

# PRINCE GEORGE'S COUNTY COUNCIL

## COMMITTEE REPORT

2025 Legislative Session

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**Reference No.:** CB-027-2025

**Draft No.:** 2

**Committee:** PLANNING, HOUSING, AND ECONOMIC DEVELOPMENT

**Date:** 7/3/2025

**Action:** FAVORABLE WITH  
AMENDMENTS

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**REPORT:** Committee Vote: Favorable with amendments, 5-0 (In favor: Council Members Dernoga, Oriadha, Hawkins, Olson, and Adams-Stafford)

**Committee Meeting – April 17, 2025**

### Overview

The Planning, Housing, and Economic Development (PHED) Committee met on April 17, 2025, to consider CB-027-2025. PHED Committee Director Rana Hightower summarized the purpose of the legislation. As presented on Tuesday, April 8, 2025, the purposes of Draft-1 of the bill are to: define opioid treatment centers as a new principal use type; establish the zones in which this new use type is permitted, as shown on the principal use tables; set forth conditions under which this new principal use may be approved; and establish off-street parking requirements for this new use type.

While the Planning Board voted to take no position on the proposed legislation, the Planning Department transmitted its Technical Staff Report, which addressed numerous drafting convention issues in the proposed version. The report found that the legislation, as drafted, was unclear about what public policy might be served by creating the new use. The report suggested that, in alternative to the new “opioid treatment center” use, the Council could consider broadening the definition of treatment facilities (to include methadone, opioid, and other drug and alcohol treatment centers) and categorize them collectively as drug and alcohol treatment centers, subject to consistent standards.

Ms. Anya Makarova, Senior Advisor to the Board of Health, testified on the importance of the proposed legislation. She explained that Prince George's County is experiencing the opioid crisis, which has been designated a public health emergency by the United States Department of Health and Human Services. In the State of Maryland, Prince George's County ranks third in opioid-related deaths after Baltimore City and Baltimore County. Regarding treatment, there is currently only one certified, licensed opioid treatment facility in the County. The Prince George's County Health Department no longer provides medication and assisted treatment services. By comparison, Baltimore City has 32 facilities, and Baltimore County has 10 facilities.

Mr. Eric Irving, Legislative Officer, discussed a proposed Draft-2 of CB-027-2025, including feedback received from the Planning Board and the Technical Staff Report, as well as follow-up discussion with Planning Department staff and the Chief Zoning Examiner, Ms. Maurene McNeil. The revised bill distinguishes opioid from methadone treatment facilities by highlighting that opioid treatment centers look more like medical office uses than traditional methadone treatment centers. Draft 2 also clarifies the legislative intent of CB-027 and amends the bill's preamble, definitions, and the off-street parking regulations. Ms. McNeil then offered a necessary technical amendment.

### **Committee Discussion**

Council Member Harrison opened the committee discussion by asking Ms. Makarova if there is a target number of treatment centers that should be in the County. Ms. Makarova explained that no studies have been done to determine that number, which will depend on the size of the treatment centers. However, currently, zoning restrictions limit where opioid treatment centers can locate. Council Member Harrison replied that the more data the County Council has, the better its ability to have a clear vision of the need.

Council Member Dernoga explained that opioid treatment centers (OTC) operators face a dilemma like cannabis shop operators. The State of Maryland requires a license to operate treatment center; however, the applicant must first demonstrate they have zoning authority to operate the center. Without permitting OTCs by right, an applicant would be subject to a potentially lengthy special exception review prior to the State's licensing review. These potential OTC operators would face leasing a property that it could not use during a process that could take one or more years. Council Member Dernoga then requested that the bill be made effective on the date of enactment.

Ms. Lakisha Hull, Planning Director, explained that her staff haven't yet analyzed the impacts on the zoning districts. The Director noted that the bill does not specify a threshold, thus staff are unsure how many OTCs will be located in different zoning districts throughout the County.

Council Member Dernoga noted that while the legislation removes the special exception requirements, it retains the 500-foot distance requirement, which limits where opioid treatment centers can be located.

Vice Chair Oriadha inquired why OTCs were permitted by right in Commercial Service (CS) and Commercial General Office (CGO) Zones but not in Industrial Employment (IE) Zones. Council Member Dernoga explained that the OTC use will occur in medical offices, which is very different from traditional methadone treatment centers. Mr. David Warner, Principal Counsel for the Planning Board, explained that when the bill was reviewed by staff, they examined uses comparable to medical offices. The IE Zone, which is an industrial zone, is not typically where medical offices would be located; however, there may be some minor exceptions outlined in the Zoning Ordinance. The IE Zone generally permits warehouse uses. Vice Chair Oriadha asked if the IE Zone is a combination of industrial and business uses, given that the zones have been combined under the new Zoning Ordinance. Mr. Warner stated that he did not have a list of permitted uses on hand for the IE Zone, but the zones were combined. Council Member Dernoga explained that in the IE Zone, uses such as a distribution center or technology park are permitted. Vice Chair Oriadha asked if the use would be new in the County.

Ms. Makarova stated there is currently an opioid treatment provider on Cherry Lane in Laurel, but she did not know under what use category that provider was approved. Vice Chair Oriadha wanted to know if that current use needed to be expanded or if it was not permitted in the County.

Mr. Warner explained that the Planning Department had been approached by applicants seeking information about opening opioid treatment centers. After reviewing the Zoning Ordinance, staff determined that an opioid treatment center is not permitted. He explained that if the existing opioid treatment center in Laurel is a public facility, it would not be subject to zoning regulations. Alternatively, if the center is within the City of Laurel, it would not be covered by the County's Zoning Ordinance. Council Member Hawkins noted that if the facility were within the City of Laurel, it would have its own planning and zoning authority, and the use would be permitted without the County's involvement. Council Member Dernoga reiterated that a use needs to be created because there is a shortage of opioid treatment centers in the County.

Vice Chair Oriadha asked about the cost of the opioid treatment, including whether private insurance cover the services and whether the services are more expensive than at traditional clinics. She also expressed concerns with permitting the use by right in the CGO and the CS Zones. Vice Chair Oriadha wants the Council to be very mindful of permitting the use in so many zones and would like to allow council members from different districts to opine on permitting the use in their districts. Council Member Dernoga explained that, while the current applicant may be seeking an OTC in Clinton or Hyattsville, the need for the service is countywide. He further explained that this is not a situation where a developer wants to benefit from a site-specific development. The bill requires opioid treatment centers to be located at least 500 feet from residential properties.

Council Member Harrison asked: What is the target area? How many opioid treatment centers are needed in the County? How many Town Activity Centers there are in the County? Director Hull stated she does not have the exact number but can provide it as a follow-up. Council Member Harrison noted that there are approximately seven Town Activity Centers. He also asked how many IE Zones there are in the County? In addition, he asked why a difference between parking regulations for a methadone treatment center and an opioid treatment center? Council Member Dernoga explained that the methadone treatment center regulations were adopted by the County Council a long time ago, and the building for this use is treated as a stand-alone facility. Council Member Harrison requested a study to target where the use would be located.

Mr. Yuri Guzman, of Avenue to Health, testified in support of the legislation, further discussing the differences between OTCs and traditional methadone treatment centers. His organization is seeking to bring medical services to Prince George's County. He explained that the Centers for Disease Control says a majority of overdoses are with fentanyl, prescription opioids, high-strength pain killers, not from heroin. Mr. Guzman noted that opioid treatment centers function closer to medical offices than methadone treatment centers. OTC services are available by appointment-only, rather than walk-in services. OTCs also treat addiction holistically through behavioral health, mental health, and counseling (rather than solely medication-based). Finally, federal and state governments regulate opioid treatment centers and require many layers of licensing and accreditation.

Council Member Dernoga posed additional questions to Mr. Guzman: How many facilities Avenue to Health does operate? Where has the organization looked in Prince George's County to place a facility? What type of impediments has your organization experienced when looking for leasable space to locate the facility with setback requirements? What is the cost and payment for opioid treatment?

Mr. Guzman explained that the facility will be their first in the State of Maryland. The organization has explored locations in Clinton, Upper Marlboro, and Hyattsville, but are currently focused on a Hyattsville location. Mr. Guzman continued that there have been location limitations because the current Zoning Ordinance, as written, may not allow opioid treatment centers to operate. Additionally, the definition in the code for methadone treatment centers states that the use is for heroin addiction.

Mr. Guzman further explained that the most significant concern is not the setback requirements but the special exception process. Council Member requested a map. Ms. McNeil explained that the special exception process is nine months. Council Member Dernoga explained that, due to the Maryland State licensing requirement and the special exception process, the applicant would be leasing space without revenue for a year or more before opening. Vice Chair Oriadha asked if the use was permitted by right, with a narrower focus on the zones that allow the use, would that be a solution to the concern about the special exception? Council Member Dernoga stated that it is correct. However, he reiterated that, from a practical standpoint, most industrial zones are small and located along railroad lines and highways, not far from residential-based zones, so the places where the use could be located would be minimal.

Regarding payment, Mr. Guzman noted that most insurance plans, including Medicare and Medicaid, cover opioid treatment, and individuals with insurance have the option to pay with cash or their insurance benefits. Vice Chair Oriadha asked about the self-pay rate. Mr. Guzman replied that he would have to speak with a biller.

Ms. Sakinda Skinner, the County Council Liaison to the County Executive's Office, explained that Vice Chair Oriadha and Council Member Harrison raised some of the concerns the Administration has with the legislation. She stated that, while the proposed Draft-2 addresses some of the bill's problems, there were still questions about the main distinction between opioid and methadone treatment centers. It is not understood why there is a change in the special exception parking regulations, and the bill seems to treat opioid treatment centers differently without a clear explanation. Ms. Skinner shared that Administration recognizes the crisis, its importance, and the emergency. However, given the questions raised by council members and no detailed analysis from the Planning Department, a study is requested to determine precisely how many OTCs are needed throughout the County to address the need more holistically.

Council Member Harrison expressed his understanding of the urgency for a business providing these treatment services and the burden of shouldering the cost for a year or more. He posed to the panel: How long would the study take? Who will conduct the study? Who will pay for the study? Ms. Skinner responded that Ms. Makarova, Director Hull, and the Health Department could collaborate on a study and speak with council members to determine the best locations for the centers. Can the Planning Department provide a map of the impacted sites? How many medical campuses are in the County?

Ms. Makarova stated that Prince George's County continues to lead the State of Maryland as number three in the number of opioid related deaths. In addition, a 2021 University of Maryland School of Medicine study stated that 4,800 residents aged 15 and older have opioid use disorder. At that time, there were two operating treatment centers in the County; they provided services to 274 residents, which left a gap of 4,526 residents without treatment services. Ms. Markarova explained that she cannot conduct a study.

Ms. Skinner explained that all parties are aware of the need, and the study would help determine the proper zoning mechanism to ensure there is no disparity in treatment provided to opioid users versus methadone users. Ms. Skinner explained that when methadone treatment centers are involved, there are other underlying concerns (loitering). The Administration wants to make sure the bill would survive a legal challenge based on discriminating between different types of users and persons who need services.

The study would address why the County is treating two different types of treatment centers differently and determine the proper zoning for this use. Director Hull explained that a study would be beneficial, and the Department could hire a consultant this year.

Council Member Dernoga explained that if Mr. Guzman does not see movement legislatively, his company may have to look elsewhere outside Prince George's County. Vice Chair Oriadha replied that there is a need for these treatment services in the County. However, businesses that would like to bring medical services to Prince George's County should note its other needs, pointing to the County's high rates of HIV and AIDS, a high maternal mortality rate, and a high number of diabetes and heart disease cases.

Council Member Dernoga expressed that he did not believe there is a need for the study, but the question remained in which zones to permit treatment centers. He requested that Director Hull gather information on how other jurisdictions handle permitting the use and location of such facilities. He also requested the Planning Department provide a map of locations in which the use would be permitted. Council Member Harrison inquired about the speed at which the Planning Department could gather the necessary information. Director Hull responded that legislation could be enacted this year.

On a motion by Council Member Dernoga, seconded by Council Member Hawkins, the committee voted 3-0 to hold the bill.

### **Committee Meeting – June 6, 2025**

On June 6, 2025, the PHED Committee continued its discussion of the bill. Council Member Dernoga shared that the Planning Department provided a map showing the available locations for the proposed use, adhering to the 500-foot distance requirement. Most locations by parcel are available in Council Districts 9, 6, 5, and 1, but there are fewer locations on the map.

He also explained that he and Dr. Andrea Crooms researched what other jurisdictions do and provided that information to the Planning Department. It was determined that the direction taken in the past for drafting the bill was incorrect. Anne Arundel County and Baltimore County use the term "state-licensed medical clinics" to define opioid treatment centers. CB-027 was revised (Proposed Draft-2A) to incorporate Anne Arundel County regulations while maintaining the 500-foot distance requirements.

The revised bill also added a definition for “state-licensed medical clinics” and treats all addiction treatment uses the same by deleting the existing methadone treatment center definition and the proposed opioid treatment center use.

The committee briefly discussed existing treatment options in the County, noting that there are doctors’ offices where residents can obtain methadone and opioid treatment. However, the committee did not determine whether doctor's office may be exempt from certain regulations.

Dr. Matthew Levy, Health Officer for the Health Department, explained that staff will have to look more closely at the issue because medical offices are likely not providing methadone treatment services. The committee also noted that there is a facility in Laurel that operates as a methadone clinic without special exception approval. It was unclear to the committee under what authority that establishment is operating. Vice Chair Oriadha asked how long that methadone treatment clinic had been in operation. Council Member Dernoga said he was unclear because they are listed on the County website as a methadone treatment facility in an industrial zone and would meet the standards of proposed DR-2A, as the center is not located near residential areas. However, under current law, a special exception is required to operate.

Council Member Dernoga stated that the revised CB-027-2025 (Proposed DR-2A) is being sent back to the Planning Board to receive their comments, as there have been significant revisions to the bill. Council Member Dernoga requested that the bill be voted out and transmitted to the Planning Board for comments, after which it will return to the PHED Committee. Council Member Harrison asked why would the committee vote to send the legislation back to the Board rather than direct staff to give the legislation to the Board and hold the bill in committee? This would allow the Board the appropriate time to respond with comments, and then the Committee could vote on the bill. Council Member Dernoga stated that, based on the legislative amendment law confirmed in Circuit Court by CB-15-2024, when there are substantive changes to a bill, it must be referred to the Planning Board. Usually, this would occur at the public hearing level; however, it only makes sense to do it at the committee level. Council Member Harrison explained that the explanation did not make sense, and it sounds like the cart is being placed before the horse. Mr. Warner was asked to respond. He explained the LDR process and stated that the appropriate course of action would be to send the legislation back to the Planning Board for review, as substantive changes have occurred. He then said he is not the County Council's attorney and does not know their procedures. He explained that he is speaking to the intent of the code to ensure the Planning Board considers the substantive provisions of a bill. Mr. Warner further explained that going through the entire LDR process again would not be necessary to re-notice or complete a new staff report, as the legislation is now a Council Bill. Mr. Warner explained that his entire knowledge of the CB-015-2024 case is based on information received from Mr. Raj Kumar, Principal Counsel for the County Council. Mr. Warner does not know precisely what the order says.

Council Member Oriadha explained that a motion could be made to vote on sending the amended draft to the Planning Board for comments and return to the committee, so it is clear that the bill is not being voted out for introduction. Council Member Dernoga requested that Mr. Eric Irving speak on behalf of the committee as its attorney. Mr. Irving explained that the proper path forward would be to hold the bill for review by the Planning Board. Regarding CB-015-2024, if there is a substantive change after the County Council public hearing, the legislation must be returned to the Planning Board for comments; however, it is not required to return the legislation to the Planning Board at this committee stage.

The trigger for substantive amendments is the County Council's public hearing, and the bill has not yet reached that stage. Functionally, the committee stage is an ideal opportunity to gather feedback on CB-027-2025 (Proposed DR-2A). Director Hull requested time to review the legislation. Council Member Dernoga requested that the bill come back before the committee in July.

Mr. Stacy Jones spoke in support of the legislation, stating that a methadone clinic is needed in Prince George's County.

Ms. Hightower requested that the bill be held for further study and encouraged the Planning Board to provide comments. The committee voted to hold the bill for further study and encouraged the Planning Board to provide comments.

### **Committee Meeting – July 3, 2025**

On July 3, 2025, the PHED Committee convened to continue discussing CB-027-2025 (DR-2A). Council Member Dernoga gave an overview of the revised draft bill and shared research how the proposed use was permitted in different jurisdictions throughout Maryland.

Council Member Adam-Stafford stated she strongly supports the legislation and asked whether the bill could be amended to prioritize permitting the use near and in transit zones. Often, residents face challenges in accessing these facilities. Council Member Dernoga shared that the use was restricted to a narrow set of zones to address member concerns about their districts being inundated with facilities, such as concerns about cannabis shops. Therefore, the proposed use is prohibited rather than prioritized in transit zones. Ms. Natalia Gomez Rojas, Planner V from the Planning Department, shared that the proposed use will be permitted in transit-oriented edge zones. She also explained that the Planning Department had submitted a memorandum to the Committee and the Health Department after a meeting with the Department of Permitting, Inspections, and Enforcement (DPIE) and the Health Department. In the memorandum the Planning staff recommended to permit the use in the transit-oriented core areas and commercial zones based on public comment received during prior committee discussions.

Vice Chair Oriadha raised concerns about the standards of services in her council district as compared to other districts. The final product does not look the same across the board; it can be a cannabis store, a liquor store, or a grocery store. Council Member Adams-Stafford replied that this discussion is about treatment services versus a methadone clinic. She highlighted differences, noting that in a methadone treatment center, there is a constant stream of people, while this use is a health center that requires appointments. In addition, Council Member Adams-Stafford stated the County Council could benefit from visiting some of the facilities, as it is crucial to provide these services.

Ms. Markarova responded that the use appears to be a regular medical office. Mr. Hunt shared that when meeting with the Health Department, it was clarified that this use differs slightly from that of a doctor's office. He also explained that the development standards could be revised to address the view and visual of the facilities. Council Member Dernoga stated that it may be a problem because the building is already built. Ms. McNeil explained that, based on her understanding from the Health Department and COMAR, doctors have the right to prescribe medication but may also need this license to provide treatment services.

Vice Chair Oriadha asked if the service is covered by private insurance or paid for out of pocket. Dr. Andrea Crooms explained that a facility is considered public if Medicaid, Medicare, or a private insurance listed is accepted. In most cases, treatment is covered by Medicare, Medicaid, or private insurance. Vice Chair Oriadha asked if some facilities cover Medicare and Medicaid, as well as private insurance, and what are the corresponding percentages? The Planning Department map shows facilities that accept Medicaid and Medicare. The Health Department does not have insight into whether Medicaid and Medicare are accepted.

Mr. Irving gave an overview of the technical amendments provided by the Planning Department.

Chair Burroughs thanked Council Member Adams-Stafford for providing insight into the need for the use and stated that he looks forward to the work that will occur during recess, expressing support for Council Member Adams-Stafford's position.

On a motion by Council Member Olson, seconded by Vice Chair Oriadha, the PHED Committee voted 5-0 in favor of CB-027-2025 with amendments.