

HOUSE BILL 1267

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By: **Delegate Morhaim**

Introduced and read first time: February 12, 2016

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Poly-Morphone-Assisted Treatment Pilot Program – Harm Reduction**
3 **Act of 2016**

4 FOR the purpose of establishing the Poly-Morphone-Assisted Treatment Pilot Program;
5 requiring the Program to begin on or before a certain date and to continue for a
6 certain number of years; providing for the purpose of the Program; establishing the
7 Poly-Morphone-Assisted Treatment Pilot Program Advisory Board; providing for
8 the purpose and membership of the Advisory Board; providing for the terms of the
9 members of the Advisory Board; requiring the Secretary of Health and Mental
10 Hygiene to designate the chair of the Advisory Board; providing that a member of
11 the Advisory Board may not receive certain compensation, but is entitled to certain
12 reimbursement; requiring the Department of Health and Mental Hygiene to provide
13 staff support for the Advisory Board; requiring a certain health care facility to submit
14 a certain proposal to participate in the Program; requiring the Advisory Board to
15 review certain proposals; requiring the Advisory Board, within a certain time period
16 after receiving a certain proposal, to approve a health care facility for participation
17 in the Program under certain circumstances or to deny the request to participate in
18 the Program in a certain manner; requiring a health care facility that participates
19 in the Program to conduct certain research, adopt certain guidelines and protocols,
20 and take certain measures to develop and implement the Program; authorizing
21 certain persons to provide and receive certain treatment, notwithstanding certain
22 provisions of law; prohibiting the provision or receipt of certain treatment from being
23 a basis for a certain seizure or forfeiture, notwithstanding certain provisions of law;
24 prohibiting the imposition of certain penalties on certain persons based solely on the
25 provision or receipt of certain treatment, notwithstanding certain provisions of law;
26 authorizing certain providers to collect or attempt to collect certain fees and certain
27 reimbursement, notwithstanding certain provisions of law; authorizing recipients of
28 services under the Program to remit payment for certain fees, notwithstanding
29 certain provisions of law; authorizing certain health insurance carriers to reimburse
30 certain providers for certain fees, notwithstanding certain provisions of law;
31 providing that certain health care practitioners may not be subject to certain

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 disciplinary action under certain circumstances; exempting certain providers from
2 certain requirements under the Prescription Drug Monitoring Program under
3 certain circumstances; authorizing certain providers to fund the costs of providing
4 certain treatment under the Program with certain appropriations, certain revenue,
5 certain grants and assistance, and certain money; requiring certain health care
6 facilities to submit certain reports to the Department and Advisory Board on or
7 before certain dates; requiring the Department to submit certain compilations of
8 certain reports to the Governor and to the General Assembly on or before certain
9 dates; defining certain terms; providing for the termination of this Act; and generally
10 relating to the Poly-Morphone-Assisted Treatment Pilot Program.

11 BY adding to
12 Article – Health – General
13 Section 8–1101 through 8–1108 to be under the new subtitle “Subtitle 11.
14 Poly-Morphone-Assisted Treatment Pilot Program”
15 Annotated Code of Maryland
16 (2015 Replacement Volume)

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

19 **Article – Health – General**

20 **SUBTITLE 11. POLY-MORPHONE-ASSISTED TREATMENT PILOT PROGRAM.**

21 **8–1101.**

22 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
23 INDICATED.

24 (B) “ADVISORY BOARD” MEANS THE POLY-MORPHONE-ASSISTED
25 TREATMENT PILOT PROGRAM ADVISORY BOARD ESTABLISHED UNDER THIS
26 SUBTITLE.

27 (C) “HEALTH CARE FACILITY” MEANS A FACILITY OR OFFICE WHERE
28 HEALTH OR MEDICAL CARE IS PROVIDED TO PATIENTS BY A HEALTH CARE
29 PRACTITIONER.

30 (D) “HEALTH CARE PRACTITIONER” MEANS A PERSON WHO IS:

31 (1) LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE
32 HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE
33 ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION; AND

1 **(2) AUTHORIZED TO PRESCRIBE DRUGS UNDER THE HEALTH**
2 **OCCUPATIONS ARTICLE.**

3 **(E) “OPIOID–DEPENDENT INDIVIDUAL” MEANS AN INDIVIDUAL WHO HAS AN**
4 **OPIOID DEPENDENCE.**

5 **(F) (1) “OPIOID DEPENDENCE” HAS THE MEANING STATED IN THE**
6 **DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, 4TH EDITION,**
7 **PUBLISHED BY THE AMERICAN PSYCHIATRIC ASSOCIATION.**

8 **(2) “OPIOID DEPENDENCE” INCLUDES:**

9 **(I) A MALADAPTIVE PATTERN OF SUBSTANCE USE LEADING TO**
10 **CLINICALLY SIGNIFICANT IMPAIRMENT OR DISTRESS; AND**

11 **(II) A COMBINATION OF SEVERAL OF THE FOLLOWING SIGNS**
12 **AND SYMPTOMS:**

13 **1. INCREASING DRUG TOLERANCE;**

14 **2. WITHDRAWAL SIGNS AND SYMPTOMS;**

15 **3. A DESIRE OR UNSUCCESSFUL EFFORTS TO CUT DOWN**
16 **OR CONTROL SUBSTANCE USE;**

17 **4. LOSS OF SOCIAL, OCCUPATIONAL, OR RECREATIONAL**
18 **ACTIVITIES BECAUSE OF SUBSTANCE USE; AND**

19 **5. CONTINUING SUBSTANCE USE DESPITE**
20 **CONSEQUENCES.**

21 **(G) “PHARMACEUTICAL–GRADE HEROIN” MEANS DIACETYLMORPHINE OR**
22 **ITS EQUIVALENT.**

23 **(H) “POLY–MORPHONE–ASSISTED TREATMENT” MEANS THE**
24 **ADMINISTERING OR DISPENSING OF PHARMACEUTICAL–GRADE HEROIN,**
25 **HYDROMORPHONE, OR OTHER OPIATES BY A HEALTH CARE PRACTITIONER IN A**
26 **HEALTH CARE FACILITY TO SELECT OPIOID–DEPENDENT INDIVIDUALS.**

27 **(I) “PROGRAM” MEANS THE POLY–MORPHONE–ASSISTED TREATMENT**
28 **PILOT PROGRAM ESTABLISHED UNDER THIS SUBTITLE.**

1 (IV) ONE ADDICTION COUNSELOR;

2 (V) ONE REPRESENTATIVE OF LAW ENFORCEMENT; AND

3 (VI) ONE REPRESENTATIVE FROM A SCHOOL OF PUBLIC HEALTH
4 WITH EXPERTISE IN ADDICTION TREATMENT.

5 (C) (1) (I) THE TERM OF AN APPOINTED MEMBER IS 3 YEARS.

6 (II) THE TERMS OF THE APPOINTED MEMBERS ARE STAGGERED
7 AS REQUIRED BY THE TERMS PROVIDED ON OCTOBER 1, 2016.

8 (III) AT THE END OF A TERM, AN APPOINTED MEMBER
9 CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

10 (IV) AN APPOINTED MEMBER MAY NOT SERVE MORE THAN TWO
11 CONSECUTIVE FULL TERMS.

12 (V) AN APPOINTED MEMBER WHO IS APPOINTED AFTER A TERM
13 HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS
14 APPOINTED AND QUALIFIES.

15 (2) THE SECRETARY SHALL DESIGNATE THE CHAIR FROM AMONG
16 THE MEMBERS OF THE ADVISORY BOARD.

17 (3) A MAJORITY OF THE MEMBERS PRESENT AT A MEETING IS A
18 QUORUM.

19 (4) A MEMBER OF THE ADVISORY BOARD:

20 (I) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
21 ADVISORY BOARD; BUT

22 (II) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER
23 THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE
24 BUDGET.

25 (5) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL
26 PROVIDE STAFF SUPPORT FOR THE ADVISORY BOARD.

27 (D) THE PURPOSE OF THE ADVISORY BOARD IS TO:

1 **(1) REVIEW PROPOSALS SUBMITTED BY HEALTH CARE FACILITIES**
2 **REQUESTING PARTICIPATION IN THE PROGRAM; AND**

3 **(2) APPROVE HEALTH CARE FACILITIES THAT DEMONSTRATE AN**
4 **ABILITY TO CARRY OUT THE REQUIREMENTS FOR PROGRAM PROVIDERS**
5 **ESTABLISHED UNDER § 8-1105 OF THIS SUBTITLE AND HEALTH CARE**
6 **PRACTITIONERS FOR PARTICIPATION IN THE PROGRAM.**

7 **8-1104.**

8 **(A) TO PARTICIPATE IN THE PROGRAM, A HEALTH CARE FACILITY SHALL**
9 **SUBMIT A PROPOSAL TO THE DEPARTMENT REQUESTING APPROVAL TO**
10 **PARTICIPATE IN THE PROGRAM.**

11 **(B) THE ADVISORY BOARD SHALL REVIEW EACH PROPOSAL SUBMITTED**
12 **UNDER SUBSECTION (A) OF THIS SECTION.**

13 **(C) WITHIN 30 DAYS AFTER RECEIVING A PROPOSAL SUBMITTED UNDER**
14 **SUBSECTION (A) OF THIS SECTION, THE ADVISORY BOARD SHALL:**

15 **(1) APPROVE A HEALTH CARE FACILITY FOR PARTICIPATION IN THE**
16 **PROGRAM IF THE FACILITY DEMONSTRATES IN ITS PROPOSAL ITS ABILITY TO CARRY**
17 **OUT THE REQUIREMENTS FOR PROGRAM PROVIDERS UNDER § 8-1105 OF THIS**
18 **SUBTITLE; OR**

19 **(2) DENY THE REQUEST TO PARTICIPATE IN THE PROGRAM, STATING:**

20 **(I) THE ADVISORY BOARD'S REASONS FOR THE DENIAL; AND**

21 **(II) MODIFICATIONS THAT MAY BE MADE TO THE PROPOSAL**
22 **SUBMITTED TO OBTAIN APPROVAL FROM THE ADVISORY BOARD TO PARTICIPATE IN**
23 **THE PROGRAM.**

24 **8-1105.**

25 **A HEALTH CARE FACILITY THAT PARTICIPATES IN THE PROGRAM SHALL**
26 **CONDUCT RESEARCH, ADOPT GUIDELINES AND PROTOCOLS, AND TAKE MEASURES**
27 **NECESSARY TO DEVELOP AND IMPLEMENT THE PROGRAM, INCLUDING:**

28 **(1) ASCERTAINING NUMBERS, TRENDS, PATTERNS, RISK FACTORS,**
29 **AND DEMOGRAPHIC DATA RELATED TO OPIOID DEPENDENCE IN THE STATE;**

1 **(2) REVIEWING THE HEROIN-ASSISTED TREATMENT STUDIES AND**
2 **PROGRAMS IMPLEMENTED IN OTHER COUNTRIES AND DETERMINING BEST**
3 **PRACTICES;**

4 **(3) DEVELOPING CRITERIA FOR SELECTING THE HEALTH CARE**
5 **FACILITIES AND HEALTH CARE PRACTITIONERS WHO WILL PARTICIPATE IN THE**
6 **PROGRAM;**

7 **(4) ESTABLISHING SCREENING AND ELIGIBILITY CRITERIA FOR**
8 **INDIVIDUALS WHO WILL RECEIVE TREATMENT PROVIDED UNDER THE PROGRAM;**

9 **(5) DEVELOPING AN EFFECTIVE RECRUITMENT STRATEGY FOR**
10 **INDIVIDUALS WHO WILL RECEIVE TREATMENT IN THE PROGRAM;**

11 **(6) ESTABLISHING ASSESSMENT AND TREATMENT PROTOCOLS;**

12 **(7) ESTABLISHING BEST CLINICAL PRACTICES FOR CONTINUITY OF**
13 **CARE AND ACUTE CARE FOR UNMET OR URGENT MEDICAL AND PSYCHIATRIC NEEDS**
14 **OF PROGRAM RECIPIENTS;**

15 **(8) (I) COORDINATING WITH THE FEDERAL GOVERNMENT TO**
16 **OBTAIN PHARMACEUTICAL-GRADE HEROIN AND OTHER OPIATES REQUIRED FOR**
17 **USE IN THE PROGRAM; OR**

18 **(II) IF UNABLE TO OBTAIN PHARMACEUTICAL-GRADE HEROIN**
19 **AND OTHER OPIATES IN COORDINATION WITH THE FEDERAL GOVERNMENT,**
20 **CONDUCTING AN INVENTORY OF AVAILABLE SOURCES OF**
21 **PHARMACEUTICAL-GRADE HEROIN AND OTHER OPIATES AND CONTRACTING WITH**
22 **THE BEST AVAILABLE SOURCE FOR THE RECEIPT OF THESE DRUGS REQUIRED FOR**
23 **USE IN THE PROGRAM;**

24 **(9) DEVELOPING A BROAD-BASED EVALUATION OF THE PROGRAM**
25 **THAT:**

26 **(I) MEASURES OUTCOMES FOR PROGRAM RECIPIENTS,**
27 **INCLUDING:**

28 **1. RETENTION IN TREATMENT;**

29 **2. MORBIDITY AND MORTALITY;**

30 **3. CONTINUING OR NEW ILLICIT DRUG USE;**

1 4. **THE COST OF TREATMENT; AND**

2 5. **THE COMMISSION OF CRIMES AND OTHER SOCIETAL**
3 **OUTCOMES;**

4 (ii) **INCLUDES A COMPARISON TO OTHER TREATMENT**
5 **METHODS AND INTERVENTIONS; AND**

6 (iii) **ESTABLISHES PROCEDURES FOR DATA COLLECTION; AND**

7 (10) **ESTABLISHING A PLAN FOR THE STORAGE AND ADMINISTRATION**
8 **OF PHARMACEUTICAL-GRADE HEROIN, HYDROMORPHONE, AND OTHER OPIATES**
9 **PROVIDED UNDER THE PROGRAM.**

10 **8-1106.**

11 (A) **NOTWITHSTANDING ANY OTHER PROVISION OF STATE OR LOCAL LAW:**

12 (1) **A PROGRAM PROVIDER MAY PROVIDE**
13 **POLY-MORPHONE-ASSISTED TREATMENT TO PROGRAM RECIPIENTS;**

14 (2) **A PROGRAM RECIPIENT MAY RECEIVE**
15 **POLY-MORPHONE-ASSISTED TREATMENT FROM A PROGRAM PROVIDER;**

16 (3) **THE PROVISION OR RECEIPT OF POLY-MORPHONE-ASSISTED**
17 **TREATMENT AUTHORIZED UNDER THE PROGRAM MAY NOT BE A BASIS FOR THE**
18 **SEIZURE OR FORFEITURE OF ANY PRODUCTS, MATERIALS, EQUIPMENT, PROPERTY,**
19 **OR ASSETS;**

20 (4) **A STATE OR LOCAL CRIMINAL, CIVIL, OR ADMINISTRATIVE**
21 **PENALTY MAY NOT BE IMPOSED ON ANY PERSON PARTICIPATING IN THE PROGRAM**
22 **BASED SOLELY ON THE PROVISION OR RECEIPT OF POLY-MORPHONE-ASSISTED**
23 **TREATMENT PROVIDED UNDER THE PROGRAM;**

24 (5) **A PROGRAM PROVIDER MAY:**

25 (i) **COLLECT OR ATTEMPT TO COLLECT FEES FROM A**
26 **PROGRAM RECIPIENT FOR POLY-MORPHONE-ASSISTED TREATMENT AND OTHER**
27 **HEALTH CARE SERVICES; AND**

28 (ii) **OBTAIN OR ATTEMPT TO OBTAIN REIMBURSEMENT FOR**
29 **POLY-MORPHONE-ASSISTED TREATMENT AND OTHER HEALTH CARE SERVICES**

1 PROVIDED TO A PROGRAM RECIPIENT FROM A HEALTH INSURANCE CARRIER THAT
2 PROVIDES COVERAGE FOR SERVICES PROVIDED TO THE PROGRAM RECIPIENT;

3 (6) A PROGRAM RECIPIENT MAY REMIT PAYMENT FOR FEES
4 CHARGED BY A PROGRAM PROVIDER FOR POLY-MORPHONE-ASSISTED TREATMENT
5 AND OTHER HEALTH CARE SERVICES PROVIDED TO THE PROGRAM RECIPIENT; AND

6 (7) A HEALTH INSURANCE CARRIER THAT PROVIDES COVERAGE FOR
7 SERVICES PROVIDED TO A PROGRAM RECIPIENT MAY REIMBURSE A PROGRAM
8 PROVIDER FOR FEES CHARGED BY THE PROGRAM PROVIDER FOR
9 POLY-MORPHONE-ASSISTED TREATMENT AND OTHER HEALTH CARE SERVICES
10 PROVIDED TO THE PROGRAM RECIPIENT.

11 (B) A HEALTH CARE PRACTITIONER WHO PARTICIPATES IN THE PROGRAM
12 MAY NOT BE SUBJECT TO ANY DISCIPLINARY ACTION UNDER THE HEALTH
13 OCCUPATIONS ARTICLE SOLELY FOR THE ACT OF PROVIDING
14 POLY-MORPHONE-ASSISTED TREATMENT THAT IS IN ACCORDANCE WITH
15 PROTOCOLS AND GUIDELINES APPROVED BY THE ADVISORY BOARD UNDER §
16 8-1104 OF THIS SUBTITLE.

17 (C) A PROGRAM PROVIDER IS EXEMPT FROM ANY REQUIREMENTS
18 ESTABLISHED UNDER TITLE 21, SUBTITLE 2A OF THIS ARTICLE WHEN PROVIDING
19 POLY-MORPHONE-ASSISTED TREATMENT TO RECIPIENTS IN THE PROGRAM.

20 8-1107.

21 A PROGRAM PROVIDER MAY FUND THE COSTS OF PROVIDING
22 POLY-MORPHONE-ASSISTED TREATMENT UNDER THE PROGRAM WITH:

23 (1) APPROPRIATIONS PROVIDED IN THE STATE BUDGET;

24 (2) REVENUE FROM FEES CHARGED FOR
25 POLY-MORPHONE-ASSISTED TREATMENT AND OTHER HEALTH CARE SERVICES
26 PROVIDED TO PROGRAM RECIPIENTS;

27 (3) GRANTS OR OTHER ASSISTANCE FROM FEDERAL, STATE, OR
28 LOCAL GOVERNMENT; AND

29 (4) ANY OTHER MONEY MADE AVAILABLE TO THE PROGRAM
30 PROVIDER FROM ANY PUBLIC OR PRIVATE SOURCE.

31 8-1108.

1 **(A) (1) ON OR BEFORE NOVEMBER 30, 2018, AND ON OR BEFORE**
2 **NOVEMBER 1 OF EACH SUBSEQUENT YEAR, A HEALTH CARE FACILITY THAT**
3 **PARTICIPATES IN THE PROGRAM SHALL SUBMIT A REPORT ON THE STATUS OF**
4 **IMPLEMENTING THE PROGRAM TO THE DEPARTMENT AND THE ADVISORY BOARD.**

5 **(2) THE REPORT REQUIRED ON OR BEFORE NOVEMBER 1, 2021,**
6 **SHALL INCLUDE:**

7 **(I) AN ANALYSIS OF THE PROGRAM EVALUATION DATA;**

8 **(II) A DETERMINATION OF WHETHER THE PROGRAM DIRECTLY**
9 **RESULTS IN:**

10 1. **HEALTH RISKS THAT OUTWEIGH THE BENEFITS TO**
11 **PROGRAM RECIPIENTS; AND**

12 2. **SIGNIFICANT SAFETY CONSEQUENCES TO THE**
13 **PUBLIC;**

14 **(III) AN ASSESSMENT OF THE NEED FOR**
15 **POLY-MORPHONE-ASSISTED TREATMENT;**

16 **(IV) ANY RECOMMENDATIONS AND CONCLUSIONS CONCERNING**
17 **THE DESIRABILITY OF TRANSITIONING THE PROGRAM INTO A PERMANENT**
18 **POLY-MORPHONE-ASSISTED TREATMENT PROGRAM;**

19 **(V) AN EVALUATION OF THE NEED TO EXPAND THE PROGRAM**
20 **TO INCLUDE ADDITIONAL LOCATIONS AND PARTICIPANTS;**

21 **(VI) A DETERMINATION OF WHETHER ANY MODIFICATIONS OR**
22 **ADDITIONS TO THE GUIDELINES OR PROTOCOLS GOVERNING THE PROGRAM ARE**
23 **NECESSARY TO TRANSITION THE PROGRAM TO A PERMANENT**
24 **POLY-MORPHONE-ASSISTED TREATMENT PROGRAM; AND**

25 **(VII) A RECOMMENDATION AS TO WHETHER PROGRAM**
26 **RECIPIENTS WHO HAVE BENEFITED FROM PARTICIPATION IN THE PROGRAM, AS**
27 **MEDICALLY DETERMINED BY A PHYSICIAN, SHOULD HAVE COMPASSIONATE ACCESS**
28 **TO POLY-MORPHONE-ASSISTED TREATMENT FOLLOWING THE CONCLUSION OF THE**
29 **PROGRAM.**

30 **(B) ON OR BEFORE DECEMBER 30, 2018, AND ON OR BEFORE DECEMBER 1**
31 **OF EACH SUBSEQUENT YEAR, THE DEPARTMENT SHALL SUBMIT A COMPILATION OF**
32 **THE REPORTS REQUIRED UNDER SUBSECTION (A)(1) OF THIS SECTION TO THE**

1 GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT
2 ARTICLE, THE GENERAL ASSEMBLY.

3 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
4 October 1, 2016. It shall remain effective for a period of 5 years and 9 months and, at the
5 end of June 30, 2022, with no further action required by the General Assembly, this Act
6 shall be abrogated and of no further force and effect.