

# SENATE BILL 846

J1, E4

9lr2294  
CF HB 116

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By: **Senator West**

Introduced and read first time: February 4, 2019

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Correctional Services – Opioid Use Disorder Examinations and**  
3 **Treatment**

4 FOR the purpose of repealing the requirement for a certain inmate to be placed on a  
5 properly supervised program of methadone detoxification under certain  
6 circumstances; requiring State and local correctional facilities to conduct certain  
7 assessments and examinations of inmates to determine whether certain opioid  
8 treatment or medication–assisted treatment for opioid addiction is appropriate  
9 under certain circumstances; requiring State and local correctional facilities to  
10 provide medication–assisted treatment, behavioral health counseling, and access to  
11 peer recovery specialists to inmates suffering from opioid use disorder under certain  
12 circumstances; authorizing inmates to participate in peer recovery specialist  
13 training under certain circumstances; establishing certain procedures and standards  
14 to determine opioid use disorder and treatment of addicted inmates; repealing the  
15 requirement for the State to fund a certain program of methadone detoxification;  
16 requiring the State to fund a certain program of opioid use disorder screening,  
17 examination, and treatment; requiring the Maryland Commission on Correctional  
18 Standards to report to the Maryland General Assembly on certain information  
19 regarding the examination and treatment outcomes of inmates with an opioid use  
20 disorder; requiring the Maryland Commission on Correctional Standards and the  
21 Maryland Department of Health to develop a timetable in accordance with medical  
22 best practices, for all inmates to receive assessments, examinations, or treatment;  
23 defining certain terms; and generally relating to opioid use disorder examinations  
24 and treatment of inmates.

25 BY repealing and reenacting, with amendments,  
26 Article – Correctional Services  
27 Section 9–603  
28 Annotated Code of Maryland  
29 (2017 Replacement Volume and 2018 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

3 **Article – Correctional Services**

4 9–603.

5 [(a) An inmate in a State or local correctional facility shall be placed on a properly  
6 supervised program of methadone detoxification if:

7 (1) a physician determines that the inmate is an addict;

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

9 (3) the inmate consents in writing to the treatment.]

10 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
11 INDICATED.

12 (2) “HEALTH CARE PRACTITIONER” MEANS:

13 (I) A PHYSICIAN AUTHORIZED BY LAW TO PRACTICE MEDICINE  
14 IN THE STATE, AS DEFINED UNDER § 14–101 OF THE HEALTH OCCUPATIONS  
15 ARTICLE;

16 (II) A PHYSICIAN’S ASSISTANT LICENSED TO ACT AS AN  
17 ASSISTANT TO A LICENSED PHYSICIAN UNDER TITLE 15 OF THE HEALTH  
18 OCCUPATIONS ARTICLE; OR

19 (III) A NURSE PRACTITIONER, AS DEFINED UNDER § 8–508 OF  
20 THE HEALTH OCCUPATIONS ARTICLE.

21 (3) “MEDICATION” MEANS A MEDICATION APPROVED BY THE  
22 FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE  
23 DISORDER.

24 (4) “MEDICATION–ASSISTED TREATMENT” MEANS THE USE OF  
25 MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH  
26 THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE  
27 DISORDER.

28 (5) “OPIOID USE DISORDER” MEANS A MEDICALLY DIAGNOSED  
29 PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES SIGNIFICANT IMPAIRMENT  
30 OR DISTRESS.

1           **(6) “PEER RECOVERY SPECIALIST” MEANS AN INDIVIDUAL IN**  
2 **RECOVERY FOR OPIOID USE DISORDER WHO HAS BEEN CERTIFIED BY AN ENTITY**  
3 **APPROVED BY THE MARYLAND DEPARTMENT OF HEALTH FOR THE PURPOSE OF**  
4 **PROVIDING PEER SUPPORT SERVICES, AS DEFINED UNDER § 7.5–101(N) OF THE**  
5 **HEALTH – GENERAL ARTICLE.**

6           **(B) (1) (I) EACH STATE OR LOCAL CORRECTIONAL FACILITY SHALL**  
7 **CONDUCT AN ASSESSMENT OF THE MENTAL HEALTH AND SUBSTANCE USE STATUS**  
8 **OF EACH INMATE WITHIN 24 HOURS AFTER INCARCERATION, INCLUDING PRETRIAL**  
9 **INCARCERATION, USING GUIDELINES AND CRITERIA APPROVED BY THE**  
10 **BEHAVIORAL HEALTH ADMINISTRATION WITHIN THE MARYLAND DEPARTMENT OF**  
11 **HEALTH, TO DETERMINE:**

12                           **1. IF THE MEDICAL DIAGNOSIS OF AN OPIOID USE**  
13 **DISORDER IS APPROPRIATE; AND**

14                           **2. IF MEDICATION–ASSISTED TREATMENT IS**  
15 **APPROPRIATE.**

16                           **(II) AN ASSESSMENT UNDER SUBPARAGRAPH (I) OF THIS**  
17 **PARAGRAPH SHALL BE CONDUCTED USING GUIDELINES AND CRITERIA APPROVED**  
18 **BY THE BEHAVIORAL HEALTH ADMINISTRATION WITHIN THE MARYLAND**  
19 **DEPARTMENT OF HEALTH.**

20                           **(2) IF AN ASSESSMENT CONDUCTED UNDER PARAGRAPH (1) OF THIS**  
21 **SUBSECTION INDICATES OPIOID USE DISORDER, A PHYSICAL EXAMINATION OF THE**  
22 **INMATE SHALL BE CONDUCTED BY A HEALTH CARE PRACTITIONER.**

23                           **(3) EDUCATION MATERIALS SHALL BE PROVIDED TO THE INMATE**  
24 **DESCRIBING MEDICATION OPTIONS USED IN MEDICATION–ASSISTED TREATMENT.**

25                           **(4) MEDICATION–ASSISTED TREATMENT SHALL BE AVAILABLE TO AN**  
26 **INMATE AFTER GUIDELINES AND CRITERIA FOR THE ASSESSMENT HAVE BEEN MET**  
27 **FOR WHOM SUCH TREATMENT IS DETERMINED TO BE APPROPRIATE UNDER THIS**  
28 **SUBSECTION.**

29           **(C) EACH STATE AND LOCAL CORRECTIONAL FACILITY SHALL:**

30                           **(1) WITHIN 24 HOURS, FOLLOWING AN ASSESSMENT USING CLINICAL**  
31 **GUIDELINES FOR MEDICATION–ASSISTED TREATMENT, INCLUDING INMATES**  
32 **INCARCERATED PRETRIAL:**

1                   **(I) MAKE MEDICATION AVAILABLE BY A QUALIFIED PROVIDER**  
2 **TO THE INMATE; OR**

3                   **(II) COMPLETE WITHDRAWAL MANAGEMENT SERVICES PRIOR**  
4 **TO ADMINISTRATION OF MEDICATION;**

5                   **(2) MAINTAIN OR PROVIDE FOR THE CAPACITY TO POSSESS,**  
6 **DISPENSE, AND ADMINISTER ALL FDA APPROVED MEDICATIONS FOR THE**  
7 **TREATMENT OF OPIOID USE DISORDER;**

8                   **(3) PROVIDE BEHAVIORAL HEALTH COUNSELING FOR INMATES**  
9 **DIAGNOSED WITH OPIOID USE DISORDER CONSISTENT WITH THERAPEUTIC**  
10 **STANDARDS FOR SUCH THERAPIES IN A COMMUNITY SETTING;**

11                   **(4) PROVIDE ACCESS TO A HEALTH CARE PRACTITIONER THAT CAN**  
12 **PROVIDE ACCESS TO ALL FDA APPROVED MEDICATIONS; AND**

13                   **(5) PROVIDE ON-PREMISES ACCESS TO PEER RECOVERY**  
14 **SPECIALISTS.**

15                   **(D) IF AN INMATE IS DIAGNOSED WITH OPIOID USE DISORDER AND ELIGIBLE**  
16 **FOR WORK RELEASE OR LEAVE, A STATE OR LOCAL CORRECTIONAL FACILITY SHALL**  
17 **PAY THE COSTS FOR THE INMATE SEEKING PEER RECOVERY SPECIALIST**  
18 **CERTIFICATION FROM AN ENTITY APPROVED BY THE MARYLAND DEPARTMENT OF**  
19 **HEALTH FOR THE PURPOSE OF TRAINING INDIVIDUALS ON PEER SUPPORT**  
20 **SERVICES, AS DEFINED UNDER § 7.5-101 OF THE HEALTH – GENERAL ARTICLE.**

21                   **(E) THE MARYLAND DEPARTMENT OF HEALTH SHALL DETERMINE**  
22 **WHETHER AN INMATE RECEIVED MEDICATION OR MEDICATION-ASSISTED**  
23 **TREATMENT FOR OPIOID USE DISORDER IMMEDIATELY PRECEDING OR DURING THE**  
24 **INMATE'S INCARCERATION, INCLUDING PRETRIAL INCARCERATION, AND SHALL**  
25 **CONTINUE THE TREATMENT IF ALL GUIDELINES AND CLINICAL CRITERIA ARE MET**  
26 **WITHIN 24 HOURS AFTER INCARCERATION OR TRANSFER UNLESS:**

27                   **(1) THE INMATE VOLUNTARILY DISCONTINUES THE TREATMENT,**  
28 **VERIFIED THROUGH A WRITTEN AGREEMENT THAT INCLUDES A SIGNATURE; OR**

29                   **(2) A HEALTH CARE PRACTITIONER DETERMINES THAT THE**  
30 **TREATMENT IS NO LONGER MEDICALLY APPROPRIATE.**

31                   **(F) BEFORE THE RELEASE OF AN INMATE DIAGNOSED WITH OPIOID USE**  
32 **DISORDER UNDER SUBSECTION (B) OF THIS SECTION, A STATE OR LOCAL**  
33 **CORRECTIONAL FACILITY SHALL DEVELOP A PLAN OF REENTRY THAT:**

1           **(1) INCLUDES INFORMATION REGARDING POSTINCARCERATION**  
2 **ACCESS TO MEDICATION CONTINUITY, PEER RECOVERY SPECIALISTS, OTHER**  
3 **SUPPORTIVE THERAPY, AND ENROLLMENT IN HEALTH INSURANCE PLANS;**

4           **(2) INCLUDES ANY RECOMMENDED REFERRALS BY A HEALTH CARE**  
5 **PRACTITIONER TO MEDICATION CONTINUITY, PEER RECOVERY SPECIALISTS, AND**  
6 **OTHER SUPPORTIVE THERAPY; AND**

7           **(3) IS REVIEWED AND, IF NEEDED, REVISED BY A HEALTH CARE**  
8 **PRACTITIONER AND PEER RECOVERY SPECIALIST.**

9           **[(b)] (G)** The procedures and standards used to determine [drug addiction]  
10 **OPIOID USE DISORDER** and treatment of addicted inmates are subject to the guidelines  
11 and regulations adopted by the Maryland Department of Health.

12           **[(c)] (H)** The State shall fund the program of [methadone detoxification] **OPIOID**  
13 **USE DISORDER SCREENING, EXAMINATION, AND TREATMENT OF INMATES AS**  
14 **PROVIDED UNDER THIS SECTION.**

15           **(I) ON OR BEFORE NOVEMBER 1, 2020, AND ANNUALLY THEREAFTER, THE**  
16 **MARYLAND COMMISSION ON CORRECTIONAL STANDARDS SHALL REPORT TO THE**  
17 **GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT**  
18 **ARTICLE, ON:**

19           **(1) THE NUMBER AND COST OF BEHAVIORAL HEALTH ASSESSMENTS**  
20 **AND OPIOID USE DISORDER EXAMINATIONS FOR INMATES IN STATE AND LOCAL**  
21 **CORRECTIONAL FACILITIES, INCLUDING THE NUMBER OF ASSESSMENTS AND**  
22 **EXAMINATIONS, AND THE NUMBER OF UNIQUE INMATES EXAMINED;**

23           **(2) THE NUMBER OF INMATES WHO WERE RECEIVING MEDICATION OR**  
24 **MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER IMMEDIATELY**  
25 **PRIOR TO INCARCERATION;**

26           **(3) THE TYPE AND PREVALENCE OF MEDICATION OR**  
27 **MEDICATION-ASSISTED TREATMENTS FOR OPIOID USE DISORDER PROVIDED;**

28           **(4) THE NUMBER OF INMATES DIAGNOSED WITH OPIOID USE**  
29 **DISORDER;**

30           **(5) THE NUMBER OF INMATES FOR WHOM MEDICATION AND**  
31 **MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER WAS PRESCRIBED;**

1           **(6) THE NUMBER OF INMATES FOR WHOM MEDICATION AND**  
2 **MEDICATION-ASSISTED TREATMENT WAS PRESCRIBED AND INITIATED FOR OPIOID**  
3 **USE DISORDER;**

4           **(7) THE NUMBER OF MEDICATIONS AND MEDICATION-ASSISTED**  
5 **TREATMENTS FOR OPIOID USE DISORDER PROVIDED ACCORDING TO EACH TYPE OF**  
6 **MEDICATION AND MEDICATION-ASSISTED TREATMENT OPTIONS;**

7           **(8) THE NUMBER OF INMATES WHO CONTINUED TO RECEIVE THE**  
8 **SAME MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE**  
9 **DISORDER AS THE INMATE RECEIVED PRIOR TO INCARCERATION;**

10           **(9) THE NUMBER OF INMATES WHO RECEIVED A DIFFERENT**  
11 **MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER**  
12 **COMPARED TO WHAT THE INMATE RECEIVED PRIOR TO INCARCERATION;**

13           **(10) THE NUMBER OF INMATES WHO INITIATED TREATMENT WITH**  
14 **MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER**  
15 **WHO WERE NOT BEING TREATED FOR OPIOID USE DISORDER PRIOR TO**  
16 **INCARCERATION;**

17           **(11) THE NUMBER OF INMATES WHO DISCONTINUED MEDICATION OR**  
18 **MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER DURING**  
19 **INCARCERATION;**

20           **(12) A REVIEW AND SUMMARY OF THE PERCENT OF DAYS, INCLUDING**  
21 **THE AVERAGE PERCENT, MEDIAN PERCENT, MODE PERCENT, AND INTERQUARTILE**  
22 **RANGE OF PERCENT, FOR INMATES WITH OPIOID USE DISORDER RECEIVING**  
23 **MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER AS**  
24 **CALCULATED OVERALL AND STRATIFIED BY OTHER FACTORS, SUCH AS TYPE OF**  
25 **TREATMENT RECEIVED;**

26           **(13) THE NUMBER OF INMATES RECEIVING MEDICATION OR**  
27 **MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER PRIOR TO**  
28 **RELEASE;**

29           **(14) THE NUMBER OF INMATES RECEIVING MEDICATION OR**  
30 **MEDICATION-ASSISTED TREATMENT PRIOR TO RELEASE FOR WHOM THE FACILITY**  
31 **HAD MADE A PRERELEASE REENTRY PLAN;**

32           **(15) A REVIEW AND SUMMARY OF STATE AND LOCAL FACILITIES'**  
33 **PRACTICES RELATED TO MEDICATION AND MEDICATION-ASSISTED TREATMENT**

1 FOR OPIOID USE DISORDER FOR INMATES WITH OPIOID USE DISORDER BEFORE  
2 OCTOBER 1, 2019;

3 (16) A REVIEW AND SUMMARY OF STATE AND LOCAL FACILITIES'  
4 PRERELEASE PLANNING PRACTICES RELATIVE TO INMATES DIAGNOSED WITH  
5 OPIOID USE DISORDER PRIOR TO, AND FOLLOWING, OCTOBER 1, 2019; AND

6 (17) ANY OTHER INFORMATION REQUESTED BY THE MARYLAND  
7 DEPARTMENT OF HEALTH RELATED TO THE ADMINISTRATION OF THE PROVISIONS  
8 UNDER THIS SECTION.

9 (J) ANY BEHAVIORAL HEALTH ASSESSMENT, PHYSICAL EXAMINATION,  
10 TREATMENT RECOMMENDATION, OR COURSE OF TREATMENT SHALL BE REPORTED  
11 TO THE MARYLAND COMMISSION ON CORRECTIONAL STANDARDS AND ALSO  
12 INCLUDE ANY OTHER DATA NECESSARY FOR THE MARYLAND COMMISSION ON  
13 CORRECTIONAL STANDARDS TO MEET REPORTING REQUIREMENTS UNDER THIS  
14 SECTION.

15 SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Commission on  
16 Correctional Standards and the Behavioral Health Administration within the Maryland  
17 Department of Health shall develop a timetable in accordance with medical best practices  
18 for inmates to receive assessments, examinations, or treatment under this Act.

19 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
20 October 1, 2019.