

SENATE BILL 942

E5
HB 1031/24 – JUD & HGO

5lr3421
CF 5lr3426

By: **Senator Sydnor**

Introduced and read first time: January 28, 2025

Assigned to: Judicial Proceedings and Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Correctional Services – Medication–Assisted Treatment Funding**

3 FOR the purpose of repealing the requirement that each local correctional facility make
4 available at least one formulation of certain Food and Drug
5 Administration–approved opioid medications used for the treatment of opioid use
6 disorders; requiring the Maryland Secretary of Health to provide annually each
7 county a grant equal to the costs incurred by the county for the implementation of a
8 certain medication–assisted treatment program; authorizing the Governor to include
9 in the annual budget bill an appropriation for the purpose of providing grants under
10 certain circumstances; expanding the authorized uses of the Opioid Restitution
11 Fund; and generally relating to medication–assisted treatment for incarcerated
12 individuals.

13 BY repealing and reenacting, with amendments,
14 Article – Correctional Services
15 Section 9–603
16 Annotated Code of Maryland
17 (2017 Replacement Volume and 2024 Supplement)

18 BY repealing and reenacting, with amendments,
19 Article – State Finance and Procurement
20 Section 7–331
21 Annotated Code of Maryland
22 (2021 Replacement Volume and 2024 Supplement)

23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
24 That the Laws of Maryland read as follows:

25 **Article – Correctional Services**

26 9–603.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (a) (1) Subject to paragraph (2) of this subsection, the requirements under this
2 section shall apply to:

3 (i) local detention centers in the following counties by January 1,
4 2020:

- 5 1. Howard County;
- 6 2. Montgomery County;
- 7 3. Prince George's County; and
- 8 4. St. Mary's County; and

9 (ii) local detention centers in six additional counties by October 1,
10 2021.

11 (2) (i) The Governor's Office of Crime Prevention and Policy, the
12 Maryland Department of Health, and the Maryland Correctional Administrators
13 Association shall evaluate the implementation of the requirements of this section and
14 determine a schedule to add additional counties, provided that the provisions of this section
15 shall apply to all local detention centers and the Baltimore Pre-trial Complex by January
16 2023.

17 (ii) If the Baltimore Pre-trial Complex has not fully implemented
18 the provisions of this section by January 2023, the Department of Public Safety and
19 Correctional Services shall report to the Senate Finance Committee and the House
20 Judiciary Committee, in accordance with § 2-1257 of the State Government Article, on the
21 status and timeline of implementation.

22 (iii) Funding for the program at the Baltimore Pre-trial Complex
23 shall be as provided in the State budget.

24 (b) (1) In this section the following words have the meanings indicated.

25 (2) "Health care practitioner" means an individual who is licensed,
26 certified, or otherwise authorized to practice under the Health Occupations Article.

27 (3) "Incarcerated individual" means an individual confined within a local
28 correctional facility.

29 (4) "Medication" means a medication approved by the federal Food and
30 Drug Administration for the treatment of opioid use disorder.

1 (5) “Medication–assisted treatment” means the use of medication, in
2 combination with counseling and behavioral health therapies, to provide a holistic
3 approach to the treatment of opioid use disorder.

4 (6) “Opioid use disorder” means a medically diagnosed problematic pattern
5 of opioid use that causes significant impairment or distress.

6 (7) “Peer recovery specialist” means an individual who has been certified
7 by an entity approved by the Maryland Department of Health for the purpose of providing
8 peer support services, as defined under § 7.5–101(n) of the Health – General Article.

9 (c) An incarcerated individual in a State or local correctional facility shall be
10 placed on a properly supervised program of methadone detoxification if:

11 (1) a physician determines that the incarcerated individual is a person
12 with an opioid use disorder;

13 (2) the treatment is prescribed by a physician; and

14 (3) the incarcerated individual consents in writing to the treatment.

15 (d) (1) Each local correctional facility shall conduct an assessment of the
16 mental health and substance use status of each incarcerated individual using
17 evidence–based screenings and assessments, to determine:

18 (i) if the medical diagnosis of an opioid use disorder is appropriate;
19 and

20 (ii) if medication–assisted treatment is appropriate.

21 (2) If an assessment conducted under paragraph (1) of this subsection
22 indicates opioid use disorder, an evaluation of the incarcerated individual shall be
23 conducted by a health care practitioner with prescriptive authority authorized under Title
24 8, Title 14, or Title 15 of the Health Occupations Article.

25 (3) Information shall be provided to the incarcerated individual describing
26 medication options used in medication–assisted treatment.

27 (4) Medication–assisted treatment shall be available to an incarcerated
28 individual for whom such treatment is determined to be appropriate under this subsection.

29 (5) [Each local correctional facility shall make available at least one
30 formulation of each FDA–approved full opioid agonist, partial opioid agonist, and
31 long–acting opioid antagonist used for the treatment of opioid use disorders.

32 (6)] Each pregnant woman identified with an opioid use disorder shall
33 receive evaluation and be offered medication–assisted treatment as soon as practicable.

1 (e) Each local correctional facility shall:

2 (1) following an assessment using clinical guidelines for
3 medication–assisted treatment:

4 (i) make medication available by a qualified provider to the
5 incarcerated individual; or

6 (ii) begin withdrawal management services prior to administration
7 of medication;

8 (2) make available and administer medications for the treatment of opioid
9 use disorder;

10 (3) provide behavioral health counseling for incarcerated individuals
11 diagnosed with opioid use disorder consistent with therapeutic standards for such therapies
12 in a community setting;

13 (4) provide access to a health care practitioner who can provide access to
14 all FDA–approved medications for the treatment of opioid use disorders; and

15 (5) provide on–premises access to peer recovery specialists.

16 (f) If an incarcerated individual received medication or medication–assisted
17 treatment for opioid use disorder immediately preceding or during the incarcerated
18 individual’s incarceration, a local correctional facility shall continue the treatment after
19 incarceration or transfer unless:

20 (1) the incarcerated individual voluntarily discontinues the treatment,
21 verified through a written agreement that includes a signature; or

22 (2) a health care practitioner determines that the treatment is no longer
23 medically appropriate.

24 (g) Before the release of an incarcerated individual diagnosed with opioid use
25 disorder under subsection (d) of this section, a local correctional facility shall develop a plan
26 of reentry that:

27 (1) includes information regarding postincarceration access to medication
28 continuity, peer recovery specialists, other supportive therapy, and enrollment in health
29 insurance plans;

30 (2) includes any recommended referrals by a health care practitioner to
31 medication continuity, peer recovery specialists, and other supportive therapy; and

1 (3) is reviewed and, if needed, revised by a health care practitioner or peer
2 recovery specialist.

3 (h) The procedures and standards used to determine substance use disorder
4 diagnosis and treatment of incarcerated individuals are subject to the guidelines and
5 regulations adopted by the Maryland Department of Health.

6 [(i) As provided in the State budget, the State shall fund the program of opioid
7 use disorder screening, evaluation, and treatment of incarcerated individuals as provided
8 under this section.]

9 **(I) (1) SUBJECT TO SUBSECTION (J) OF THIS SECTION, FOR EACH FISCAL**
10 **YEAR THE SECRETARY OF HEALTH THROUGH THE OFFICE OF OVERDOSE**
11 **RESPONSE SHALL PROVIDE EACH COUNTY A GRANT EQUAL TO THE COSTS**
12 **INCURRED BY THE COUNTY FOR THE IMPLEMENTATION OF A**
13 **MEDICATION-ASSISTED TREATMENT PROGRAM IN ACCORDANCE WITH THIS**
14 **SECTION DURING THE PRECEDING FISCAL YEAR.**

15 **(2) THE SECRETARY OF HEALTH, IN CONSULTATION WITH THE**
16 **OFFICE OF OVERDOSE RESPONSE, SHALL PROVIDE A GRANT UNDER PARAGRAPH**
17 **(1) OF THIS SUBSECTION FROM:**

18 **(I) THE OPIOID RESTITUTION FUND ESTABLISHED UNDER §**
19 **7-331 OF THE STATE FINANCE AND PROCUREMENT ARTICLE; AND**

20 **(II) ANY MONEY APPROPRIATED IN THE STATE BUDGET FOR**
21 **THE PURPOSE OF PROVIDING GRANTS UNDER THIS SUBSECTION.**

22 **(3) FUNDS DISTRIBUTED UNDER THIS SUBSECTION MAY BE REDUCED**
23 **BY THE AMOUNT OF AN AWARD FROM THE GOVERNOR'S OFFICE OF CRIME**
24 **PREVENTION AND POLICY OR THE MARYLAND DEPARTMENT OF HEALTH, OR A**
25 **FEDERAL AWARD FOR THE SAME PURPOSES.**

26 **(J) (1) ON OR BEFORE OCTOBER 1 EACH YEAR, EACH COUNTY SHALL**
27 **SUBMIT TO THE OFFICE OF OVERDOSE RESPONSE A REPORT ON:**

28 **(I) THE NUMBER OF DAYS EACH INCARCERATED INDIVIDUAL**
29 **WAS PROVIDED A SERVICE UNDER A MEDICATION-ASSISTED TREATMENT PROGRAM**
30 **IN ACCORDANCE WITH THIS SECTION DURING THE PREVIOUS FISCAL YEAR;**

31 **(II) THE TOTAL ITEMIZED COSTS INCURRED FOR**
32 **MEDICATION-ASSISTED TREATMENT SERVICES BY EACH LOCAL CORRECTIONAL**
33 **FACILITY; AND**

1 **(III) ANY OTHER INFORMATION THAT THE OFFICE OF OVERDOSE**
2 **RESPONSE REQUIRES.**

3 **(2) IF A COUNTY FAILS TO SUBMIT THE INFORMATION REQUIRED**
4 **UNDER PARAGRAPH (1) OF THIS SUBSECTION WHEN DUE, THE SECRETARY OF**
5 **HEALTH SHALL DEDUCT AN AMOUNT EQUAL TO 20% OF ANY GRANT AWARDED**
6 **UNDER SUBSECTION (I) OF THIS SECTION FOR EACH 30 DAYS OR PART OF 30 DAYS**
7 **AFTER THE DUE DATE THAT THE INFORMATION WAS NOT SUBMITTED.**

8 **(K) (1) THE GOVERNOR MAY INCLUDE IN THE ANNUAL BUDGET BILL AN**
9 **APPROPRIATION TO THE MARYLAND DEPARTMENT OF HEALTH FOR THE PURPOSE**
10 **OF PROVIDING GRANTS UNDER SUBSECTION (I) OF THIS SECTION.**

11 **(2) AN APPROPRIATION UNDER THIS SUBSECTION MAY BE USED ONLY**
12 **TO PROVIDE FUNDING EQUAL TO THE COSTS INCURRED BY A COUNTY FOR THE**
13 **IMPLEMENTATION OF A MEDICATION-ASSISTED TREATMENT PROGRAM IN**
14 **ACCORDANCE WITH THIS SECTION.**

15 **[(j)] (L)** On or before November 1, 2020, and annually thereafter, the Governor's
16 Office of Crime Prevention and Policy shall report data from individual local correctional
17 facilities to the General Assembly, in accordance with § 2-1257 of the State Government
18 Article, on:

19 (1) the number of incarcerated individuals diagnosed with:

20 (i) a mental health disorder;

21 (ii) an opioid use disorder;

22 (iii) a non-opioid substance use disorder; and

23 (iv) a dual diagnosis of mental health and substance use disorder;

24 (2) the number and cost of assessments for incarcerated individuals in local
25 correctional facilities, including the number of unique incarcerated individuals examined;

26 (3) the number of incarcerated individuals who were receiving medication
27 or medication-assisted treatment for opioid use disorder immediately prior to
28 incarceration;

29 (4) the type and prevalence of medication or medication-assisted
30 treatments for opioid use disorder provided;

31 (5) the number of incarcerated individuals diagnosed with opioid use
32 disorder;

1 (6) the number of incarcerated individuals for whom medication and
2 medication–assisted treatment for opioid use disorder was prescribed;

3 (7) the number of incarcerated individuals for whom medication and
4 medication–assisted treatment was prescribed and initiated for opioid use disorder;

5 (8) the number of medications and medication–assisted treatments for
6 opioid use disorder provided according to each type of medication and medication–assisted
7 treatment options;

8 (9) the number of incarcerated individuals who continued to receive the
9 same medication or medication–assisted treatment for opioid use disorder as the
10 incarcerated individual received prior to incarceration;

11 (10) the number of incarcerated individuals who received a different
12 medication or medication–assisted treatment for opioid use disorder compared to what the
13 incarcerated individual received prior to incarceration;

14 (11) the number of incarcerated individuals who initiated treatment with
15 medication or medication–assisted treatment for opioid use disorder who were not being
16 treated for opioid use disorder prior to incarceration;

17 (12) the number of incarcerated individuals who discontinued medication or
18 medication–assisted treatment for opioid use disorder during incarceration;

19 (13) [a review and summary of the percent of days, including the average
20 percent, median percent, mode percent, and interquartile range of percent, for incarcerated
21 individuals with opioid use disorder receiving medication or medication–assisted treatment
22 for opioid use disorder as calculated overall and stratified by other factors, such as type of
23 treatment received] **THE AVERAGE NUMBER OF DAYS INCARCERATED INDIVIDUALS
24 RECEIVED MEDICATION–ASSISTED TREATMENT IN ACCORDANCE WITH THIS
25 SECTION;**

26 (14) the number of incarcerated individuals receiving medication or
27 medication–assisted treatment for opioid use disorder prior to release;

28 (15) the number of incarcerated individuals receiving medication or
29 medication–assisted treatment prior to release for whom the facility had made a prerelease
30 reentry plan;

31 (16) a review and summary of practices related to medication and
32 medication–assisted treatment for opioid use disorder for incarcerated individuals with
33 opioid use disorder before October 1, 2019;

34 (17) a review and summary of prerelease planning practices relative to
35 incarcerated individuals diagnosed with opioid use disorder prior to, and following, October
36 1, 2019; [and]

1 **(18) THE TOTAL ITEMIZED COSTS INCURRED FOR**
2 **MEDICATION-ASSISTED TREATMENT SERVICES BY EACH LOCAL CORRECTIONAL**
3 **FACILITY; AND**

4 **[(18)] (19)** any other information requested by the [Maryland Department
5 of Health] **OFFICE OF OVERDOSE RESPONSE** related to the administration of the
6 provisions under this section.

7 **[(k)] (M)** Any behavioral health assessment, evaluation, treatment
8 recommendation, or course of treatment shall be reported to the Governor's Office of Crime
9 Prevention and Policy and also include any other data necessary to meet reporting
10 requirements under this section.

11 **Article – State Finance and Procurement**

12 7–331.

13 (a) In this section, “Fund” means the Opioid Restitution Fund.

14 (b) There is an Opioid Restitution Fund.

15 (c) The purpose of the Fund is to retain the amount of settlement revenues
16 deposited to the Fund in accordance with subsection (e)(1) of this section.

17 (d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7–302 of
18 this subtitle.

19 (2) The State Treasurer shall hold the Fund separately, and the
20 Comptroller shall account for the Fund.

21 (e) The Fund consists of:

22 (1) all revenues received by the State from any source resulting, directly or
23 indirectly, from any judgment against, or settlement with, opioid manufacturers, opioid
24 research associations, or any other person in the opioid industry relating to any claims
25 made or prosecuted by the State to recover damages for violations of State law; and

26 (2) the interest earnings of the Fund.

27 (f) The Fund may be used only to provide funds for:

28 (1) programs, services, supports, and resources for evidence-based
29 substance use disorder prevention, treatment, recovery, or harm reduction that have the
30 purpose of:

1 (i) improving access to medications proven to prevent or reverse an
2 overdose, including by supporting the initiative to co-locate naloxone with automated
3 external defibrillators placed in public buildings under § 13-518 of the Education Article;

4 (ii) supporting peer support specialists and screening, brief
5 intervention, and referral to treatment services for hospitals, correctional facilities, and
6 other high-risk populations;

7 (iii) increasing access to medications that support recovery from
8 substance use disorders;

9 (iv) expanding the Heroin Coordinator Program, including for
10 administrative expenses;

11 (v) expanding access to crisis beds and residential treatment
12 services for adults and minors;

13 (vi) expanding and establishing safe stations, mobile crisis response
14 systems, and crisis stabilization centers;

15 (vii) supporting the behavioral health crisis hotline;

16 (viii) organizing primary and secondary school education campaigns
17 to prevent opioid use, including for administrative expenses;

18 (ix) enforcing the laws regarding opioid prescriptions and sales,
19 including for administrative expenses;

20 (x) research regarding and training for substance use treatment and
21 overdose prevention, including for administrative expenses; and

22 (xi) supporting and expanding other evidence-based interventions
23 for overdose prevention and substance use treatment;

24 (2) supporting community-based nonprofit recovery organizations that
25 provide nonclinical substance use recovery support services in the State;

26 (3) evidence-informed substance use disorder prevention, treatment
27 recovery, or harm reduction pilot programs or demonstration studies that are not
28 evidence-based if the Opioid Restitution Fund Advisory Council, established under §
29 7.5-902 of the Health – General Article:

30 (i) determines that emerging evidence supports the distribution of
31 money for the pilot program or that there is a reasonable basis for funding the
32 demonstration study with the expectation of creating an evidence-based program; and

1 (ii) approves the use of money for the pilot program or demonstration
2 study; [and]

3 (4) evaluations of the effectiveness and outcomes reporting for substance
4 use disorder abatement infrastructure, programs, services, supports, and resources for
5 which money from the Fund was used, including evaluations of the impact on access to
6 harm reduction services or treatment for substance use disorders and the reduction in
7 drug-related mortality; AND

8 **(5) GRANTS TO COUNTIES FOR THE IMPLEMENTATION OF A**
9 **MEDICATION-ASSISTED TREATMENT PROGRAM UNDER TITLE 9, SUBTITLE 6 OF THE**
10 **CORRECTIONAL SERVICES ARTICLE.**

11 (g) (1) The State Treasurer shall invest the money of the Fund in the same
12 manner as other State money may be invested.

13 (2) Any interest earnings of the Fund shall be credited to the Fund.

14 (h) (1) Expenditures from the Fund may be made only in accordance with the
15 State budget.

16 (2) For settlement funds received in accordance with the final distributor
17 agreement of July 21, 2021, with McKesson Corporation, Amerisource Bergen Corporation,
18 and Cardinal Health Incorporated, as amended, the Janssen settlement agreement of July
19 21, 2021, as amended, or any other opioid-related court or administrative judgment or
20 settlement agreement involving the State and one or more of its political subdivisions:

21 (i) appropriations from the Fund in the State budget shall be made
22 in accordance with the allocation and distribution of funds to the State and its political
23 subdivisions:

24 1. as agreed on in the State-subdivision agreement of
25 January 21, 2022, as amended; or

26 2. required under any other opioid-related court or
27 administrative judgment or settlement agreement, or any similar agreement reached under
28 an opioid-related court or administrative judgment or settlement agreement, involving the
29 State and one or more of its political subdivisions; and

30 (ii) the Secretary of Health shall establish and administer a grant
31 program for the distribution of funds to political subdivisions of the State in accordance
32 with:

33 1. the State-subdivision agreement of January 21, 2022, as
34 amended; or

1 2. the requirements of any other opioid–related court or
2 administrative judgment or settlement agreement, or any similar agreement reached under
3 an opioid–related court or administrative judgment or settlement agreement, involving the
4 State and one or more of its political subdivisions.

5 (3) The Attorney General shall identify and designate the controlling
6 version of any agreement or amendment described under paragraph (2) of this subsection.

7 (i) (1) Money expended from the Fund for the programs and services described
8 under subsection (f) of this section is supplemental to and is not intended to take the place
9 of funding that otherwise would be appropriated for the programs and services.

10 (2) Except as specified in subsection (f) of this section, money expended
11 from the Fund may not be used for administrative expenses.

12 (j) The Governor shall:

13 (1) develop key goals, key objectives, and key performance indicators
14 relating to substance use treatment and prevention efforts;

15 (2) subject to subsection (h)(2) of this section, at least twice annually,
16 consult with the Opioid Restitution Fund Advisory Council to identify recommended
17 appropriations from the Fund; and

18 (3) report on or before November 1 each year, in accordance with § 2–1257
19 of the State Government Article, to the General Assembly on:

20 (i) an accounting of total funds expended from the Fund in the
21 immediately preceding fiscal year, by:

22 1. use;

23 2. if applicable, jurisdiction; and

24 3. budget program and subdivision;

25 (ii) the performance indicators and progress toward achieving the
26 goals and objectives developed under item (1) of this subsection; and

27 (iii) the recommended appropriations from the Fund identified in
28 accordance with item (2) of this subsection.

29 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
30 October 1, 2025.