

HB 1249 FAV Ashley Written Testimony - Senate.pdf

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Position: FAV



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.

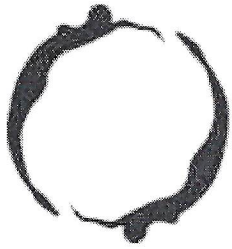
Through my work, I have seen the consequences of these policies firsthand. Patients have felt pressured to discontinue their medications earlier than medically recommended in order to qualify for housing. Others have asked their providers to rapidly taper their prescriptions so they can be admitted, 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.

Aaron Bruzzese
Director, Patient & Community Support Services

Lifestream Health Center - HB 1249 FAV - Senate.pd

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Lifestream
Health Center

Testimony in Support of HB 1249
March 31, 2026
Senate Finance Committee

Lifestream Health Center

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Bowie, MD 20716

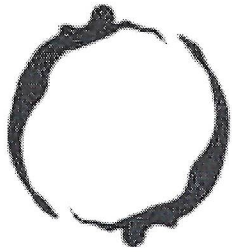
(301) 860-0305

I am Dr. Sarah Merritt, a multi-certified physician and owner of a pain management practice in Bowie, Maryland. As part of Lifestream Health Center we provided services to patients with substance abuse disorders. I have years of experience in pain management services and substance abuse treatment. I have also served as the medical director of an OTP in addition to my practice at Lifestream. I am writing in support of HB 1249. I am a strong advocate of medication for opioid use disorder (MOUD) for people with Opioid Use Disorder (OUD). MOUD decreases the incidence of overdose and death in this population. Additionally, it improved retention in treatment.

Historically sober living houses have been abstinence-based largely due to tradition, so there is often reluctance to accept the use of medications in these facilities. There is also stigma associated with the use of medications like buprenorphine and methadone, that persons prescribed MOUD “are not really clean” and “a drug is a drug.”

The United States is currently in the throes of an opioid overdose epidemic resulting in the death of over 100 people a day. There are effective treatments for OUD but only about one quarter of people who are eligible are prescribed these medications. Housing can also be a challenge for people with OUD as returning from treatment or incarceration to a place where there is active drug use can result in relapse to active use. Recovery residences or sober living houses are a solution to the housing issue. They provide a safe, stable environment as people transition back into the community.

The fact is drugs are becoming stronger. Fentanyl is more potent than heroin and is often adulterated with other substances potentially making it more lethal than older opioids. The goal of the various levels of care including recovery residences is to provide excellent care to their residents according to best medical practices and evidence-based standards. This bill does much to hasten this goal.



Lifestream
Health Center

Sincerely,

Sarah Merritt, MD

ABMS Board Certified in Anesthesiology, Pain Medicine, and Addiction Medicine

MAT Clinics testimony - HB 1249 FAV - Senate.pdf

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MATClinics

Medication Assisted Treatment

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HB 1249 - SUPPORT

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

Senate Finance Committee hearing: March 31, 2026

I strongly support HB 1249 because individuals receiving medication for opioid use disorder deserve equal access to safe, supportive recovery housing. Methadone and buprenorphine are evidence-based, lifesaving treatments and represent the standard of care for the treatment of opioid use disorder. Denying admission to a certified recovery residence solely because someone is following a physician's treatment plan which includes medicine undermines medical best practice and places individuals at unnecessary risk of relapse and overdose. Recovery housing should reinforce treatment plans developed by qualified clinicians, not override them.

This bill is a practical and compassionate step toward reducing stigma and aligning policy with science. By prohibiting discrimination against individuals receiving medication-assisted treatment, HB 1249 affirms that recovery is not one-size-fits-all and that people using evidence-based medications are fully engaged in legitimate recovery. Ensuring access to recovery residences for those on prescribed MOUD will strengthen continuity of care, improve outcomes, and ultimately help save lives in our communities.

Respectfully,



Enrique Oviedo, MD
Chief Medical Officer
MATClinics
40 S. Dundalk Avenue Suite 400
Dundalk, MD 21222

NAMA-R HB 1249 HB Recovery Residences FAV - Senate

Uploaded by: Ann Ciekot

Position: FAV



National Alliance of Medication Assisted Recovery, Inc..
Together we can make a difference! <https://namarecovery.org>

Re: **HB 1249 – SUPPORT**

Certified Recovery Residences – Refusing Services to Individuals Receiving Medication-Assisted Treatment – Prohibition. Senate Finance Committee. Hearing: March 31, 2026

Dear Chair and Members of the Senate Finance Committee:

On behalf of NAMA-Recovery, we write in strong support of HB 1249, legislation that would prohibit certified recovery residences from refusing admission or services to individuals receiving prescribed medications for opioid use disorder (MOUD), including methadone and buprenorphine.

NAMA-Recovery is a national advocacy organization representing individuals with opioid use disorder (OUD) who rely on FDA-approved medications as part of their recovery. Our members are patients, families, healthcare providers, and advocates committed to advancing equitable access to evidence-based treatment. We work to eliminate discrimination against individuals receiving MOUD and to promote recovery grounded in science, dignity, and human rights.

Methadone and buprenorphine are the gold standard of care for OUD. Decades of rigorous research demonstrate that these medications reduce illicit opioid use, decrease transmission of infectious diseases, improve social functioning, and most importantly, significantly reduce the risk of fatal overdose. They are the only treatments proven to cut mortality in half or more for individuals with moderate to severe OUD. Denying access to housing based on the use of these life-saving medications undermines both public health and recovery outcomes.

Unfortunately, stigma and misinformation about MOUD persist within parts of the recovery community. False narratives — such as the belief that taking methadone or buprenorphine is “trading one addiction for another,” that physical dependence equals addiction, or that medication is incompatible with recovery — continue to result in discriminatory practices. These practices directly contradict national clinical guidelines and established standards from leading authorities in addiction medicine and public health.

Recovery residences play a vital role in supporting individuals as they rebuild their lives. Stable housing is a cornerstone of recovery. When certified residences refuse to admit individuals who are taking MOUD, limit the number of residents who may receive medication, impose arbitrary dose caps, or require tapering against medical advice, they create dangerous barriers to care. Such policies force individuals to choose between housing stability and adherence to evidence-based medical treatment — a choice no person in recovery should have to make.

HB 1249 addresses this inequity by ensuring that individuals prescribed MOUD by a licensed medical provider cannot be denied access to certified recovery housing. This legislation aligns housing policy with established medical standards and affirms that recovery pathways are diverse and individualized. It does not mandate medication use; rather, it protects the right of individuals to follow medically appropriate treatment plans without discrimination.



From the perspective of NAMA-Recovery, this bill is fundamentally about civil rights, medical integrity, and saving lives. Individuals with OUD are protected under disability law, and access to prescribed treatment should not be a basis for exclusion. Maryland has made significant investments in addressing the opioid crisis. Ensuring that certified recovery residences do not perpetuate medication stigma is a necessary and logical next step.

We respectfully urge the Committee to issue a favorable report on HB 1249. By passing this legislation, Maryland will affirm that recovery includes access to evidence-based treatment and that no individual should be denied safe housing because they are following their doctor's medical advice.

Thank you for your consideration and for your continued leadership in addressing the opioid crisis.

Because Treatment Works and Recovery is Possible,

Anita R Kennedy, Brenda Davis, Chuck Hilger, Patricia Williams, Kristina Padilla, Nathan Czerniak
Members of the Board
NAMA-Recovery
National Alliance for Medication Assisted Recovery

National Alliance of Medication Assisted Recovery, Inc..

Together we can make a difference!

<https://namarecovery.org>

1825 Park Avenue, #424 New York, NY 10035

testimony HB 1249 Gary Sprouse MD FAV - Senate.pdf

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Position: FAV

2/23/2026
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HB1249

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

SUPPORT

Senate Finance Committee Hearing: March 31, 2026

I am a primary care physician that took care of 100 patients with heroin addiction in my private practice. I had a 95% success rate of sobriety in my practice. I am now retired.

My wife and I ran a recovery residence: a sober living facility (ASAM Level 2) in Greensboro, Maryland. We operated it from 2019 to 2021. In 2021, the building was sold to another company to become an ASAM Level 3 facility and is now currently owned by a large corporation that operates as a full rehab facility.

While we operated the facility, we allowed clients to use medication assisted therapy. The process to monitor and control the medications was straightforward and successful.

By allowing the clients to have access to MAT (Medication Assisted Treatment), our clients were more successful in maintaining sobriety. They were comfortable with the medication and the process of monitoring. This eliminated conflicts with prescribing doctors, clients and our managers.

I believe the evidence is clear that MAT is beneficial to improved outcomes measured by lasting sobriety and improved functioning in society. We certainly found that in our facility.

If you are serious about helping clients overcome their addiction, I would strongly recommend that you pass HB1249 so that clients with addiction can get the best, proven therapy to put their addiction behind them.

Thank you for your attention.

Gary Sprouse, MD

testimony HB 1249 Janet Bebe CRNP FAV - Senate.pdf

Uploaded by: Ann Ciekot

Position: FAV

HB 1249 FAVORABLE

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

Senate Finance Committee

hearing: March 31, 2026

My name is Janet Beebe and I am a dually certified nurse practitioner in adult primary care and psychiatric mental health nursing. I have been a nurse practitioner for over 25 years providing primary care, mental health, substance abuse and pain management services.

I have also served as the President of the Board for a men's sober living residence in my area. During this time as President, I advocated for the use of MOUD (medication for opioid use disorder) as well as psychotropic medications in the formerly abstinence-based facility and was successful in its implementation. This was not an easy transition and some members left the board as a result of the decision to permit the use of MOUD by residents.

Historically these houses have been abstinence-based largely due to tradition, so there is often reluctance to accept the use of medications in these facilities. There is also stigma associated with the use of medications like buprenorphine and methadone, that persons prescribed MOUD "are not really clean" and "a drug is a drug is a drug."

The United States is currently in the throes of an opioid overdose epidemic resulting in the death of over 100 people a day. There are effective treatments for Opioid Use Disorder but only about one quarter of persons who are eligible are prescribed these medications.

Housing can also be a challenge for persons with OUD as returning from treatment or incarceration to a place where there is active drug use can result in relapse. Recovery residences or sober houses are a solution to the housing issue.

Research demonstrates that use of medication for OUD decreases the incidence of relapse and the resultant risk of overdose and death. Patients receiving MOUD remain in treatment longer. Drugs are becoming stronger. Fentanyl is more potent than heroin and is often adulterated with other substances potentially making it more lethal than older opioids. The goal of the various levels of care is to provide excellent care to their residents according to best medical practices and evidence-based standards.

I am asking the committee for a favorable report for HB 1249.

Janet Beebe CRNP, providing outpatient substance abuse services at
Lifestream Health Center 4000 Mitchellville Rd B306. Bowie, MD 20716

testimony HB 1249 StopStigmaNow FAV - Senate.pdf

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Position: FAV



HB 1249 SUPPORT

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

Senate Finance Committee

Hearing: March 31, 2026

On behalf of Stop Stigma Now (SSN), a national nonprofit organization dedicated to eliminating stigma and advancing evidence-based treatment for opioid use disorder (OUD), we write in strong support of HB 1249 which would require certified recovery residences to allow access to medications for opioid use disorder (MOUD).

This legislation is both sound public policy and a matter of human dignity. MOUD is Lifesaving, and Evidence-Based. Medications for opioid use disorder, including methadone, buprenorphine, and extended-release naltrexone are the gold standard of care. They are endorsed by the American Society of Addiction Medicine, the Substance Abuse and Mental Health Services Administration, and the Centers for Disease Control and Prevention. Robust research demonstrates that MOUD reduces mortality by more than half, improves long-term recovery outcomes, and significantly decreases overdose risk.

Yet despite this clear evidence, individuals receiving these medications are often told implicitly or explicitly that they are "not truly in recovery." Some are denied admission to recovery housing altogether. Others feel pressured to taper off medically necessary treatment to secure a safe place to live. When housing access depends on abandoning lifesaving medication, individuals are forced into an impossible choice between shelter and survival.

Recovery Housing Must Align with Medical and Legal Standards. Recovery residences play an important supportive role in the continuum of care. However, support services cannot override established medical standards. Treatment decisions must remain between patients and their licensed medical providers.

Behind every policy debate is a person, a mother returning home to her children, a veteran rebuilding his life, a young adult striving to regain stability. For many, recovery housing represents the bridge between treatment and independent living. This legislation represents alignment among medicine, public health, and human rights.

This bill affirms three fundamental principles:

- Evidence-based treatment should not disqualify someone from recovery housing.
- Individuals receiving MOUD Civil have the right to choose their own path to recovery.
- Recovery policy must be guided by science, compassion and equity.

We respectfully urge the Committee to issue a favorable report and ensure that certified recovery residences in Maryland support lifesaving treatment. Thank you for your consideration and leadership.

Maria Pasceri, and Stephanie Campbell,
Co-Presidents, Stop Stigma Now

HB1249_MHAMD_FAV.pdf

Uploaded by: Ann Geddes

Position: FAV

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

Senate Finance Committee

March 31, 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 HB 1249.

HB 1249 would prohibit a certified recovery residence from refusing services to a person if that person is receiving medication for treatment of an opioid use disorder (MOUD) and/or requiring that a person cease their MOUD treatment before they can enter a recovery residence.

Multiple studies have shown that treatment outcomes are much better when MOUD is included as a component of treatment. MOUD dramatically reduces cravings, relapse, overdose, and death.¹ Recovery housing too has been shown to be an important component of recovery from an opioid use disorder, particularly for those early in their recovery.²

Yet in the Maryland Certification of Recovery Residences Program, there is no requirement that a recovery residence allow a person to enter their housing program while receiving treatment with a MOUD. Myths and prejudices about MOUD treatment abound - that it is just trading one addiction for another and an unnecessary crutch. Since such stigma persists, recovery houses must be prohibited from banning people with an opioid use disorder who are receiving MOUD treatment.

People in recovery from opioid use disorder have a much better chance at successful recovery with **both** MOUD and safe and supportive housing. Maryland must protect their right to access both. For these reasons, MHAMD supports HB 1249 and urges a favorable report.

¹ Sarah Wakeman et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. Journal of the American Medical Association (2020).

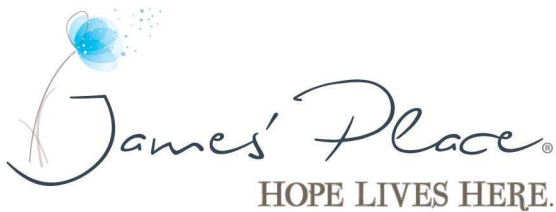
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>

² Savannah Prescott. How Stable Housing Supports Recovery from Substance Use Disorders. Johns Hopkins School of Public Health (2024). <https://opioidprinciples.jhsph.edu/how-stable-housing-supports-recovery-from-substance-use-disorders/>

HB 1249 Favorable Senate Finance Committee 3-31-26.

Uploaded by: Barbara Allen

Position: FAV



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jamesplaceinc.org

committed to bringing support to those battling addiction

March 31, 2026

**Senate Finance Committee
TESTIMONY IN SUPPORT**

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

James' Place Inc. is a nonprofit organization providing scholarships for those suffering substance use disorders when transitioning from treatment into recovery housing.

James' Place strongly supports HB 1249. As with any disease, those suffering opioid use disorders have the right to choose the best path for not only immediate support during any detoxification process but for the longevity of continuing recovery. A person diagnosed with cancer, heart disease and other potentially fatal conditions often are given a five-year plan of recovery. As with these other conditions medications are lifesaving, life affirming to provide improved outcomes for those who suffer this disease. There can not be barriers to access for those choosing to live in a Maryland MCORR recovery residence while being prescribed MAT/MOUD.

For those who - with their treatment provider - choose medication assisted treatment/MOUD, they must have housing options that support these life -saving medications. As is fairly common knowledge there are three FDA approved medications – methadone, buprenorphine and naltrexone (in the form of Vivitrol).

Stable housing is a minimum mandatory requirement for those on this recovery path. Maryland has a program to certify recovery houses – MCORR, Maryland Certification of Recovery Residences. MCORR has no inclusion regarding MAT/MOUD within its documentation. However, once MCORR certified, a recovery residence can request funding for residents (rent, dental care, etc.) by becoming approved for MDRN – Maryland Recovery Net. Under funding rules, MDRN approved residences are mandated to accept residents using any of the approved medications for opioid use disorders (OUD).

Based on the number of complaints I have received over the past many years, this is not enforced, There is a standard of care utilized by BHA from the National Alliance for Recovery Residences. (NARR). While the NARR standards are more focused on housing requirements, they do not speak to a treatment of care including MAT/MOUD.

This is an issue I've been working towards with BHA and many professional medical experts for over a decade here in Maryland. I've seen the benefits; I've seen families reunited. I've seen those who suffer then find their way out of the darkness of this disease. Tragically I've seen others turned away because of their MAT/MOUD use; some forced to reduce their dosage or stop taking the prescribed medication.

SHATTER THE STIGMA.
a James' Place initiative

shatterthestigma.com

bringing truths, facts and a voice to the debilitating disease of addiction

Others told “we have no MAT beds available” (putting a cap on the number of people allowed to be in residence while using MAT/MOUD. Practicing medicine without a license cannot be tolerated. Simply put we know MAT/MOUD works; it saves lives. So, if it’s in the regulations for recovery residences, it must be enforced.

handed out information on how to register a complaint. We’ve submitted such complaints on behalf of individuals who are finding hope using this path forward. Now it’s time to put teeth in this proven medical option. We respect “many paths to recovery.” So when a person, along with their treatment provider agree to using MAT/MOUD, the Maryland system of certifying safe, stable housing must guarantee this medical decision. Please act now to establish enforcement of what is fact, what is known, what is needed to continuing saving lives.

James’ Place Inc. asks for a favorable report on HB 1249.

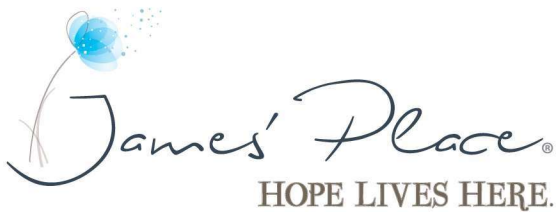
Barbara & Tom Allen

Jim’s mom, Bill & Tom’s sister, Amanda’s aunt

HB 1249 Favorable Senate Finance Committee 3-31-26.

Uploaded by: Barbara Allen

Position: FAV



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March 31, 2026

**Senate Finance Committee
TESTIMONY IN SUPPORT**

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

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Barbara & Tom Allen

Jim’s mom, Bill & Tom’s sister, Amanda’s aunt

MATOD 2026 - HB 1249 FAV - MOUD Discrimination Pro

Uploaded by: Connie Dausch

Position: FAV



Senate Finance Committee

March 31, 2026

House Bill 1249

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

Support

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www.matod.org

The Maryland Association for the Treatment of Opioid Dependence strongly supports House Bill 1249. Accessible safe and stable housing is a basic need for all humans. Recovery residences play a critical role in aiding in a person's recovery journey. A good recovery residence will offer a supportive environment, peer support and accountability, and the structure which greatly increases the chance of a person's success. In the Maryland Certification of Recovery Residences Program (MCORR), there is no expectation that recovery residences allow persons in need of housing be allowed to enter the housing program while on medications for opioid use disorders (MOUD), methadone and/or buprenorphine, lifesaving medications that are often provided for people with opioid use disorder.

Without the explicit inclusion of a person's right to be on medications that treat opioid use disorders, decisions made between a medical provider and the person, there are too many instances of recovery residences not allowing people on medications for MOUD to enter the residence. Despite years of education and studies showing the critical importance of these medications for saving lives, myths about these medications persist and the stigma about the medications and those who take them continue. Recovery residences would never be allowed to deny access to someone because they were on a blood pressure or cholesterol lowering medication. Yet we continue to see this discrimination happen to people on MOUD.

Prohibiting access to MOUD may violate federal laws such as the Americans with Disabilities Act and the Fair Housing Act, but enforcement has been absent and does not deter this type of discrimination. The state should be clear on the front end that to become a certified recovery residence, a provider must not discriminate. The intent is that this will deter this discrimination, and when recovery residences are inspected or audited, the state can cite a provider for noncompliance if people are required to cease or taper off their life-saving medications.

We urge a favorable report on House Bill 1249.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

Employer and institutional affiliations are provided for identification purposes only and do not convey employer and institutional positions

HB 1249 Crossover_Recovery Residence MOUD_BHSB_FAV

Uploaded by: Dan Rabbitt

Position: FAV



March 31, 2026

**Senate Finance Committee
TESTIMONY IN SUPPORT**

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

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 strongly supports HB 1249 - Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment - Prohibition. This bill would prohibit recovery residences from denying someone placement if they are receiving medication for opioid use disorder (MOUD) as part of their treatment and recovery from opioid use disorder (OUD). MOUD is safe and effective. MOUD should not be discriminated against or stigmatized in any setting serving those with OUD.

MOUD is the gold standard for treating OUD. MOUD reduces cravings associated with OUD and reduces all-cause mortality by half. This pharmacological support reduces the likelihood of relapse and overdose, increases treatment retention, and improves a variety of other health and socioeconomic outcomes. Treatment outcomes for MOUD are consistently better than outcomes for OUD treatment without medications. It is also very safe, with little risk for abuse or unintentional overdose.^{1,2,3,4}

Despite this strong record of safety and effectiveness, many programs and stakeholders view MOUD skeptically. This stigma comes from a belief that obtaining recovery through MOUD is not real recovery and that MOUD just substitutes one drug for another. **BHSB fully rejects this perspective.** OUD changes brain chemistry that makes ceasing opioid use incredibly challenging. Treatment outcomes without MOUD are very poor, but MOUD provides the neurological support that most people need to overcome OUD. It should be fully embraced as the essential OUD treatment intervention that it is.

One area where stigma against MOUD is especially prominent is in recovery housing. These residences often prohibit possession of MOUD and deny individuals placement unless they cease taking MOUD. This is discriminatory and incredibly dangerous. The risk of relapse and fatal overdoses without MOUD is significant. Any decision regarding MOUD should be made by the individual and their treatment – not the owners or operators of their residence.

¹ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder; Mancher M, Leshner AI, editors.

Washington (DC): National Academies Press (US); 2019 Mar 30. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK538936/>.

² National Institute on Drug Abuse (NIDA). How Effective Are Medications to Treat Opioid Use Disorder? June 1, 2018. Available at <https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder>.

³ Bart G. Maintenance Medication for Opiate Addiction: The Foundation of Recovery. Journal of Addictive Diseases. 2012;31(3). Available at <https://pubmed.ncbi.nlm.nih.gov/22873183/>.

⁴ Wakeman SE, Laroche MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Network Open. 2020;3(2). Available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>.

Maryland appropriately promotes MOUD throughout the treatment system. It should extend this to recovery housing and require any certified in Maryland to at least accept the legitimacy of MOUD. **BHSB urges the Senate Finance Committee to support HB 1249.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142 or daniel.rabbitt@bhsbaltimore.org

HB1249_Senate_FAV_BHRC.pdf

Uploaded by: Darci Curwen-Garber

Position: FAV

March 27, 2026



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

RE: SUPPORT of House Bill 1249

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

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

The Baltimore Harm Reduction Coalition (BHRC) writes to express our **strong support of House Bill 1249 - Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment - Prohibition**. Certified recovery residences play a key role in Maryland's behavioral healthcare system, providing community-based recovery support during an especially vulnerable period. However, some recovery houses still refuse to accept residents who receive medications for opioid use disorder (MOUD). This discrimination persists despite decades of evidence showing that MOUD is the most effective treatment for opioid use disorder.¹ When people are forced to choose between supportive housing and life-saving medication, the consequences can be deadly.

BHRC is an overdose response program and an authorized syringe service program. In partnership with local churches, we conduct daily street outreach to ensure that people who use drugs have access to critical survival supplies and connections to stabilizing services. Our participants take meaningful steps every day to improve their lives, including starting medications for opioid use disorder and seeking recovery housing to support their self-determined goals. These choices should reinforce one another, not create new barriers. Yet stigma against MOUD remains widespread, often based on the false belief that treatment is simply "trading one drug for another." In reality, more than 50 years of research shows that medications such as buprenorphine and methadone reduce cravings and withdrawal symptoms, cut the risk of overdose death in half, and help people remain in treatment longer.¹

While Maryland has seen recent declines in overdose deaths, nearly 1,300 Marylanders still died from overdose in 2025.² Every one of those deaths represents a preventable and devastating loss. Maryland families deserve access to every evidence-based tool available to save lives. House Bill 1249 establishes a clear and necessary standard to ensure that individuals receiving prescribed medications for opioid use disorder are not denied access to certified recovery housing. For these reasons and more, BHRC respectfully urges a favorable report on House Bill 1249.

For more information about this position, please contact Darci Curwen-Garber, BHRC Policy Manager, at darci@baltimoreharmreduction.org.

Sincerely,

The Baltimore Harm Reduction Coalition (BHRC)

1. Drug Policy Alliance. *Medications for Opioid Use Disorder (MOUD) Factsheet*. 2025.

https://drugpolicy.org/wp-content/uploads/2025/09/DPA-MOUDFactsheet_InDesign-FINAL-3.pdf

2. Maryland Department of Health, *MDH Interactive Dashboards*, <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

HB 1249cross - LAC - FAV.pdf

Uploaded by: Deborah Steinberg

Position: FAV



H.B. 1249: Certified Recovery Residences – Refusing Services to Individuals Receiving Medication-Assisted Treatment – Prohibition
Senate Finance Committee
March 31, 2026
Favorable

Thank you for the opportunity to testify in support of H.B. 1249: Certified Recovery Residences – Refusing Services to Individuals Receiving Medication-Assisted Treatment – Prohibition. The Legal Action Center (LAC) is a non-profit law and policy organization that fights discrimination, builds health equity, and restores opportunity for people with substance use disorders and mental health conditions, people with arrest and conviction records, and people living with HIV/AIDS. LAC convenes the Maryland Parity Coalition and partners with many state and local organizations to ensure access to affordable and equitable substance use disorder and mental health care.

We urge the Senate Finance Committee to issue a favorable report on H.B. 1249, which would ensure the certified recovery residences cannot discriminate against individuals who are taking medications for opioid use disorder (MOUD).

MOUD has long been recognized as the gold standard of treatment for opioid use disorders. These medications are proven to prevent overdose, reduce cravings, and maintain people in their recovery journeys.¹ Despite substantial progress in eliminating barriers to MOUD in recent years, including removing the X-waiver and COVID flexibilities for access to methadone,² recent data shows that fewer than one in five adults (19.4%) with an opioid use disorder receive MOUD.³

In addition to policy barriers, people who take MOUD also face stigma and discrimination,⁴ including in recovery residences. Federal anti-discrimination laws including the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA) all make it illegal to deny someone access to recovery residences because they take MOUD.⁵ Nonetheless, many recovery residences continue to restrict or prohibit the use of MOUD, preventing individuals who take these medications from accessing these public accommodations.⁶

By adopting H.B. 1249, Maryland will get the tools it needs to proactively ensure quality and compliance with civil rights obligations and simultaneously improve access to and reduce the stigma around MOUD.

We urge the Senate Finance Committee to issue a favorable report on H.B. 1249.

Thank you,

Deborah Steinberg
Senior Health Policy Attorney
dsteinberg@lac.org

¹ Wakeman SE, Larochelle MR, Ameli O, et al. “Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder.” JAMA Netw Open. (2020): <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>.

² Heather Saunders & Nirmita Panchal, “Addressing the Opioid Crisis: A look at the Evolving Landscape of Federal OUD Treatment Policies, KFF (July 11, 2023). <https://www.kff.org/other/issue-brief/addressing-the-opioid-crisis-a-look-at-the-evolving-landscape-of-federal-oud-treatment-policies/>.

³ “NSDUH Data Spotlight: Medications for Opioid Use Disorder among Adults Who Had an Opioid Use Disorder,” SAMHSA (Sept. 2025), <https://www.samhsa.gov/data/sites/default/files/reports/rpt56616/2024-nsduh-spotlight-moud.pdf>.

⁴ See “Cases Involving Discrimination based on Treatment with Medication for Opioid Use Disorder” Legal Action Center (May 1, 2025): <https://www.lac.org/assets/files/Cases-involving-denial-of-access-to-MOUD.pdf>.

⁵ See “Rights for individuals on Medication-Assisted Treatment” HHS Publication, SAMHSA (2009), https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/Know-Your-Rights-Brochure.pdf; see also “Opioid Use Disorder & Health Care: Recovery Residences,” Legal Action Center (February 2022), <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>.

⁶ Regina LaBelle et al., “Recovery Housing and Civil Rights Laws: Rights and Obligations Related to Medications for Opioid Use Disorder,” O’Neill Institute for National and Global Health Law (Dec. 2023), https://oneill.law.georgetown.edu/wp-content/uploads/2023/12/ONL_BI20_OPIOD_Recovery_Housing_P5-1.pdf.

HB1249 - Senate_FAV_MedChi_Certified Recovery Resi

Uploaded by: Drew Vetter

Position: FAV



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Senate Finance Committee

March 31, 2026

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

POSITION: SUPPORT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** House Bill 1249.

Medications for opioid use disorder (MOUD), including methadone and buprenorphine, are the most effective treatments available for opioid use disorder and are the only treatments shown to significantly reduce the risk of fatal overdose. Clinical evidence demonstrates that these medications help patients stabilize their lives, sustain recovery, and avoid relapse and overdose. Despite this evidence, many individuals seeking recovery housing encounter barriers because of stigma and misunderstanding about these medications. Some recovery residences refuse admission to individuals taking MOUD, limit the number of residents who can use these medications, or require individuals to taper off medication in order to remain in housing. These practices are not based on medical evidence and force individuals to choose between safe housing and following the treatment plan prescribed by their physician.

House Bill 1249 addresses this issue by ensuring that certified recovery residences cannot deny services to individuals solely because they are receiving prescribed MOUD. Recovery housing plays a critical role in helping people rebuild their lives, and it should support medical treatment recommended by a patient’s physician. National authorities, including the Substance Abuse and Mental Health Services Administration, the American Society of Addiction Medicine, and the National Academies of Sciences, emphasize that MOUD should be available in all treatment and recovery settings and should not be withheld without medical justification.

By preventing discrimination against individuals who follow their physician’s treatment plan, House Bill 1249 will help reduce stigma and ensure that people in recovery have access to both safe housing and lifesaving care. For these reasons, we request a favorable report on House Bill 1249.

For more information call:

Andrew G. Vetter
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2026 - Senate written, HB 1249.pdf

Uploaded by: Jessie Dunleavy

Position: FAV

March 31, 2026

House Bill 1249 - Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment - Prohibition

Position: FAVORABLE

To: Senate Finance Committee

I am a lifelong resident of Maryland. My investment in this legislation, and my insight into the suffering and neglected needs of people with a substance use disorder, stems from the path I walked with my son who died of an overdose in 2017. I loved and admired my son, and I know his death was preventable.

I am in strong support of HB 1249 because it will save lives. The scientific evidence is irrefutable: Providing medication for opioid use disorder (MOUD) reduces mortality rates by 50% when compared to other recovery strategies. Corroborated by every major health organization in the world, including the American Medical Association and the National Academies of Sciences Engineering and Medicine, and long approved by the FDA for opioid use disorder, low barrier access to buprenorphine or methadone is crucial to reducing overdose deaths.

My son, Paul, had neurological differences that compromised his ability to communicate. While loved at home, Paul was misunderstood and often vulnerable to mistreatment, exacerbating his feelings of inadequacy. By his 20s, he found relief in self-medicating. Tragically, this sense that finally life can be pain-free, leads to dependence, which, in turn, leads to the harrowing nightmare of addiction.

While I advocated for him relentlessly, I failed to fully understand how to navigate the world of rehabs, one after another, where Paul was humiliated and exploited. At that time, we didn't know about medications that could have saved his life.

As Paul matured, he was highly committed to life without drugs and was able to manage long stretches of avoiding use. By his 30s, having overcome the uphill battle to find employment, he had a job he loved, affording his first apartment. At age 34 he relapsed. Disappointed by being denied the treatment he sought, Paul told me, "I am going to look on the bright side, Mom: I can return to my job, and, if we can find a doctor to prescribe Suboxone, I can fight this on my own. I know I can." Our efforts were met with unyielding governmental restrictions, and Paul's hope began to diminish. While in the midst of the ongoing quest, Paul overdosed and died. The stark reality of this tragic loss was crystal clear: Street drugs were easy to get, health care was not.

Fortunately, the restrictions we encountered have diminished, reflecting increased understanding of the life-or-death policy implications of closing the gap between science and legislation. With this in mind, it's hard—if not impossible—to understand how we currently allow recovery residences to deny admission to any individual who seeks, or wishes to continue, the gold standard of care for opioid use disorder. I know that such regulation will improve recovery outcomes while also advancing the ethical principles of those who must comply.

Paul deserved to live. In honor of Paul and his fellow decedents, let us put an end to the stigma and ignorance that allows undue suffering and preventable deaths.

I urge the Senate Finance Committee to support HB 1249.

Respectfully submitted,

Jessie Dunleavy
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Health Care for the Homeless - HB 1249 FAV - MOUD

Uploaded by: Joanna Diamond

Position: FAV



HEALTH CARE FOR THE HOMELESS TESTIMONY
FAVORABLE

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

Senate Finance Committee
March 31, 2026

Health Care for the Homeless supports HB 1249, which will increase access to the most effective opioid use disorder (OUD) treatments for individuals in recovery residences. Among other things, this bill would prohibit a certified recovery residence from:

- 1) refusing services to an individual based on the individual receiving medication-assisted treatment for opioid use disorder; and
- 2) requiring an individual to stop medications for opioid use disorder (“MOUD”) before receiving services at the recovery residence.

This bill will help overcome one of the major obstacles to addressing the opioid crisis in Maryland: recovery residence limitations on MOUD. Such limitations are largely based on stigma and misinformation and are discriminatory. This bill helps to break down that powerful barrier and increase access to the most effective treatment for people living with OUD.

MOUD is the most effective treatment for those experiencing OUD

Health Care for the Homeless is a non-profit Federally Qualified Health Center (FQHC) that works to prevent and end homelessness for over 11,000 vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy and community engagement.

As part of our basic medical and behavioral health services, we offer MOUD as the best practice and basic standard of care for those patients seeking treatment for OUD. Our team has attempted to place a number of our patients in many recovery residences that have refused them based on that patient’s utilization of MOUD. Despite that our medical providers recommend MOUD for patients on their path to recovery, many recovery residences still go against our professional medical expertise and deny them or limit their ability to maintain MOUD. Living with OUD is already challenging, complicated exponentially by a lack of housing stability. When recovery residences could be an option for our patients’ on their path to stability, discrimination by recovery residences denies them both basic medical care and the basic need of housing.

Most U.S. residential addiction treatment programs only offer ineffective treatment for OUD, namely psychosocial treatment only, without the option of maintenance MOUD medication. Recovery residences limit or prohibit access to MOUD even when it is contrary to a physician's recommendation. Although certain barriers to providing MOUD in recovery residences exist, this is a discriminatory practice which denies individuals access to the most basic standard of care for OUD.

Our own providers routinely experience this denial when seeking a recovery residence placement for our patients who use MOUD.

MOUD is the most effective treatment for those experiencing OUD. As such, accessibility of MOUD is critical to combat the opioid epidemic. The General Assembly is well aware of the tremendous burden that overdoses have taken on Maryland residents. Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. Maryland legislators have taken important steps to address this crisis, including the authorization of syringe services, which has become a key service we provide. Despite the General Assembly taking a number of actions, overdoses and deaths continue to climb as we look for strategies to address this problem. When seeking solutions to address OUD in our State, expanding access to MOUD is key. This bill is a commonsense step with no fiscal impact that expands access to these evidence-based practices already in use by the medical community.

Refusing services to individuals receiving MOUD is discriminatory

Many recovery residences limit or prohibit access to MOUD contrary to the preferences of a resident or prospective resident and contrary to a prescriber's recommendation. This is a discriminatory practice which denies individuals access to the most basic standard of care for OUD.¹

Within the Maryland Certification of Recovery Residences program (M CORR) of the Maryland Department of Health (MDH), residences routinely receive quality certification from the program even though those residences may limit or restrict access to MOUD contrary to the preferences of a resident or prospective resident and contrary to the recommendation of a physician.

Addressing stigma is a key factor in expanding access to MOUD

Recovery residences' refusal to allow individuals who utilize MOUD is largely due to stigma and misunderstanding of MOUD. This limitation by recovery residences particularly affects the first-line treatments methadone and buprenorphine which are themselves opioids, and are the only treatments shown to reduce overdose deaths.

This bill will be an effective overdose prevention tool because, in large part, it allows the provision of the most basic principle of good clinical care: trust. According to our Harm Reduction Manager, Molly Greenberg, RN:

Our clients experience stigma at every turn, often leading to internalized shame, disengagement with healthcare, and isolation from all of the systems and people who have abandoned them. Loneliness and fear are proven to be associated with overdose, so our number one responsibility is to create an environment in which people feel they will be met with compassion at every single encounter. Thoughtful overdose prevention strategies moves us away from dehumanizing punitive practices and towards a culture of connection and healing in a way that is meaningful to each individual person.

¹ Legal Action Center has identified signs of discrimination in recovery residences and cites federal anti-discrimination laws – including the Americans with Disabilities Act, the Rehabilitation Act of 1973, and the Fair Housing Act – that make it illegal to deny someone access to a recovery residence because of their use of MOUD. See LAC: *Opioid Use Disorder & Health Care: Recovery Residences*, available at [Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf](https://www.lac.org/recovery-home-moud-info-sheet-feb-2022.pdf).

Stigma and misunderstanding are key factors already limiting addiction services, social supports, and voluntary treatment in our State. This stigma and misunderstanding means that people living with OUD are discriminated against by the systems that are meant to support them. As a result, people living with OUD feel fear and shame and cause them not to seek care. As Ms. Greenberg stated, patients cannot trust recovery residences that deny them MOUD. Prohibiting this type of discrimination will not only tangibly increase access to MOUD, but also sends a clear message to our patients that our State will not tolerate judgment and stigma by the recovery residences who purport to provide their care.

As an FQHC that utilizes the most current and evidence-based medical practices to treat our patients, we know the lifesaving benefits of MOUD. This bill will tangibly support access to MOUD in recovery residences on which our patients often rely for their recovery. **Health Care for the Homeless strongly urges the Committee to issue a favorable report on HB 1249.**

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at sites in Baltimore City and Baltimore County.

Our Vision: Everyone is healthy and has a safe home in a just and respectful community.

Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

For more information, visit www.hchmd.org.

testimony HB 1249 Finance Committee MOUD in Recove

Uploaded by: Joseph Adams MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

HB 1249 SUPPORT

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

Senate Finance Committee

hearing: March 31, 2026

The use of ineffective treatments for opioid use disorder (OUD), and barriers to the use of medications for OUD (MOUD), the most effective OUD treatment, are major obstacles to addressing the opioid crisis in Maryland and elsewhere. [1, 2, 3, 4, 5](#)

These obstacles are related to stigma and misunderstanding of MOUD, [6, 7](#) particularly affecting the first-line treatments **methadone and buprenorphine** which are **the only treatments of any kind that reduce opioid overdose deaths.** [8](#)

Prohibiting access to MOUD may violate federal laws such as the Americans with Disabilities Act and the Fair Housing Act. **However, no federal laws have ever been used to protect MOUD access in recovery residences. Enforcement of federal laws in this context is nonexistent.**

HB 1249 simply establishes, for the first time, MOUD access as a standard for certification.

“Medication stigma” is related to the lack of understanding that **“physical dependence”** (caused by methadone and buprenorphine which are, themselves opioids) **is not the same as “addiction.”** [9, 10](#)
These medicines are released very slowly and allow people to feel and function normally.

According to the Director of the National Institute of Drug Abuse, “methadone . . . and buprenorphine have proven to be life-savers . . . enabling [patients] to live healthy and successful lives, facilitating recovery . . . The efficacy of MOUD has been supported in clinical trial after clinical trial, and is considered the standard of care in treatment of OUD, whether or not it is accompanied by some form of behavioral therapy.” [11](#)

Illustrating the pervasiveness of medication stigma, **ineffective treatment** is all that is offered for OUD in most U.S. residential addiction treatment programs, namely, psychosocial treatment only, without the option of maintenance MOUD medication. [12, 13](#)

Like residential treatment programs, many **recovery residences** also limit or prohibit access to MOUD contrary to the preferences of a resident, prospective resident, or a medical provider’s prescription. This is **discrimination which denies access to the most basic standard of care for OUD.**

The Legal Action Center (LAC) has identified signs of discrimination in recovery residences as including: (1) "Residence has a policy not to admit people taking methadone or buprenorphine," (2) "Residence limits the number of people in the facility who can take MOUD, e.g. having designated 'MAT beds,' " (3) "Residence requires people to taper their dose of methadone or buprenorphine," and (4) "Residence only admits people who take under a certain dose of methadone or buprenorphine." ¹⁴

In the Maryland Certification of Recovery Residences program (MCORR) there is no expectation that recovery residences refrain from restricting access to prescribed MOUD. Residences are routinely certified when they limit or restrict MOUD access contrary to a medical provider's prescription or the preferences of a resident or prospective resident. (In another state program, MDRN - Maryland Recovery Network, access to MOUD in recovery residences is required for participation, although this may not be being enforced.)

MCORR certification is based on the 'NARR Standard' ¹⁵ (National Association of Recovery Residences) **which does not include access to MOUD.**

According to Maryland Article Health - General, §19-2501, "... Credentialing entity means a nonprofit organization that develops and administers professional certification programs **according to nationally recognized certification standards.**"

However, the NARR standard does not meet this criterion regarding MOUD access because **it is in conflict with nationally recognized standards and best practices applicable to supportive housing by SAMHSA, ^{16, 17} the American Society of Addiction Medicine, ¹⁸ the World Health Organization, ¹⁹ and the National Academies of Sciences, Engineering, and Medicine. ²⁰**

If the otherwise excellent NARR quality standard is used for recovery residence certification, they must be supplemented by a separate standard for basic access to MOUD.

Very respectfully,

Joseph Adams, MD, FASAM, addiction & internal medicine, Co-Chair, MDDCSAM Public Policy Committee; Chair, MedChi Opioid, Pain & Addiction Committee

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1. Heimer R et. al., Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016-17. Drug and Alcohol Dependence. Volume 254, 1 January 2024, 111040

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6. Adams JA. "Stigma: The Greatest Barrier to Effective Treatment of Opioid Use Disorder" Maryland Medical Journal. March 2023; Volume 24 (1):7 bit.ly/MOUD-stigma
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8. Note that Injectable naltrexone is considered a second-line FDA-approved non-opioid treatment; it has not been shown to reduce overdose deaths. <https://www.stopstigmanow.org/wp-content/uploads/2023/08/Injectable-Naltrexone-2nd-Line-1-pg-5-9-2023.pdf>
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13. Huhn, AS et al., Differences in Availability and Use of Medications for Opioid Use Disorder in Residential Treatment Settings in the United States. JAMA Netw Open. Feb 7, 2020; 3(2):e1920843
14. Opioid Use Disorder & Health Care: Recovery Residences. People who take medication for opioid use disorder (MOUD), like methadone or buprenorphine, often experience illegal barriers to healthcare. Legal Action Center <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>
15. NARR Standard Version 3.0 (released 11-19-2018) National Association of Recovery Residences <https://narronline.org/standards/>

16. **It is a best practice in recovery housing not to “have any barriers or restrictions for residents to use prescribed medications for behavioral or physical health conditions. “ ... This includes the use of the FDA-approved medications for alcohol use and/or opioid use disorders— including buprenorphine, methadone, and naltrexone.”** SAMHSA Best Practices for Recovery Housing 2023 Publication No. PEP23-10-00-002. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023. <https://md-dcsam.org/wp-content/uploads/2026/01/SAMHSA-Best-Practices-for-Recovery-Housing-2023.pdf>
17. **Medication for OUD should be successfully integrated with outpatient and residential treatment ... such as ... therapeutic communities. Patients treated in these settings should have access to OUD medications.”** ...patients who discontinue OUD medication generally return to illicit opioid use...even when discontinuation occurs slowly and carefully... The best results occur when a patient receives medication for as long as it provides a benefit (‘maintenance treatment’).” TREATMENT IMPROVEMENT PROTOCOL 63 MEDICATIONS FOR OPIOID USE DISORDER SAMHSA. 2021. <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002>
18. **“Best Practice Standards... include explicit support for residents’ use of prescribed medications for mental or physical health conditions, including medications for addiction treatment such as buprenorphine and methadone.”** The American Society of Addiction Medicine (ASAM) Public Policy Statement: Housing’s Role In Addressing Substance Use And Facilitating Recovery. ASAM, Jan 2025 <https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2025/01/24/housings-role-in-addressing-substance-use-and-facilitating-recovery...>
19. **"Pharmacological treatment of opioid dependence should be widely accessible . . . Essential pharmacological treatment options should consist of opioid agonist maintenance ... (in all settings as a minimum standard).**" World Health Organization: Guidelines For The Psychosocially Assisted Pharmacological Treatment Of Opioid Dependence. 2009. <https://www.who.int/publications/i/item/9789241547543>
20. **“As with any other disease, medications should not be withheld from people with OUD without sufficient medical justification. Withholding them on ideological or other non-evidence-based grounds is denying people needed medical care ...There is no scientific evidence that justifies withholding medications from OUD patients in any setting... (e.g., housing,). Therefore, to withhold treatment or deny services under these circumstances is unethical... Care settings... including supportive housing ...many of which ... impose a zero-tolerance policy for opioid use of any kind—with no exception for evidence-based medications like methadone and buprenorphine. The continued popularity of treatment settings that ban or discourage medication persists despite the lack of evidence for this approach and the known potential for harmful effects. Return-to-use rates following medically supervised withdrawal have been reported to be as high as 65 to 91 percent; this approach also carries a high risk of overdose ... Many funding streams for these facilities are tied to the criminal justice system or housing authorities, creating strong incentives to steer patients toward non-medication-based treatment approaches.”** (emphasis added). Medications For Opioid Use Disorder Save Lives. National Academies Of Sciences, Engineering, And Medicine. 2019. Washington, DC: The National Academies Press. <https://nap.nationalacademies.org/catalog/25310/medications-for-opioid-use-disorder-save-lives>

NCADD-MD - 2026 HB 1249 FAV - Discrimination Prohi

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee
March 31, 2026**

**House Bill 1249 - Certified Recovery Residences - Refusing Services to Individuals
Receiving Medication-Assisted Treatment - Prohibition**

Support

NCADD-Maryland supports House Bill 1249. 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, one glaring omission is the explicit prohibition on discrimination against people on medications for their opioid use disorders (MOUD). This committee has spent the last ten years learning about buprenorphine and methadone and how MOUD is the gold standard in treatment. Unfortunately, myths about these medications persist and the stigma about the medications and those who take them continue, even among those wanting to provide support.

Plainly, this discrimination violates federal law. But the recourse for people discriminated against is difficult. Complaints can be filed with federal or state agencies, but this is a lengthy and complicated task that few people can avail themselves of. Instead of putting the onus on consumers, who by definition are in the early stages of recover from an opioid use disorder, that state should be clear on the front end that to become a certified recovery residence, a provider must not discriminate. The intent is that this will deter this discrimination, and when recovery residences are inspected or audited, the state can cite a provider for noncompliance if people are required to cease or taper off of their life-saving medications.

We therefore urge a favorable report on House Bill 1249.

HB1249 Written Testimony_ Certified Recovery Resid

Uploaded by: Phylicia Porter

Position: FAV

City of Baltimore

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Councilwoman Phylicia R. L. Porter,

District 10

CHAIR: Public Health and Environment

MEMBER:

Labor and Workforce

Public Safety

Transportation and Land Use

March 27, 2026

Bill Title: HB1249: Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment - Prohibition

Position: Favorable

To: Chair Beidle, Vice Chair Hayes, Finance Committee

Dear Chair Bagnall and Members of the Committee,

I am writing to express my strong support for HB1249, which aims to establish a new requirement to be included in Maryland's certification standards for recovery homes in order to better serve individuals with substance use disorders (SUD) who are receiving medication-assisted treatment. This bill ensures that there is a formal statewide system to certify, inspect, and hold recovery residences accountable, including enforcing the new rule that residents receiving medication-assisted treatment cannot be denied housing or forced to stop treatment.

At its core, this bill affirms a basic public health principle: individuals working toward recovery from opioid use disorder should not be denied housing or support simply because they are following a doctor-prescribed treatment plan.

Medication-assisted treatment is an evidence-based approach to treating opioid use disorder. Medications like buprenorphine, methadone, and naltrexone help stabilize individuals, reduce cravings, and lower the risk of overdose. Yet, despite this evidence, individuals receiving medication-assisted treatment are still frequently denied access to recovery residences or pressured to discontinue their medication in order to remain in housing. As Chair of Baltimore City's Public Health and Environment Committee, I have seen how these practices create dangerous barriers to recovery and place individuals at higher risk of relapse, overdose, and homelessness.

HB1249 addresses that gap and affirms that recovery should not require individuals to choose between stable housing and medically appropriate treatment. It also strengthens Baltimore's ongoing efforts to combat the opioid crisis by addressing systemic barriers and advancing harm reduction strategies and policies that support long-term recovery.

I respectfully urge the favorable passage of this important legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Phylicia R. L. Porter".

Councilwoman Phylicia Porter, MPH, MSL

Phylicia.Porter@baltimorecity.gov

Chair, Public Health and Environment Committee

Baltimore City Council - District 10

2026_HB1249_MAT_SUPPORT.pdf

Uploaded by: Samuel Snodgrass

Position: FAV



March 27th, 2026

HB 1249 SUPPORT

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

Senate Finance Committee: March 31st, 2026

Broken No More is composed primarily of parents and other family members who have lost a loved one to overdose. Our goal is to support health-based drug policies that have been demonstrated to decrease overdose deaths so that no one else experiences the horrific pain of losing the one they love.

Broken No More strongly supports **HB 1249: Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment – Prohibition**

The only effective treatments for opioid use disorder are the medications methadone and buprenorphine. The use of these medications decreases the risk of overdose by 50% or more,¹ while the risk of overdose for those engaged in non-medication treatment is as great or greater than that of those who continue to use illegal opioids.² The rejection of these medications by recovery residences is, thus, not based on science, but ideology. And it is this acceptance of this ideology and the denial of science that causes parents to bury their children.

Recovery residences that refuse admission to those who are in treatment with the medications methadone and buprenorphine, that force their participants to taper off these medications, or that place arbitrary limits on the dosages are abdicating their most fundamental responsibility. That responsibility is to keep their participants healthy and alive. These recovery residences should be encouraging their participants with opioid use disorder to engage in treatment with these medications and to remain in treatment, not rejecting it.

Those of us at Broken No More know the horrific pain and grief of losing the ones we love to an overdose. To keep others from experiencing this same loss, we **support HB 1249**. To do less would be to dishonor the memory of those whom we have lost and an abandonment of our goal to keep others from burying the ones they love.

Broken No More
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Dunlap, IL 61614
graspbnm@gmail.com
<https://broken-no-more.org/>
<https://grasphelp.org/m/>

1. Wakeman SE et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Network Open. 2020; 3(2):e1920622.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>
2. Heimer R et al. Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17. Drug and Alcohol Dependence. Volume 254, 1 January 2024, 111040
<https://www.sciencedirect.com/science/article/pii/S0376871623012784>

HB1249 2026 MAT Recover Homes Senate Sponsor Testi

Uploaded by: Terri Hill

Position: FAV

TERRI L. HILL, M.D.

*Legislative District 12A
Howard County*

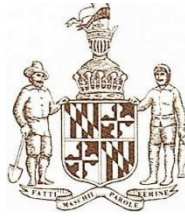
Health and Government Operations Committee

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.

HB 1249 - FIN - MDH - LOI.docx (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



DEPARTMENT OF HEALTH

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

March 31, 2026

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

RE: House Bill 1249 – Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment - Prohibition– Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for House Bill (HB) 1249 – Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment - Prohibition.

Effective October 1, 2026, this legislation would prohibit certified recovery residences from refusing services to an individual based on that individual's use of medication-assisted treatment for opioid use disorder or requiring an individual to cease or modify their use of medication-assisted treatment before the individual may receive services at the residences.

The Department appreciates the intent behind this legislation. As such the Department is undergoing a comprehensive process to update the COMAR 10.63 regulations, including adding language regarding nondiscrimination in draft regulations (posted to our [website](#)¹ in December 2025 and updated in January 2026 (see sections 10.63.02.02, Compliance with State and Federal Law and Regulation and 10.63.02.06, Rights of Program Participants, attached to this letter). The updated regulations include cross-references to federal statutes and regulations that already prohibit residences from denying admission to individuals prescribed medication for opioid use disorder (MOUD) or requiring such individuals taper or modify their use of such medication. The Department believes these regulatory provisions will accomplish the intent of this legislation without a significant fiscal impact.

In most instances, denying admission to individuals who are prescribed MOUD is a violation of federal law. If a Recovery Residence provides clinical services and accepts Medical Assistance, the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.), the Rehabilitation Act of 1973 (29 U.S.C. § 794 et seq.), and the Affordable Care Act (ACA) (42 U.S.C. § 18116) prohibit such a denial. In addition, for Recovery Residences not providing clinical services, the Fair Housing Act prohibits disability-based discrimination in certain residential health care

¹ <https://health.maryland.gov/bha/Pages/COMAR-10-63-Proposed-Regulations-Announcement.aspx>

settings, such as residential treatment, recovery homes, and skilled nursing facilities (42 U.S.C. § 3601 et. seq.). In 2024, the U.S. Department of Health and Human Services Office of Civil Rights finalized a rule implementing regulations for what constitutes disability-based treatment discrimination (89 Fed. Reg. 40066, 40082). The Rehabilitation Act regulatory amendments explicitly prohibit health care facilities from discriminating in admission or treatment against an individual with a substance or alcohol use disorder, including the use of illegal substances or the use of MOUD (45 C.F.R. § 84.53 and 45 C.F.R. § 84.69). These laws are enforced by federal agencies and other state agencies.

Individuals who believe such discrimination has occurred may file complaints with any or all of the following entities:

- [U.S. Department of Justice](#) (ADA);
- [Office of Civil Rights](#) of the U.S. Department of Health and Human Services (Rehabilitation Act and ACA); and
- The [Maryland Commission on Civil Rights](#).

With regards to certified Recovery Residences, providers who receive Maryland Recovery Net (MDRN) funding are already prohibited from denying admission to individuals prescribed MOUD. If an individual is aware of a certified Recovery Residence receiving MDRN funding that is engaging in this discrimination, they can contact MDRN to file a complaint: mdrn.housinginfo@maryland.gov.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at Meghan.Lynch@maryland.gov.

Sincerely,



Meena Seshamani, M.D., Ph.D
Secretary of Health

Appendix (Attached)

Appendix - Draft Regulations

We have included links to the relevant sections below, so you may more easily view the relevant non-discrimination provisions.

10.63.02.02 Compliance with State and Federal Law and Regulation.

- A. An organization licensed in accordance with COMAR 10.63.06 to operate a program to provide community-based behavioral health services in the State shall comply with all applicable requirements of this subtitle.
- B. An organization licensed in accordance with COMAR 10.63.06 to operate a program shall comply with all applicable federal and State laws and regulations, including, but not limited to:
 - (1) The [Health Insurance Portability and Accountability Act, 42 U.S.C. §§1320d—1320d-9](#), and implementing regulations at [45 CFR Parts 160](#) and [164](#);
 - (2) Federal regulations on confidentiality of substance use disorder patient records, [42 CFR Part 2](#);
 - (3) State confidentiality laws, including:
 - (a) Health-General Article, §§4-301—4-310, Annotated Code of Maryland;
 - (b) General Provisions Article, §§4-101—4-601 Annotated Code of Maryland; and
 - (c) Current applicable State confidentiality regulations;
 - (4) The Americans With Disabilities Act, [42 U.S.C. §§12101—12213](#);
 - (5) The federal Fair Housing Act, [42 U.S.C. §3604](#);
 - (6) The Eliminating Kickbacks in Recovery Act, [18 U.S.C. §220](#);
 - (7) The Patient Protection and Affordable Care Act, [42 U.S.C. §18116](#); and
 - (8) Labor and Employment Article, Title 3, Annotated Code of Maryland.

.06 Rights of Program Participants.

- A. An organization may not discriminate in the provision of community-based behavioral health services on the basis of race, creed, color, age, gender, sexual orientation, gender identity, national origin, marital status, disabilities, or any other classification prohibited under State or federal law in accordance with the requirements of Regulation .02 of this chapter.
- B. An organization shall protect and promote the exercise of the program participant rights enumerated in §D of this regulation in all aspects of its program operations.
- C. Notification of Program Participant Rights. The organization shall inform the program participant, in a language that the participant understands, of:
 - (1) The rights and responsibilities listed in §D of this regulation; and
 - (2) The Suicide and Crisis Hotline.
- D. Program Participant Rights.
 - (1) An organization shall provide care for program participants in a manner and in an environment that maintains or enhances each participant's dignity and respect.
 - (2) A program participant receiving community-based behavioral health services from an organization licensed in accordance with COMAR 10.63.06 has the right to:
 - (a) Be treated with consideration, respect, and full recognition of the program participant's human dignity and individuality;
 - (b) Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations;

- (c) Receive treatment in accordance with their individualized plan of care or rehabilitation plan;
 - (d) If applicable, receive treatment in accordance with the preferences of their advance directive for mental health services in accordance with Health-General, §10-708, Annotated Code of Maryland;
 - (e) Consent to or refuse treatment after the possible consequences of refusing treatment are fully explained;
 - (f) Be free from mistreatment, neglect, and verbal, mental, emotional, sexual, and physical abuse;
 - (g) Contact at any time: (i) Personal legal counsel; (ii) The State protection and advocacy agency; (iii) The applicable local authority; (iv) The Administration; and (v) The Department;
 - (h) Make suggestions, complaints, or present grievances on behalf of the program participant or others, to the organization, the State protection and advocacy agency, the applicable local authority, the Administration, the Department, or other individuals without threat or fear of retaliation;
 - (i) Receive a prompt response, through the organization's established complaint or grievance policy, to any complaints, suggestions, or grievances the program participant may have;
 - (j) Except when prohibited for the health and safety of the program participant or others, keep any identification, insurance information, and public benefits documentation in their possession;
 - (k) Designate their own representative payee for Social Security;
 - (l) Authorize advocates, family, or friends to participate in care coordination or the treatment planning and discharge planning process;
 - (m) Contact emergency services for emergency assistance or transportation to a hospital at any time; and
 - (n) Not be compelled to perform work for the organization and, if the program participant chooses to perform work for the organization, is monetarily compensated by the organization for any work performed.
- E. Addressing Alleged Violations of Participant Rights. An organization licensed to operate a program to provide community-based behavioral health services in accordance with COMAR 10.63.06 shall:
- (1) Initiate an investigation within 3 business days into any alleged violations of program participant rights involving anyone furnishing services on behalf of the organization;
 - (2) Document any actions taken to prevent further violations while the alleged violation is investigated;
 - (3) Investigate and document all alleged violations in accordance with the organization's written policies as outlined in §F of this regulation;
 - (4) Take any corrective action required by the local authority or the Administration; and
 - (5) Report any critical incidents in accordance with Regulation .04 of this chapter.
- F. Program Participant Rights Policy. An organization operating a community-based behavioral health program shall have a written policy to investigate and document all alleged violations of participant rights that, at minimum, outlines:
- (1) The timeline of the investigation;
 - (2) The procedure for private interviews with any witnesses;

- (3) Any necessary safeguards to ensure that the alleged perpetrator is not involved in conducting the investigation;
- (4) The procedure for the review of the program participant's file and other relevant records;
- (5) Action taken based on the organization's written policies; and
- (6) The procedure for the completion and submission of documentation relevant to the investigative process to the local authority or the Administration.