Chapter 650

(House Bill 1282)

AN ACT concerning

Public Health – Drug Overdose Deaths – State and Local Fatality Review Teams

FOR the purpose of establishing the State Drug Overdose Fatality Review Team in the Department of Health and Mental Hygiene; providing for the composition, appointment of members, staff, chair, and meetings of the State Team; providing that a member of the State Team may not receive certain compensation, but is entitled to certain reimbursement for expenses; establishing the purpose and duties of the State Team; requiring the State Team to provide the Governor, the public, and the General Assembly with a certain annual report; establishing certain confidentiality and disclosure requirements for members and staff of the State Team and for information provided to the State Team; providing that certain compilations of data and certain reports are public information; establishing certain local drug overdose fatality review teams in certain counties; establishing a certain multicounty local team; providing for the composition, appointment of certain members, chair, and meetings of a local team; establishing the purpose and duties of a local team; requiring under certain circumstances that a local team be provided with access to certain information and records; requiring a health care provider to disclose a medical record to the State Team or a local team under certain circumstances, subject to certain additional limitations for certain records; establishing that meetings of the State Team or of a local team are closed to the public under certain circumstances; requiring meetings of the State Team or of a local team to be open to the public under certain circumstances, with certain exceptions for certain information; establishing certain confidentiality and disclosure requirements for certain information and records acquired by the State Team or by a local team; establishing that certain mental health records and substance abuse treatment records are subject to certain additional limitations on disclosure; establishing that certain substance abuse treatment records are subject to certain additional limitations on disclosure or redisclosure; establishing that certain information, documents, or records are not subject to subpoena, discovery, or introduction into evidence in a civil or criminal proceeding with a certain exception; establishing certain immunity from civil liability for certain actions as a member of or participant in the function of the State Team or a local team; establishing a certain civil penalty and certain criminal penalties for certain violations; defining certain terms; and generally relating to drug overdose fatality review teams.
BY adding to
    Article – Courts and Judicial Proceedings
    Section 5–637.2
    Annotated Code of Maryland
    (2013 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,
    Article – Health – General
    Section 4–306(b)(9) and (10)
    Annotated Code of Maryland
    (2009 Replacement Volume and 2013 Supplement)

BY adding to
    Article – Health – General
    Section 4–306(b)(11); and 5–901 through 5–906 to be under the new
    subtitle “Subtitle 9. Drug Overdose Fatality Review Teams”
    Annotated Code of Maryland
    (2009 Replacement Volume and 2013 Supplement)

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

    Article – Courts and Judicial Proceedings

5–637.2.

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

    (2) “Local, “Local Team” means a multidisciplinary and
    multiagency drug overdose fatality review team established under
    Title 5, Subtitle 9 of the Health – General Article.

    (3) “State Team” means the State Drug Overdose
    Fatality Review Team established under Title 5, Subtitle 9 of the
    Health – General Article.

    (B) A person who acts in good faith and within the scope of
    the jurisdiction of the State Team is not civilly liable for any
    action as a member of the State Team or for giving information to,
    participating in, or contributing to the function of the State Team.

    (C) (B) A person who acts in good faith and within the scope
    of the jurisdiction of a Local Team is not civilly liable for any
ACTION AS A MEMBER OF THE LOCAL TEAM OR FOR GIVING INFORMATION TO, PARTICIPATING IN, OR CONTRIBUTING TO THE FUNCTION OF THE LOCAL TEAM.

Article – Health – General
4–306.

(b) A health care provider shall disclose a medical record without the authorization of a person in interest:

(9) To a State or local child fatality review team established under Title 5, Subtitle 7 of this article as necessary to carry out its official functions; [or]

(10) To a local domestic violence fatality review team established under Title 4, Subtitle 7 of the Family Law Article as necessary to carry out its official functions; OR

(11) To the State Drug Overdose Fatality Review Team or a local drug overdose fatality review team established under Title 5, Subtitle 9 of this article as necessary to carry out its official functions, subject to:

(i) the additional limitations under § 4–307 of this subtitle for disclosure of a medical record developed primarily in connection with the provision of mental health services; and

(ii) any additional limitations for disclosure or redisclosure of a medical record developed primarily in connection with the provision of substance abuse treatment services under State or Federal law or 42 U.S.C. § 290DD–2 and 42 C.F.R. Part 2.

5–901.

(A) In this subtitle the following words have the meanings indicated.

(B) “Local, “Local Team” means the multidisciplinary and multiagency drug overdose fatality review team established for a county.
(c) “State Team” means the State Drug Overdose Fatality Review Team.

5–902.

(A) There is a State Drug Overdose Fatality Review Team.

(B) The State Team is part of the Department for budgetary and administrative purposes.

5–903.

(A) The State Team shall be a multidisciplinary and multiagency review team, composed of at least 25 members, including:

1. The Attorney General;
2. The Chief Medical Examiner;
3. The Secretary of Human Resources;
4. The Secretary of Health and Mental Hygiene;
5. The State Superintendent of Schools;
6. The Secretary of Juvenile Services;
7. The Executive Director of the Governor’s Office for Children;
8. The Secretary of State Police;
9. The president of the State’s Attorneys’ Association;
10. The chief of the Division of Vital Records in the Department;
11. The Director of the Maryland Institute for Emergency Medical Services Systems;
12. The Director of the Alcohol and Drug Abuse Administration in the Department;
(13) One physician with experience in diagnosing and treating substance abuse, appointed by the Governor from a list submitted by the State Chapter of the American Medical Association;

(14) One certified professional counselor alcohol and drug with experience in preventing, diagnosing, and treating substance abuse, appointed by the Governor; and

(15) Eleven members of the general public with interest or expertise in substance abuse prevention and treatment, including parent advocates, certified recovery coach volunteers, and health and behavioral health professionals, appointed by the Governor.

(b) The members described in subsection (a)(1) through (12) of this section may designate representatives from the respective departments or offices to represent the members on the State Team.

(c) (1) The State Team may employ a staff in accordance with the State budget.

(2) Each member of the State Team under subsection (a)(1) through (12) of this section shall provide sufficient staff support to complete the State Team's responsibilities.

(d) A member of the State Team:

(1) May not receive compensation as a member of the State Team; but

(2) Is entitled to reimbursement for expenses under the standard State Travel Regulations, as provided in the State budget.

(e) The State Team shall elect a chair from among its members.

(f) The State Team shall meet at least once every 3 months.
The purpose of the State Team is to prevent drug overdose deaths by:

1. Developing an understanding of the causes and incidence of drug overdose deaths;

2. Developing plans for and implementing changes within the agencies represented on the State Team to prevent drug overdose deaths; and

3. Advising the Governor, the General Assembly, and the public on changes to law, policy, or practice to prevent drug overdose deaths.

To achieve its purposes, the State Team shall:

1. Undertake annual statistical studies of the incidence and causes of drug overdose deaths in the State, including an analysis of community and public and private agency involvement with the decedents and their families before and after the deaths;

2. Review reports from local teams;

3. Provide training and written materials to the local teams to assist them in carrying out the duties of each local team, including providing model protocols for the operation of local teams;

4. In cooperation with local teams, develop a protocol for drug overdose death investigations, including procedures for local health departments, law enforcement agencies, local medical examiners, and local departments of social services, using best practices from other states and jurisdictions;

5. Develop a protocol for the collection of data regarding drug overdose deaths and provide training to local teams and county health departments on the use of the protocol;

6. Undertake a study of the operations of local teams, including the State and local laws, regulations, and policies of the agencies represented on the local teams;
(ii) Recommend appropriate changes to the laws, regulations, or policies needed to prevent drug overdose deaths; and

(III) Include any proposals for changes to State or local laws, regulations, or policies in the annual report required by item (11) of this subsection;

(7) Consider local and statewide training needs, including cross agency training and service gaps, and make recommendations to member agencies to develop and deliver these training needs;

(8) (i) Examine confidentiality laws, regulations, and policies of agencies with responsibilities regarding drug overdose deaths, including health, public welfare, education, social services, behavioral health, judicial, and law enforcement agencies;

(ii) Recommend appropriate changes to the laws, regulations, or policies that impede the exchange of information necessary to protect individuals from preventable drug overdose deaths; and

(III) Include any proposals for changes to the laws, regulations, or policies in the annual report required by item (11) of this subsection;

(9) Educate the public about the incidence and causes of drug overdose deaths, the role of the public in preventing drug overdose deaths, and specific steps the public can take to prevent drug overdose deaths;

(10) Recommend to the Secretary any regulations necessary for the operation of the State Team and the operation of the local teams;

(11) Provide the Governor, the public, and, subject to § 2–1246 of the State Government Article, the General Assembly with annual written reports, including the State Team’s findings and recommendations; and

(12) In consultation with local teams:
(i) Define “near fatality”; and

(ii) Develop procedures and protocols that local teams and the State Team may use to review cases of near fatality.

(D) Members and staff of the State Team:

(1) May not disclose to any person or government official any identifying information about any specific case about which the State Team is provided information; and

(2) May make public other information unless prohibited by law.

(E) In addition to any other penalties provided by law, a person who violates subsection (d) of this section is subject to a civil penalty not exceeding $500 for each violation.

5–905, 5–902.

(A) (1) Except as provided in Subject to paragraph (2) of this subsection, there shall may be a multidisciplinary and multiagency drug overdose fatality review team in each county.

(2) Instead of a local team in each county, two or more counties may agree to establish a single multicounty local team.

(3) A multicounty local team shall execute a memorandum of understanding on membership, staffing, and operation.

(B) The local team membership shall be drawn, if available, from the following individuals, organizations, agencies, and areas of expertise:

(1) The county health officer, or the officer’s desigee;

(2) The director of the local department of social services, or the director’s desigee;

(3) The state’s attorney, or the state’s attorney’s desigee;
(4) THE SUPERINTENDENT OF SCHOOLS, OR THE SUPERINTENDENT’S DESIGNEE;

(5) A STATE, COUNTY, OR MUNICIPAL LAW ENFORCEMENT OFFICER;

(6) THE DIRECTOR OF THE COUNTY SUBSTANCE ABUSE TREATMENT PROGRAM;

(7) THE DIRECTOR OF THE COUNTY MENTAL HEALTH AGENCY OR CORE SERVICE AGENCY;

(8) A PHYSICIAN WITH EXPERIENCE IN DIAGNOSING AND TREATING SUBSTANCE ABUSE, APPOINTED BY THE COUNTY HEALTH OFFICER;

(9) A CERTIFIED PROFESSIONAL COUNSELOR ALCOHOL AND DRUG WITH EXPERIENCE IN PREVENTING, DIAGNOSING, AND TREATING SUBSTANCE ABUSE, APPOINTED BY THE COUNTY HEALTH OFFICER;

(10) A PSYCHIATRIST OR PSYCHOLOGIST WITH EXPERIENCE IN DIAGNOSING AND TREATING SUBSTANCE ABUSE, APPOINTED BY THE DIRECTOR OF THE COUNTY MENTAL HEALTH AGENCY OR CORE SERVICE AGENCY;

(11) THE DIRECTOR OF BEHAVIORAL HEALTH SERVICES IN THE COUNTY, OR THE DIRECTOR’S DESIGNEE;

(7) AN EMERGENCY MEDICAL SERVICES PROVIDER IN THE COUNTY;

(8) A REPRESENTATIVE OF A HOSPITAL;

(9) A HEALTH CARE PROFESSIONAL WHO SPECIALIZES IN THE PREVENTION, DIAGNOSIS, AND TREATMENT OF SUBSTANCE USE DISORDERS;

(10) A REPRESENTATIVE OF A LOCAL JAIL OR DETENTION CENTER;

(11) A REPRESENTATIVE FROM PAROLE, PROBATION, AND COMMUNITY CORRECTIONS;

(12) THE SECRETARY OF JUVENILE SERVICES, OR THE SECRETARY’S DESIGNEE;
(13) A member of the public with interest or expertise in the prevention and treatment of drug overdose deaths, appointed by the county health officer; and

(12)(14) Any other individual necessary for the work of the local team, recommended by the local team and appointed by the county health officer.

(c) The members described under subsection (b)(1) through (7) of this section may designate representatives from the respective departments or offices to represent the members on the local team.

(d) Each local team shall elect a chair from among its members.
(2) Set as its goal the investigation of drug overdose deaths in accordance with national standards;

(3) Meet at least quarterly to review the status of drug overdose death cases, recommend actions to improve coordination of services and investigations among member agencies, and recommend actions within the member agencies to prevent drug overdose deaths;

(4) Collect and maintain data as required by the State Team, Department; and

(5) Provide requested reports to the State Team Department, including:

   (i) Discussion of individual cases;

   (ii) Steps taken to improve coordination of services and investigations;

   (iii) Steps taken to implement changes recommended by the local team within member agencies; and

   (iv) Recommendations on needed changes to State and local laws, policies, or practices to prevent drug overdose deaths; and

(6) In consultation with the State Team:

   (i) Define “near fatality”; and

   (ii) Develop procedures and protocols that local teams and the State Team may use to review cases of near fatality deaths.

(C) In addition to the duties specified in subsection (B) of this section, a local team may investigate the information and records of an individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality described in §5–907 §5–904 of this subtitle.

5–907, 5–904.
(A) On request of the chair of a local team and as necessary to carry out the purpose and duties of the local team, the local team shall be immediately provided with:

(1) Access to information and records, including information about physical health, mental health, and treatment for substance abuse, maintained by a health care provider for:

(i) An individual whose death is being reviewed by the local team; or

(ii) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality; and

(2) Access to information and records maintained by a state or local government agency, including birth death certificates, law enforcement investigative information, medical examiner investigative information, parole and probation information and records, and information and records of a social services agency, if the agency provided services to:

(i) An individual whose death is being reviewed by the local team;

(ii) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality; or

(iii) The family of an individual described in item (i) or (ii) of this item.

(B) Substance abuse treatment records requested or provided under this section are subject to any additional limitations on disclosure or redisclosure of a medical record developed in connection with the provision of substance abuse treatment services under State law or 42 U.S.C. § 290DD–2 and 42 C.F.R. Part 2.

5–908. 5–905.

(A) Meetings of the state team and of local teams shall be closed to the public and are not subject to Title 10, Subtitle 5 of
THE STATE GOVERNMENT ARTICLE WHEN THE STATE TEAM OR LOCAL TEAMS ARE DISCUSSING INDIVIDUAL CASES OF DRUG OVERDOSE DEATHS.

(B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, MEETINGS OF THE STATE TEAM AND OF LOCAL TEAMS SHALL BE OPEN TO THE PUBLIC AND ARE SUBJECT TO TITLE 10, SUBTITLE 5 OF THE STATE GOVERNMENT ARTICLE WHEN THE STATE TEAM OR LOCAL TEAM IS NOT DISCUSSING INDIVIDUAL CASES OF DRUG OVERDOSE DEATHS.

(C) (1) DURING A PUBLIC MEETING, INFORMATION MAY NOT BE DISCLOSED THAT IDENTIFIES:

(I) A DECEASED INDIVIDUAL;

(II) A FAMILY MEMBER, GUARDIAN, OR CARETAKER OF A DECEASED INDIVIDUAL; OR

(III) AN INDIVIDUAL CONVICTED OF A CRIME OR ADJUDICATED AS HAVING COMMITTED A DELINQUENT ACT THAT CAUSED A DEATH OR NEAR FATALITY.

(2) DURING A PUBLIC MEETING, INFORMATION MAY NOT BE DISCLOSED ABOUT THE INVOLVEMENT OF ANY AGENCY WITH:

(I) A DECEASED INDIVIDUAL;

(II) A FAMILY MEMBER, GUARDIAN, OR CARETAKER OF A DECEASED INDIVIDUAL; OR

(III) AN INDIVIDUAL CONVICTED OF A CRIME OR ADJUDICATED AS HAVING COMMITTED A DELINQUENT ACT THAT CAUSED A DEATH OR NEAR FATALITY.

(D) THIS SECTION DOES NOT PROHIBIT THE STATE TEAM OR A LOCAL TEAM FROM REQUESTING THE ATTENDANCE AT A TEAM MEETING OF A PERSON WHO HAS INFORMATION RELEVANT TO THE TEAM’S EXERCISE OF ITS PURPOSE AND DUTIES.

(E) A PERSON WHO VIOLATES THIS SECTION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING $500 OR IMPRISONMENT NOT EXCEEDING 90 DAYS OR BOTH.

5–909. 5–906.
(A) Subject to subsection (B) of this section, all information and records acquired by the State Team or by a local team in the exercise of its purpose and duties under this subtitle are confidential, exempt from disclosure under Title 10, Subtitle 6 of the State Government Article, and may be disclosed only as necessary to carry out the team's purpose and duties.

(B) (1) Mental health records are subject to the additional limitations under §4–307 of this article for disclosure of a medical record developed primarily in connection with the provision of mental health services.

(2) Substance abuse treatment records are subject to any additional limitations for disclosure or redisclosure of a medical record developed primarily in connection with the provision of substance abuse treatment services under State or Federal law or 42 U.S.C. §290DD–2 and 42 C.F.R. Part 2.

(C) Statistical compilations of data that do not contain any information that would permit the identification of any person to be ascertained are public records.

(D) Reports of the State Team and of a local team that do not contain any information that would permit the identification of any person to be ascertained are public information.

(E) Except as necessary to carry out the State Team's or a local team's purpose and duties, members of a State Team or local team and persons attending a State Team or local team meeting may not disclose:

(1) What transpired at a meeting that is not public under §5–908 §5–905 of this subtitle; or

(2) Any information the disclosure of which is prohibited by this section.

(F) (1) Members of the State Team or a local team, persons attending a State Team or local team meeting, and persons who present information to the State Team or a local team may not be questioned in any civil or criminal proceeding about information presented in or opinions formed as a result of a meeting.
(2) This subsection does not prohibit a person from testifying to information that is obtained independently of the State Team or a local team or that is public information.

(g) (1) Except as provided in paragraph (2) of this subsection, information, documents, or records of the State Team or of a local team are not subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

(2) Information, documents, or records otherwise available from other sources are not immune from subpoena, discovery, or introduction into evidence through those sources solely because they were presented during proceedings of the State Team or a local team or are maintained by the State Team or a local team.

(h) A person who violates this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding $500 or imprisonment not exceeding 90 days or both.

5–910.

A person shall have the immunity from liability under § 5–637.2 of the Courts Article for any action as a member of the State Team or a local team or for giving information to, participating in, or contributing to the function of the State Team or a local team.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2014.

Approved by the Governor, May 15, 2014.