



HEALTH CARE FOR THE HOMELESS TESTIMONY
FAVORABLE

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

House Health Committee
February 10, 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.