



DEPARTMENT OF HEALTH

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

March 11, 2026

The Honorable Heather Bagnall
Chair, House Health Committee
241 Taylor House 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 Bagnall 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.

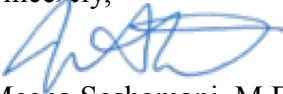
Individuals who believe such discrimination has occurred may file complaints with any or all of the following entities:

- [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.