



March 10, 2026

**House Health Committee
LETTER OF INFORMATION**

HB 1162 – Correctional Services – Medication–Assisted Treatment Funding

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 welcomes the opportunity to provide information regarding HB 1162 – Correctional Services – Medication–Assisted Treatment Funding. This bill would require the Special Secretary of Overdose Response to use the state’s opioid restitution fund (ORF) to cover the full cost of providing medications for opioid use disorder (MOUD) in local detention centers. BHSB is in full support of making MOUD available in all settings including carceral ones but is concerned that using the ORF to supplant current funding for MOUD in jails may result in reduced opioid mitigation strategies across the state.

MOUD is the gold standard for treating opioid use disorder (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}

BHSB is grateful for the General Assembly’s actions to require MOUD access in jails and prisons and to end the practice of detoxing individuals who are prescribed MOUD if they are incarcerated. This practice was contrary to the health and well-being of individuals struggling with OUD. The provision of MOUD to such individuals will help them attain and maintain recovery, avoid relapse, and avoid overdose. The risk of fatal overdose is estimated to be ten times higher upon release from incarceration, so MOUD that help prevent overdose and avoid relapse could not be more vital.⁵

BHSB recognizes that the MOUD requirements established by the General Assembly impose costs on counties and correctional facilities. Last year, the state provided over \$10 million to support MOUD in correctional facilities through a combination of funding from the Behavioral Health Administration, the Governor’s Office of Crime Prevention and Policy, and the ORF.⁶ This is a considerable amount of support to local jurisdictions in providing what is essential medication for the health and well-being of those who are incarcerated in their facilities. BHSB is unaware of any other classes of medications that the state directly funds in local detention facilities. Other medications are funded through general medical contracts that are included in the operating costs of the facilities. BHSB believes that MOUD should be incorporated into those contracts over time rather than treating it as a special case.

Using the ORF to cover the full cost of MOUD in local detention centers would allocate a significant proportion of the ORF exclusively to that purpose to the exclusion of all other opioid mitigation strategies. HB 1162 could also result in general revenue currently used for OUD services being diverted to other purposes, resulting in reduced opioid services overall. This would be contrary to the goal of opioid settlement dollars intended to expand services rather than supplanting funding for existing services.

Expanding access to MOUD is one of Maryland's top priorities in preventing overdose and supporting recovery from OUD. BHSB applauds the state for taking the steps needed to ensure access and recognizes the costs involved. BHSB appreciates the opportunity to provide information on HB1162.

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

Endnotes:

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>.

⁵ Hartung DM, McCracken CM, Nguyen T, Kempny K, Waddell EN. Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked administrative data. Journal of Substance Use and Addiction Treatment. 2023 April. Available at <https://pubmed.ncbi.nlm.nih.gov/36821990/>.

⁶ Department of Legislative Services. Maryland Department of Health Behavioral Health Administration FY27 Budget Analysis. Available at <https://mgaleg.maryland.gov/pubs/budgetfiscal/2027fy-budget-docs-operating-MOOL-MDH-Behavioral-Health-Administration.pdf>