

March 9, 2026

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

Position: FAVORABLE

The Honorable Heather Bagnall
Chair, House Health Committee
Taylor House Office Building, Room 240
6 Bladen St., Annapolis, MD 21401

Dear Chair Bagnall, Vice Chair Cullison, and House Health Committee Members,

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 dependance, 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 House Health Committee to support HB 1249.

Respectfully submitted,

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