwen-Garber, BHRC Policy Manager, at [darci@baltimoreharmreduction.org](mailto:darci@baltimoreharmreduction.org).

Sincerely,

The Baltimore Harm Reduction Coalition (BHRC)

**SB878\_FAV\_Gaudenzia .pdf**

Uploaded by: Lauren Graziano

Position: FAV



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**Date:** March 4, 2026

**Committee:** Senate Finance Committee

**Bill:** Senate Bill 878- Health Facilities - Certified Recovery Residences - Unannounced Inspections

**Position:** Favorable

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Gaudenzia offers this testimony in support of Senate Bill 878 (SB 878).

Gaudenzia was founded in 1968 by a conscientious group of community members who wanted to help themselves and each other overcome the challenges of drug and alcohol use. They soon learned that a collective group was much stronger than an individual, struggling alone. Over the next 55 years, Gaudenzia began serving those in need of treatment for substance use and co-occurring disorders, becoming one of the nation's first providers with programs designed to meet the needs of individuals with substance use or co-occurring disorders, including those diagnosed with HIV/AIDS or under criminal justice involvement. Today, Gaudenzia is one of the largest non-profit substance use and co-occurring disorders treatment providers in the northeast United States, serving Pennsylvania, Delaware, Maryland, and the Washington, D.C. areas. More information is available at [www.gaudenzia.org](http://www.gaudenzia.org).

A recovery residence provides alcohol-free and illicit-drug-free housing to individuals with substance-related disorders, addictive disorders, or co-occurring mental disorders. Recovery residences do not include clinical treatment services. (*Md. Code Ann., Health- Gen. §7.5-101*). A certified recovery residence is a recovery residence that has obtained a certificate of compliance from a nonprofit credentialing entity that develops professional certifications based on nationally recognized standards and best practices. (*Md. Code Ann., Health-Gen §19-2501*). Credentialing entities that administer the certification process for recovery residences must be approved by the Maryland Department of Health (MDH). (*Id.*).

Quality recovery housing matters because where someone lives can either support recovery or quietly undermine it. After treatment, detox, or incarceration, people are often at their most vulnerable. Stable, recovery-supportive housing can be the difference between progress and relapse. Well regulated recovery housing protects residents from unsafe or exploitative housing practices and ensures consistent recovery support. Recovery housing that is well run improves community trust, and reduces stigma associated with substance use disorder.

SB 878 requires the Maryland Department of Health to conduct at least two unannounced on-site inspections of each certified recovery residence every year to ensure compliance with all statutory and regulatory requirements. This additional layer of oversight keeps credentialing entities and recovery residences accountable for the quality of the services provided to individuals in recovery.

For the aforementioned reasons, Gaudenzia respectfully requests a favorable report on SB 878.

Lauren C. Graziano, Director of Government Affairs  
[lauren.graziano@gaudenzia.org](mailto:lauren.graziano@gaudenzia.org)

# **NCADD-MD - 2026 SB 878 FAV - Recovery Residence Ov**

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee  
March 6, 2026**

**Senate Bill 878 - Health Facilities - Certified Recovery Residences –  
Unannounced Inspections**

**Support**

NCADD-Maryland supports Senate Bill 878. Safe and stable housing is a basic need for all humans. For people in treatment for a substance use disorder and those in early recovery, housing is important both for meeting a basic need, and for supporting a person’s recovery journey.

Recovery residences provide a supportive environment, peer support and accountability, and structure intended to increase the chance of success. Maryland has attempted to tackle the challenge of ensuring recovery residences provide quality support by creating a certification process in 2017.

While there are standards associated with that certification, oversight and enforcement are necessary to prevent abuses. There are many examples of recovery residences that provide the structure and support to help their residents succeed. Too often, however, we hear stories about poor and damaging experiences people have had.

Requiring in-person inspections is good policy. People in early recovery are vulnerable to those who want to take advantage of them and the resources that they may have access to. It is clear that bad operators exist and take money without any intention of providing actual support. In addition, there are licensed treatment programs that illegally provide free housing while requiring participation in the company’s treatment program.

It is widely believed that there is little enforcement of the laws and regulations governing certified programs. Requiring the Maryland Department of Health to conduct unannounced inspections could prevent illegal operations and deter bad actors from entering the field.

We therefore urge a favorable report on Senate Bill 878.

# **Testimony in support of SB0878 - Certified Recover**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0878\_RichardKaplowitz\_FAV

03/06/2026

Richard Keith Kaplowitz

Frederick, MD 21703

**TESTIMONY ON SB#0878- POSITION: FAVORABLE**

**Health Facilities - Certified Recovery Residences - Unannounced Inspections**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

**FROM:** Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#0878, **Health Facilities - Certified Recovery Residences - Unannounced Inspections**

ProPublica has documented 30 deficiency reports in Maryland Health Facilities between July 2024 and August 2025.<sup>1</sup>

This bill will increase the frequency of unannounced bi-yearly inspections of these facilities and a revocation of a license unless noted problems are promptly resolved satisfactorily.

The bill meets this goal by requiring the Maryland Department of Health to conduct at least two on-site unannounced inspections of each certified recovery residence annually; authorizing the Department to direct the recovery residence credentialing entity to revoke the certification of a certified recovery residence that fails to correct a deficiency within 1 month after notice of the deficiency is provided; etc.

Maryland needs to protect and be the voice for those who depend on others for appropriate medical care. This bill makes clear that in Maryland, we leave no one behind.

**I respectfully urge this committee to return a favorable report on SB#0878.**

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<sup>1</sup> [https://projects.propublica.org/nursing-homes/findings/all\\_deficiencies?state=MD](https://projects.propublica.org/nursing-homes/findings/all_deficiencies?state=MD)

# **MASDP Testimony(written)\_SB878\_Recovery Residence**

Uploaded by: Thomas Higdon

Position: FAV



# Maryland Alliance for Sensible Drug Policy

LIVED EXPERIENCE. REAL SOLUTIONS.

March 6, 2026

The Honorable Pamela Beidle, Chair  
Senate Finance Committee  
Maryland Senate  
Annapolis, Maryland

**RE: SB878 - Health Facilities - Certified Recovery Residences - Unannounced Inspections - FAVORABLE**

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

I'm submitting this testimony in **strong support** of SB878 on behalf of the Maryland Alliance for Sensible Drug Policy, an advocacy group led by people with lived or living experience with substance use.

Recovery housing can be a critical bridge between treatment and stability. I have also seen situations in some homes that were unsafe, degrading, or simply unjust. SB878 is a good step toward stronger accountability by increasing the frequency of unannounced inspections.

**My lived experience: why recovery housing matters**

In the fall of 2014, I was homeless in Baltimore City, living under the Jones Falls Expressway (JFX). I was unemployed, honestly unemployable, and I had bench warrants in two different jurisdictions. Most days, I panhandled to buy food, alcohol, and other drugs. I felt trapped, and I couldn't see a way out.

Then I got lucky. I received a scholarship to attend a quality evidence-based treatment program. But even in treatment, I was scared, because I knew what was waiting for me when I got out: a tent under a highway. And if I went back there, I knew what would happen next.

Then I got lucky again. A nonprofit paid for my first month in a recovery house when treatment ended. It wasn't a huge amount of money, but it gave me a stable landing pad long enough to start rebuilding. I got connected to recovery supports and quickly found a job. At the end of that first month, I had no problem paying my rent at the recovery house. Within six months, I was in my own apartment.

Today, I have a home, a family, and a career that allows me to give back to my community. And I'm happy to report that I have not stepped foot in a courtroom in over a decade. I do not say that for inspiration points. I say it because **my story is a very real example of how recovery housing functions as a bridge between treatment and stability**. Without that bridge, my story could have gone in a very different direction.

## **Problems I have witnessed: why oversight matters**

However, not all my experiences with recovery residences have been positive. Over the years, I have lived in multiple recovery houses, and I have seen situations that were unsafe, degrading, or simply unjust.

- **Arbitrary discharge:** I've seen residents discharged for reasons unrelated to safety or recovery. In one instance, a person was kicked out at 9:00 p.m. on a Sunday night simply because other residents thought he was a "jerk," which is not an appropriate reason for making someone homeless.
- **Theft:** I've seen discharges handled in ways that strip people of basic dignity and property, including being given 15 minutes and a trash bag to pack, followed by other residents picking through what was left behind despite policies requiring the house to store their remaining belongings safely for 30 days.
- **Unsafe discharges:** I've seen residents who experienced a brief return to use told to leave immediately, sometimes in the middle of the night, with no referrals (to a higher level of care, another recovery residence, or even shelter), leaving them suddenly homeless at a moment of heightened overdose risk.
- **Discrimination and harassment:** I've seen discriminatory and abusive behavior, including house managers using racist and homophobic slurs and bragging that they had run off every black or gay resident who had been placed in their house.

To be clear, SB878 will not solve these problems on its own. But it is a step in the right direction. More frequent unannounced inspections give residents more chances to report concerns while they are still living in the home and give the State more visibility into patterns residents cannot fix on their own. Oversight will not replace the need for broader reforms, but it can strengthen accountability and transparency in settings that are too often hidden from view. It can also reinforce basic protections, like making it more likely that houses will clearly post residents' rights and a phone number residents can call to report abuse.

## **Request**

For these reasons, we respectfully ask the Committee to issue a **Favorable Report** on SB878.

Respectfully submitted,

Thomas Higdon  
Executive Director  
Maryland Alliance for Sensible Drug Policy  
[thigdon@masdp.org](mailto:thigdon@masdp.org)  
443-362-2764

# **SB 878\_Recovery Residence Inspections\_BHSB\_FAVORAB**

Uploaded by: Dan Rabbitt

Position: FWA



March 6, 2026

**Senate Finance Committee  
TESTIMONY IN SUPPORT WITH AMENDMENTS**

*SB 878 - Health Facilities - Certified Recovery Residences - Unannounced Inspections*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**Behavioral Health System Baltimore supports and offers amendments for SB 878 - Health Facilities - Certified Recovery Residences - Unannounced Inspections.** This bill would ensure proper oversight and quality assurance at recovery residences.

Recovery residences provide housing that supports recovery from substance use disorders. They do not provide clinical treatment but are important stepping stones for many people seeking a stable place to reside early in recovery. Maryland has a certification process that many recovery residences go through and that is required to access state funding. The Behavioral Health Administration administers this process through the Maryland Certification of Recovery Residences (MCORR) application and uses the National Alliance for Recovery Residences 2018 Quality Standards.<sup>1,2</sup> The MCORR application requires submitting documentation and undergoing an onsite inspection prior to certification or recertification. Certification periods are not to exceed two years.

The MCORR process as it currently exists has not ensured quality or safety in recovery residences. In Baltimore City, there have been frequent reports of unsafe environments at recovery residences and a lack of responsiveness to community and resident concerns, some of which have been reported in the press. There are also reports of the required onsite inspections failing to occur. In addition, many recovery residences do not allow for the storage and continued use of medications for opioid use disorder and are actively hostile towards this effective treatment modality.

SB 878 is an important opportunity to establish new oversight and quality assurance expectations at certified recovery residences. BHSB supports the proposal to conduct unannounced inspections to ensure compliance and offers a friendly amendment to strengthen the inspection process and ensure feasibility:

Replace Section 19–2502.1(A)(1) with the following (additions and changes are **bolded**):

*The Department **or its designee** shall conduct at least **one** unannounced on-site inspection of each certified recovery residence each **certification period, which is not to exceed two years**. The inspection shall ensure compliance with statutory and regulatory requirements **including but not limited to staffing, services, and policies to allow residents’ to safely continue prescribed medications for the treatment of opioid use disorder while residing at the recovery residence.***

The proposed amendment language aims to accomplish several goals. To make the bill more feasible, it reduces the number of unannounced inspections to at least one per certification period. This would normally be one every two years but could be more frequent if the certification period was shorter due to compliance concerns. The Department currently struggles to complete required certification inspections so a less frequent inspection schedule would make implementation more feasible while still holding recovery residences accountable. The amendment also improves feasibility by allowing the Department to delegate the inspections to a designee, presumably a local behavioral health authority such as BHSB. The last portion of the amendment is intended to clarify that the inspection should address the comprehensive set of regulatory requirements, including allowing medication for opioid use disorder.

By enacting SB 878 and adopting these proposed amendments, Maryland can better ensure high-quality recovery residences for all who need them. **We urge the Senate Finance Committee to pass SB 878.**

***For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142***

**Endnotes:**

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<sup>1</sup> Maryland Certification of Recovery Residences available at: <https://health.maryland.gov/bha/Pages/Maryland-Certification-of-Recovery-Residence-License-.aspx>

<sup>2</sup> National Alliance for Recovery Residences 2018 Quality Standards available at [https://narronline.org/wp-content/uploads/2025/07/NARR\\_Standard\\_V.3.0\\_release\\_11-2018.pdf](https://narronline.org/wp-content/uploads/2025/07/NARR_Standard_V.3.0_release_11-2018.pdf)

**SB878\_RHTC\_FWA.pdf**

Uploaded by: Therese Hessler

Position: FWA



March 6, 2026

Senate Finance Committee

**SB878 - Health Facilities - Certified Recovery Residences - Unannounced Inspections**

POSITION: Favorable with amendments

The Recovery Housing & Treatment Center Coalition of Maryland (RHTC) appreciates the opportunity to submit written testimony in support of House Bill 448, which would require the Maryland Department of Health (MDH) to conduct unannounced inspections of certified recovery residences. RHTC strongly agrees that robust oversight and accountability are essential to maintaining the integrity, safety, and credibility of recovery housing across Maryland.

RHTC represents recovery housing and treatment providers across Maryland who deliver stable, safe, and supportive environments for individuals in recovery from substance use disorders. The Recovery Residence Grant Program plays a critical role in sustaining this continuum of care.

High-quality recovery residences play a critical role in Maryland's behavioral health continuum. Thoughtful oversight strengthens public trust, protects residents, and ensures that providers operating in good faith are held to consistent and fair standards.

While RHTC supports the intent of SB 878 and the use of unannounced inspections as a compliance tool, we respectfully request targeted amendments to clarify expectations, ensure fairness, and promote consistent enforcement across the state.

RHTC supports the bill's requirement that MDH conduct at least two unannounced on-site inspections annually for each certified recovery residence. Unannounced inspections can be an effective mechanism to ensure real-time compliance with statutory and regulatory standards, identify deficiencies that may not surface during scheduled reviews, protect residents by reinforcing accountability.

We also appreciate the inclusion of a remediation period prior to revocation, which recognizes that deficiencies can often be corrected promptly and in good faith.



## **Areas Where Clarifying Amendments Are Needed**

Despite our support for the bill's intent, RHTC has concerns that, as currently drafted, SB 878 lacks sufficient guidance in several key areas. Without clarification, the bill could lead to inconsistent enforcement, confusion for providers, and avoidable disputes.

### **1. Lack of Defined Scope for Unannounced Inspections**

SB 878 does not specify what an unannounced inspection entails, including:

- The operational areas subject to review
- Documentation that may be requested
- Standards that will be assessed during the inspection

Clear statutory guidance is needed so providers understand expectations and can consistently maintain compliance. Leaving these issues entirely to future regulation risks uneven application across regions and inspectors.

RHTC recommends that the bill include baseline statutory parameters outlining:

- The general scope of inspection activities
- Categories of compliance being reviewed
- Reference to applicable statutory and regulatory standards

### **2. Provider Availability and Good-Faith Access**

RHTC agrees that providers should not be able to avoid oversight by being unavailable. However, SB 878 does not address how MDH should proceed when:

- A recovery residence is temporarily unstaffed
- Key personnel are off-site due to clinical or emergency obligations
- Access is delayed for legitimate operational reasons

Without clarity, providers acting in good faith could be penalized unfairly.

RHTC recommends language establishing:

- A reasonable protocol for inspector access
- Clear expectations regarding provider availability
- Safeguards to ensure providers cannot intentionally evade inspection, while also recognizing operational realities



### **3. Consistency, Due Process, and Predictability**

RHTC believes that clear statutory standards—rather than solely regulatory discretion—are essential for:

- Consistent enforcement across jurisdictions
  - Fair treatment of providers
  - Transparency in corrective action expectations
  - Providers benefit when expectations are explicit, predictable, and uniformly applied.
- Clear guidance also supports MDH by reducing ambiguity and potential disputes.

RHTC is committed to working collaboratively with the bill sponsor, committee members, and the Maryland Department of Health to strengthen SB 878. Our coalition includes experienced providers who understand both compliance requirements and operational realities, and we would welcome the opportunity to assist in refining inspection standards that are both rigorous and workable.

RHTC supports House Bill 448 and its goal of strengthening oversight of certified recovery residences. With targeted amendments to clarify inspection scope, provider access expectations, and compliance standards, this legislation can effectively protect residents while ensuring fairness and consistency for providers.

For these reasons, RHTC respectfully urges a favorable report with amendments and looks forward to continued collaboration on this important policy.

For more information call or email:

Therese M. Hessler, Ashlar Government Relations | 301-503-2576 | [therese@ashlargr.com](mailto:therese@ashlargr.com)

**SB 878 - FIN-MDH-LOC (1).pdf**

Uploaded by: Meghan Lynch

Position: UNF



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 6, 2026

The Honorable Pam Beidle  
Chair, Senate Finance Committee  
3 East Miller Office Building  
Annapolis, Maryland 21401

### **RE: Senate Bill 878— Health Facilities – Certified Recovery Residences – Unannounced Inspections — Letter of Concern**

Dear Chair Beidle and Committee Members,

The Maryland Department of Health (the Department) respectfully submits this letter of concern for Senate Bill (SB) 878—Health Facilities – Certified Recovery Residences – Unannounced Inspections. SB 878 would require the Department to conduct at least two inspections each year of every certified recovery residence within the state. Following inspection, the Department must provide notice to each certified recovery residence of any deficiency identified and allow one month for correction. If a certified recovery residence fails to correct the deficiencies, the Department may instruct the credentialing entity to revoke its certification.

As drafted, the bill may result in Certified Recovery Residences transitioning to become another type of provider, potentially limiting the supply of sober living beds available to individuals in recovery, or the voluntary relinquishment of certification to avoid the twice-yearly unannounced inspections. Voluntary relinquishment of certification would result in the Department losing the ability to oversee the residence, which could affect the quality of housing available to individuals with substance-related disorder.

As of January 2026, there are 278 recovery residences located throughout the state. This would require at least 556 site visits annually under this bill. This bill would require Department staff to travel to, inspect sites, write up findings, and notify each certified recovery residence following inspection. For those residences with at least one deficiency finding, the Department would need to re-inspect within one month to ensure correction. If deficiencies are not fully corrected, staff would then need to notify the credentialing entity to revoke certification and follow-up to ensure the residence is no longer holding itself out as certified. This additional inspection volume represents a significant and ongoing strain on MDH staffing capacity and resources. Additionally, any recovery residence that lost certification would no longer be eligible for Maryland RecoveryNet (MDRN) funding. MDRN supports only recovery residences holding a valid certification from the Maryland Certification of Recovery Residences.

As drafted, the bill's estimated fiscal note is over \$1.4 million in FY2027, with substantially similar costs in subsequent years, as the workload cannot be absorbed by existing staff. To fulfill the obligations associated with twice-yearly unannounced inspections of the nearly 300

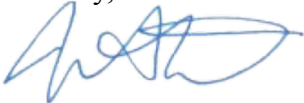
residences and the more than 2,000 beds within those residences, an additional 11 staff would be needed to ensure all inspections could be carried out, and any deficiency-related re-inspections conducted within 30 days of a related finding.

Beyond fiscal considerations, the Department raises several programmatic concerns. Certification of recovery residences is voluntary. If SB 878 becomes law, the Department anticipates that the substantial compliance requirements associated with unannounced inspections, combined with the limited timeframe to correct identified deficiencies, may incentivize certified recovery residence to:

- (1) **Transition to licensed providers**, likely Level 3.1 Residential Low Intensity programs, which would not require twice-yearly unannounced inspections. The Department's Behavioral Health Administration would then need to fulfill requests to transition programs from certified to licensed to ensure compliance with the Code of Maryland Regulations (COMAR) 10.63 et. seq. including achieving and maintaining accreditation and potentially enrolling in Maryland Medicaid as these treatment services are reimbursable.
- (2) **Transition to Level 2.5 Substance-Related Disorder Treatment Partial Hospitalization Programs**, which do not provide housing and would not require twice-yearly unannounced inspections. The Department's Behavioral Health Administration would similarly need to manage these transitions to ensure COMAR compliance, including achieving and maintaining accreditation. As with Level 3.1 programs, these treatment programs may enroll in Maryland Medicaid.
- (3) **Opt out of voluntary certification altogether.** Certified recovery residences may perceive the burden of twice-yearly unannounced inspections as prohibitive and choose to forego certification. The Department has no legal authority to oversee non-certified recovery housing; consequently, the quality housing for individuals in recovery from substance-related disorders may decline as the number of certified recovery residences decrease statewide.

The Department appreciates the Committee's consideration of these concerns. For additional information, please contact Meghan Lynch, Director of Governmental Affairs at [meghan.lynch@maryland.gov](mailto:meghan.lynch@maryland.gov).

Sincerely,



Meena Seshamani, MD, PhD  
Secretary of Health