Maryland-DC Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

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
Health Committee hearing: March 11, 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 themselves opioids, and are **the only treatments of any kind shown to reduce opioid overdose deaths.** [8]

"Medication stigma" is related to the following ***erroneous beliefs***: (1) the belief that "physical dependence" is the same as "addiction," [9, 10] (2) the belief that using methadone or buprenorphine is "trading one addiction for another," (3) the belief that the use of methadone or buprenorphine is not compatible with recovery, and (4) the belief that these medications are not needed by most people with moderate to severe OUD.

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. Although greater dialogue is needed between medical providers and operators of recovery residences, [14] this is **a discriminatory practice which denies individuals 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." [15]

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.)

Although prohibiting access to MOUD may violate federal laws such as the Americans with Disabilities Act and the Fair Housing Act, federal enforcement has long been absent and does not deter this type of discrimination.

MCORR certification is based on the 'NARR Standard' [16] (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, [17, 18] the American Society of Addiction Medicine, [19] the World Health Organization, [20] and the National Academies of Sciences, Engineering, and Medicine. [21]**

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,

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REFERENCES:

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
2. Wakeman SE et al,. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Netw Open. 2020; 3(2):e1920622. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032
3. Larochelle MR et al., Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study. Annals of Internal Medicine. 2018; 169(3):137–145. https://pubmed.ncbi.nlm.nih.gov/29913516/
4. Auriacombe M, et al., French Field Experience with Buprenorphine. Am J Addict. 2004; 13(suppl 1):S17–S28 https://pubmed.ncbi.nlm.nih.gov/15204673/
5. Annotated bibliography on medications for opioid use disorder from Stop Stigma Now: https://www.stopstigmanow.org/research-articles/
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
7. Allen B et al., Underutilization of Medications to Treat Opioid Use Disorder: What Role Does Stigma Play? Substance Abuse. 2019; 40(4): 459-465. https://pubmed.ncbi.nlm.nih.gov/31550201/
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
9. American Society of Addiction Medicine Criteria for Diagnosing and Classifying Substance Use Disorders. https://www.asam.org/quality-care/definition-of-addiction
10. DSM-5 Criteria for Diagnosing and Classifying Substance Use Disorders (Diagnostic and Statistical Manual, 5th Edition). National Library of Medicine.
11. Volkow N. Five Areas Where "More Research" Isn't Needed to Curb the Overdose Crisis. August 31, 2022. https://nida.nih.gov/about-nida/noras-blog/2022/08/five-areas-where-more-research-isnt-needed-to-curb-overdose-crisis
12. Beetham T et al., Therapies Offered at Residential Addiction Treatment Programs in the United States. Research Letter, August 25, 2020. JAMA. 2020; 324(8):804-806 https://jamanetwork.com/journals/jama/fullarticle/2769709
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. Miles J, et. al., Supporting individuals using medications for opioid use disorder in recovery residences: challenges and opportunities for addressing the opioid epidemic. The American Journal of Drug and Alcohol Abuse. 2020, VOL. 46, NO. 3, 266–272.
15. 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
16. NARR Standard Version 3.0 (released 11-19-2018) National Association of Recovery Residences https://narronline.org/standards/
17. 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

18. "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. Updated 2021.
https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002
19. "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 . . .
20. "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
21. "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