



*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** Certified Recovery Residences - Refusing Services to Individuals Receiving Medication-Assisted Treatment - Prohibition  
Health Committee hearing: March 11, 2026

HB 1249 prohibits state-certified recovery residences from refusing service on the basis of the use of prescribed medications for opioid use disorder, or from requiring modifications of such medications.

Methadone & buprenorphine are the only treatments of any kind that reduce overdose death; known as Medication Assisted Treatment or **medications for opioid use disorder (OUD or MOUD)**. (1. SSN)

Due to stigma and misunderstanding, these life-saving medications are **severely under-used, a major obstacle in addressing the opioid crisis**. (2. Allen et al). For the great majority of those with OUD, these medications are the primary treatment, typically needed for at least several years (or indefinitely).

According to the **Director of NIDA**, "methadone ... and buprenorphine have proven to be **life-savers** ... enabling [patients] to live healthy and successful lives ... their efficacy has been supported in clinical trial after clinical trial, and are considered **the standard of care** in treatment of OUD, whether or not they are accompanied by some form of behavioral therapy." (3. Volkow)

**Recovery houses often deny services to those on MOUD, or mandate stopping these medications.**

**Recovery residences are certified by the state regardless of whether they discriminate in this way, contrary to the most basic standard of care for OUD.**

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.

According to Maryland Article Health - General, §19-2501, "... Credentialing entity means a nonprofit organization that develops and administers professional certification programs [for recovery residences] **according to nationally recognized certification standards.**"

However, the 'NARR standard' (National Association of Recovery Residences) does not meet this criterion; it is in conflict with supportive housing standards by **SAMHSA**, (4. SAMHSA) (5. SAMHSA) **the American Society of Addiction Medicine**, (6. ASAM) **the World Health Organization**, (7. WHO) and the **National Academies of Sciences, Engineering, and Medicine**. (8. NASEM)

Respectfully,

Joseph Adams, MD, FASAM, co-chair MDDCSAM Public Policy Committee

(continued ...)

## REFERENCES:

1. **SSN:** Stop Stigma Now Annotated Bibliography: [www.stopstigmanow.org/research-articles](http://www.stopstigmanow.org/research-articles))
2. **ALLEN:** “There is consensus in the scientific literature that the opioid agonist medications methadone and buprenorphine are the most effective treatments for opioid use disorder. . . [but] remain substantially underutilized. For no other medical conditions for which an effective treatment exists is that treatment used so infrequently.”  
Allen B et al., Underutilization of Medications to Treat Opioid Use Disorder: What Role Does Stigma Play? Substance Abuse. 2019; 40(4): 459-465.
3. **VOLKOW:** Volkow N. Five Areas Where “More Research” Isn’t Needed to Curb the Overdose Crisis. August 31, 2022. National Institute of Drug Abuse (NIDA)  
<https://nida.nih.gov/about-nida/noras-blog/2022/08/five-areas-where-more-research-isnt-needed-to-curb-overdose-crisis>
4. **SAMHSA** The Substance Abuse and Mental Health Services Administration:  
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.  
<https://md-dcsam.org/wp-content/uploads/2026/01/SAMHSA-Best-Practices-for-Recovery-Housing-2023.pdf>
5. **SAMHSA** “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>
6. **ASAM:** “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...>
7. **WHO:** “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>
8. **NASEM:** “...**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 ...” **Medications for Opioid Use Disorder Save Lives. National Academies of Sciences, Engineering, And Medicine.** 2019. Washington, DC: The National Academies Press.