5lr2147 CF 5lr2696

By: Senators Klausmeier, Astle, Bates, Benson, Cassilly, Conway, Currie, DeGrange, Edwards, Feldman, Ferguson, Guzzone, Hershey, Hough, Jennings, Kagan, Kasemeyer, King, Lee, Madaleno, Manno, Mathias, McFadden, Middleton, Miller, Montgomery, Muse, Nathan-Pulliam, Norman, Peters, Pinsky, Pugh, Ramirez, Raskin, Rosapepe, Salling, Waugh, Young, Zirkin, Serafini, and Ready
Introduced and read first time: February 6, 2015

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

$\mathbf{2}$

J1

Maryland Opioid Use Disorder Consortium

3 FOR the purpose of establishing the Maryland Opioid Use Disorder Consortium; providing 4 for the composition, cochairs, and staffing of the Consortium; prohibiting a member $\mathbf{5}$ of the Consortium from receiving certain compensation, but authorizing the 6 reimbursement of certain expenses; requiring the Consortium to develop, monitor 7 implementation of, and revise a certain plan through a certain process; requiring the Consortium to convene a certain Policy Academy to identify certain focus areas and 8 9 draft certain recommendations; requiring the Consortium to hold certain roundtables; requiring the Consortium to convene a final Policy Academy for a 10 11 certain purpose; requiring the Consortium to submit certain reports to the Governor 12and the General Assembly on or before certain dates; providing for the termination 13 of this Act; and generally relating to the Maryland Opioid Use Disorder Consortium.

- 14 BY adding to
- 15 Article Health General
- Section 24–1701 to be under the new subtitle "Subtitle 17. Maryland Opioid Use
 Disorder Consortium"
- 18 Annotated Code of Maryland
- 19 (2009 Replacement Volume and 2014 Supplement)
- SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 That the Laws of Maryland read as follows:
- 22

Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



	2 SENATE BILL 607
1	SUBTITLE 17. MARYLAND OPIOID USE DISORDER CONSORTIUM.
2	24–1701.
3	(A) THERE IS A MARYLAND OPIOID USE DISORDER CONSORTIUM.
4	(B) THE CONSORTIUM CONSISTS OF THE FOLLOWING MEMBERS:
$5 \\ 6$	(1) Two members of the Senate of Maryland, appointed by the President of the Senate;
7 8	(2) Two members of the House of Delegates, appointed by the Speaker of the House;
9 10	(3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE SECRETARY'S DESIGNEE;
$\frac{11}{12}$	(4) THE CHIEF OF STAFF FROM THE OFFICE OF THE GOVERNOR, OR THE CHIEF OF STAFF'S DESIGNEE;
13 14	(5) THE EXECUTIVE DIRECTOR OF THE GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
1516	(6) THE EXECUTIVE DIRECTOR OF THE GOVERNOR'S OFFICE FOR CHILDREN, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
$17\\18$	(7) THE ATTORNEY GENERAL, OR THE ATTORNEY GENERAL'S DESIGNEE;
19 20	(8) THE SUPERINTENDENT OF STATE POLICE, OR THE SUPERINTENDENT'S DESIGNEE;
21 22	(9) THE DEAN OF THE UNIVERSITY OF MARYLAND, BALTIMORE, SCHOOL OF MEDICINE, OR THE DEAN'S DESIGNEE;
$\frac{23}{24}$	(10) THE DEAN OF THE UNIVERSITY OF MARYLAND, BALTIMORE, SCHOOL OF NURSING, OR THE DEAN'S DESIGNEE;
25 26	(11) THE DEAN OF THE UNIVERSITY OF MARYLAND, BALTIMORE, SCHOOL OF PHARMACY, OR THE DEAN'S DESIGNEE;
27 28	(12) THE DEAN OF THE UNIVERSITY OF MARYLAND, COLLEGE PARK, School of Public Health, or the Dean's designee;

1 (13) THE DEAN OF THE JOHNS HOPKINS UNIVERSITY SCHOOL OF 2 PUBLIC HEALTH, OR THE DEAN'S DESIGNEE;

3 (14) ONE PHYSICIAN, APPOINTED BY THE MEDICAL AND 4 CHIRURGICAL FACULTY OF MARYLAND;

5 (15) TWO SUBSTANCE USE DISORDER DIRECT CARE PROVIDERS,
 6 APPOINTED BY THE GOVERNOR BASED ON RECOMMENDATIONS OF ORGANIZATIONS
 7 OR ASSOCIATIONS REPRESENTING DIRECT CARE PROVIDERS; AND

- 8 (16) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:
- 9
- (I) **TWO REPRESENTATIVES OF LOCAL GOVERNMENT;**
- 10
- (II) ONE REPRESENTATIVE OF LOCAL LAW ENFORCEMENT;

11 (III) TWO REPRESENTATIVES OF SUBSTANCE USE DISORDER 12 TREATMENT PROGRAMS, ONE EACH FROM AN INPATIENT SETTING AND AN 13 OUTPATIENT SETTING;

14(IV) TWO REPRESENTATIVES WITH EXPERIENCE AS FAMILY15MEMBERS OF INDIVIDUALS WITH OPIOID USE DISORDERS; AND

16 (V) ONE REPRESENTATIVE WHO IS AN INDIVIDUAL IN 17 RECOVERY FROM AN OPIOID USE DISORDER WHO HAS EXPERIENCE WITH 18 MEDICATION ASSISTED TREATMENT.

19 (C) (1) THE PRESIDENT OF THE SENATE SHALL DESIGNATE ONE OF THE 20 MEMBERS APPOINTED FROM THE SENATE AS COCHAIR OF THE CONSORTIUM.

21 (2) THE SPEAKER OF THE HOUSE SHALL DESIGNATE ONE OF THE 22 MEMBERS APPOINTED FROM THE HOUSE AS COCHAIR OF THE CONSORTIUM.

(D) THE DEPARTMENT OF LEGISLATIVE SERVICES, THE DEPARTMENT OF
 HEALTH AND MENTAL HYGIENE, AND THE GOVERNOR'S OFFICE OF CRIME
 CONTROL AND PREVENTION SHALL PROVIDE STAFF FOR THE CONSORTIUM.

26 (E) A MEMBER OF THE CONSORTIUM:

27 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE 28 CONSORTIUM; BUT

1 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE 2 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

3 (F) (1) THE CONSORTIUM SHALL DEVELOP A STRATEGIC STATEWIDE 4 PLAN TO TREAT AND REDUCE OPIOID USE DISORDERS IN THE STATE.

5 (2) THE STRATEGIC STATEWIDE PLAN SHALL INCLUDE A TIMELINE 6 FOR FUTURE ACTIONS TO TREAT AND REDUCE OPIOID USE DISORDERS IN THE 7 STATE.

8 (G) THE CONSORTIUM SHALL:

9 (1) USE A STRATEGIC STATEWIDE PLAN DEVELOPMENT PROCESS 10 SIMILAR TO THE PROCESS USED IN COLORADO IN 2013 TO DEVELOP THE 11 "COLORADO PLAN TO REDUCE PRESCRIPTION DRUG ABUSE"; AND

12(2) SEEK TECHNICAL ASSISTANCE FROM THE NATIONAL13GOVERNOR'S ASSOCIATION AND OTHER APPROPRIATE ENTITIES TO DEVELOP THE14STRATEGIC STATEWIDE PLAN.

15 **(H) (1)** THE CONSORTIUM SHALL CONVENE AN INITIAL POLICY 16 ACADEMY TO IDENTIFY FOCUS AREAS AND DRAFT INITIAL RECOMMENDATIONS FOR 17 THE STRATEGIC STATEWIDE PLAN.

18(2) THE INITIAL POLICY ACADEMY SHALL CONSIST OF19WORKGROUPS, INCLUDING:

20 (I) THE PRESCRIPTION DRUG MONITORING PROGRAM 21 WORKGROUP;

22 (II) THE PRESCRIBER AND PROVIDER EDUCATION 23 WORKGROUP;

24 (III) THE TREATMENT WORKGROUP;

25(IV) THE PUBLIC EDUCATION AND AWARENESS WORKGROUP;26AND

27 (V) THE DATA ANALYSIS WORKGROUP.

28 (3) THE MEMBERSHIP OF THE INITIAL POLICY ACADEMY 29 WORKGROUPS:

4

1

(I) SHALL INCLUDE MEMBERS OF THE CONSORTIUM; AND

2 (II) MAY INCLUDE EXPERTS WHO ARE NOT MEMBERS OF THE 3 CONSORTIUM, APPOINTED BY THE COCHAIRS OF THE CONSORTIUM.

4 (I) THE CONSORTIUM SHALL HOLD ROUNDTABLES ACROSS THE STATE TO 5 RECEIVE INPUT FROM LOCAL OFFICIALS AND EXPERTS TO REFINE, EXPAND, OR 6 MODIFY THE INITIAL RECOMMENDATIONS FOR THE STRATEGIC STATEWIDE PLAN 7 DRAFTED UNDER SUBSECTION (H) OF THIS SECTION.

8 (J) (1) THE CONSORTIUM SHALL CONVENE A FINAL POLICY ACADEMY 9 TO REVISE ITS RECOMMENDATIONS, FINALIZE THE STRATEGIC STATEWIDE PLAN, 10 AND ESTABLISH A TIMELINE FOR IMPLEMENTATION OF THE STRATEGIC STATEWIDE 11 PLAN.

12 (2) AFTER SUBMISSION OF THE STRATEGIC STATEWIDE PLAN 13 FINALIZED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE CONSORTIUM SHALL 14 MEET, AS NECESSARY, TO MONITOR THE IMPLEMENTATION OF THE STRATEGIC 15 STATEWIDE PLAN AND REVISE THE PLAN AS NEEDED.

16(3) THE CONSORTIUM SHALL CONVENE THE WORKGROUPS17ESTABLISHED UNDER SUBSECTION (H) OF THIS SECTION, AS NECESSARY, TO:

18(I)COMPLETE THE WORK OF THE FINAL POLICY ACADEMY19UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND

20 (II) MONITOR IMPLEMENTATION OF AND MAKE REVISIONS TO 21 THE STRATEGIC STATEWIDE PLAN SUBMITTED UNDER PARAGRAPH (2) OF THIS 22 SUBSECTION.

23 (K) IN DEVELOPING, MONITORING THE IMPLEMENTATION OF, AND 24 REVISING THE STRATEGIC STATEWIDE PLAN, THE CONSORTIUM SHALL 25 COORDINATE WITH ORGANIZATIONS OR WORK TO MAXIMIZE THE IMPACT OF 26 ORGANIZATIONS, INITIATIVES, AND TOOLS ALREADY IN PLACE IN THE STATE TO 27 TREAT OR REDUCE OPIOID USE DISORDERS, INCLUDING:

28 (1) THE CONTROLLED DANGEROUS SUBSTANCES UNIT IN THE 29 DEPARTMENT OF HEALTH AND MENTAL HYGIENE;

30(2) THE RAPID RESPONSE TEAM AT THE UNIVERSITY OF MARYLAND31SCHOOL OF PHARMACY;

1 (3) THE STATE OVERDOSE PREVENTION PLAN DEVELOPED IN 2013 2 AND UPDATED IN 2014, WHICH INCLUDES PRESCRIBER EDUCATION AND DATA 3 ANALYSIS AND THE USE OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 VIRTUAL DATA UNIT;

 $\mathbf{5}$

(4) LOCAL OVERDOSE PREVENTION PLANS;

6 (5) THE OVERDOSE PREVENTION MEDIA CAMPAIGN WITHIN THE 7 DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEHAVIORAL HEALTH 8 ADMINISTRATION;

9 (6) EFFORTS TO ENHANCE OVERDOSE RESPONSE LAWS, 10 REGULATIONS, AND TRAINING;

11(7) LAWS ESTABLISHING LOCAL OVERDOSE FATALITY REVIEW12 TEAMS;

13(8)PRESCRIBER EDUCATION TRAINING APPROVED BY THE FEDERAL14FOOD AND DRUG ADMINISTRATION, INCLUDING TRAINING HELD STATEWIDE BY15THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AND THE MARYLAND16SOCIETY FOR ADDICTION MEDICINE; AND

17 (9) THE PRESCRIPTION DRUG MONITORING PROGRAM AND 18 EFFORTS TO EXPAND ITS USE BY THE DEPARTMENT OF HEALTH AND MENTAL 19 HYGIENE AS A PUBLIC HEALTH TOOL FOR MONITORING AND RESPONDING TO 20 PRESCRIBING PATTERNS ACROSS THE STATE.

21 (L) THE CONSORTIUM SHALL SUBMIT TO THE GOVERNOR AND, IN 22 ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL 23 ASSEMBLY:

(1) ON OR BEFORE JANUARY 1, 2016, A REPORT THAT INCLUDES ANY
 INITIAL RECOMMENDATIONS OF THE CONSORTIUM FOR THE STRATEGIC STATEWIDE
 PLAN;

(2) ON OR BEFORE JANUARY 1, 2017, A REPORT THAT INCLUDES THE
 FINALIZED STRATEGIC STATEWIDE PLAN AND ANY RECOMMENDATIONS FOR
 LEGISLATIVE ACTION TO IMPLEMENT THE PLAN; AND

30 (3) ON OR BEFORE JANUARY 1, 2018, AND ON JANUARY 1 OF EACH
31 YEAR THEREAFTER, A REPORT THAT INCLUDES AN UPDATE ON IMPLEMENTATION
32 OF THE STRATEGIC STATEWIDE PLAN AND ANY REVISIONS THAT HAVE BEEN MADE
33 TO THE STRATEGIC STATEWIDE PLAN BY THE CONSORTIUM.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 2 1, 2015. It shall remain effective for a period of 6 years and, at the end of May 31, 2021, 3 with no further action required by the General Assembly, this Act shall be abrogated and 4 of no further force and effect.