

RESOLUTION ADOPTED BY THE FALL 2024 MEDCHI HOUSE OF DELEGATES

Title: Inappropriate Certification of Discriminatory Recovery Residences

Sponsor: The MedChi Opioid, Pain and Addiction Committee, adopted 9-17-2024.

Whereas, the use of ineffective treatments for opioid use disorder (OUD), and barriers to the use of medications for OUD (MOUD), the most effective OUD treatment, are major obstacles to addressing the opioid crisis in Maryland and elsewhere (1, 2, 3, 4); and

Whereas, these obstacles are largely due to stigma and misunderstanding of MOUD, (5, 6) particularly affecting the first-line treatments methadone and buprenorphine which are themselves opioids, and are the only treatments shown to reduce overdose deaths. (Injectable naltrexone is an effective second-line non-opioid treatment that has not been shown to reduce overdose deaths); and

Whereas, "MOUD stigma" largely results from the following four erroneous beliefs: that (a) "physical dependence" is the same as "addiction," (7, 8) (b) that using methadone or buprenorphine is "trading one addiction for another," (c) that they are not compatible with recovery, and (d) are not needed by most people with moderate to severe OUD for a prolonged period of time; and

Whereas, according to the Director of the National Institute of Drug Abuse in 2022, "methadone . . . and buprenorphine have proven to be life-savers . . . enabling [patients] to live healthy and successful lives, facilitating recovery . . . The efficacy of MOUD has been supported in clinical trial after clinical trial, and is considered the standard of care in treatment of OUD, whether or not it is accompanied by some form of behavioral therapy." (9); and

Whereas, ineffective treatment is all that is offered for OUD in most U.S. residential addiction treatment programs, namely, psychosocial treatment only, without the option of maintenance MOUD medication (10, 11); and

Whereas, like residential treatment programs, many recovery residences also limit or prohibit access to MOUD contrary to the preferences of a resident or prospective resident and contrary to a physician's recommendation. Although certain barriers to providing MOUD in recovery residences exist (12), this is a discriminatory practice which denies individuals access to the most basic standard of care for OUD; and

Whereas, the Legal Action Center (LAC) has identified signs of discrimination in recovery residences as including: (a) "Residence has a policy not to admit people taking methadone or buprenorphine," (b) "Residence limits the number of people in the facility who can take MOUD, e.g. having designated 'MAT beds' ", (c) "Residence requires people to taper their dose of methadone or buprenorphine," and (d) "Residence only admits people who take under a certain dose of methadone or buprenorphine." The LAC states that federal anti-discrimination laws – including the Americans with Disabilities Act, the Rehabilitation Act of 1973, and the Fair Housing Act - make it illegal to deny someone access to a recovery residence because of their use of MOUD (13); and

Whereas, Within the Maryland Certification of Recovery Residences program (MCORR) of the Maryland Department of Health (MDH), there is no expectation that recovery residences refrain from limiting access to MOUD. Residences routinely receive quality certification from the program even when they limit or restrict access to MOUD contrary to the preferences of a resident or prospective resident and contrary to the recommendation of a physician; and

Whereas, it is unclear to what extent recovery residences participating in the MDH Maryland Recovery Network program (MDRN) limit or restrict access to MOUD despite a requirement to make MOUD available in this program; and

Whereas, the Public Policy Committee of the Maryland - DC Society of Addiction Medicine supports ending unnecessary limits to MOUD in recovery residences; therefore, be it

Resolved, that MedChi advocate for a policy within the Maryland Department of Health not to grant or renew certification by the MCORR program (MD Certification Of Recovery Residences) for recovery residences which limit or restrict access to MOUD, and

Resolved, that if MedChi's efforts to encourage the MCORR program to stop granting or renewing certifications to recovery residences which limit or prohibit access to MOUD are unsuccessful, then MedChi advocate for legislation to accomplish this; and

Resolved, that MedChi work with MDH to clarify to what extent recovery residences in the MDH MDRN program limit or restrict access to MOUD and to ensure that this requirement is enforced.

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