Chapter 348

(Senate Bill 97)

AN ACT concerning

Public Health – Opioid-Associated Disease Prevention and Outreach Programs

FOR the purpose of repealing the Prince George's County AIDS Prevention Sterile Needle and Syringe Exchange Program; authorizing the establishment of Opioid-Associated Disease Prevention and Outreach Programs by certain entities; authorizing a county to cooperate with another county to establish a Program; requiring a local health department or a certain community-based organization to apply to the Department of Health and Mental Hygiene and a local health officer for authorization to operate a Program; authorizing a local health department or a certain community-based organization to apply at any time for authorization to operate a Program; requiring the Department and a local health officer to jointly issue a certain determination; requiring the Department and a local health officer to approve or deny an application for authorization to operate a Program within a certain time period and to provide a certain explanation; authorizing a local health department or a certain community-based organization to appeal a certain decision to the Deputy Secretary for Public Health Services; requiring the Deputy Secretary to grant or deny a certain appeal within a certain time period and to provide a written explanation of a certain decision; requiring a Program to provide for the exchange by participants of used hypodermic needles and syringes; requiring a Program to operate in accordance with procedures approved by certain local health officers and the Department of Health and Mental Hygiene, on the recommendation of a certain committee; requiring a Program to be designed and maintained to provide security of exchange Program locations and equipment, in accordance with certain regulations; requiring a Program to be operated to allow participants to exchange used obtain and retain hypodermic needles at any exchange Program location; requiring a Program to include appropriate levels of staff expertise and training; requiring a Program to provide for the dissemination of other preventive means of curtailing the spread of certain diseases; requiring a Program to provide linkage to drug counseling and treatment certain additional services; requiring a Program to educate individuals who inject drugs participants on the dangers of contracting certain diseases through needle sharing practices and unsafe sexual behaviors; requiring a Program to provide overdose prevention education and access to naloxone or a certain referral; requiring a Program to establish procedures for identifying Program participants that are consistent with certain confidentiality provisions; requiring a Program to develop a plan for data collection and Program evaluation in accordance with certain regulations; authorizing a Program to provide certain additional services; requiring a Program to develop certain operating procedures, a certain outreach plan, and a certain protocol with the advice technical assistance of a certain committee; requiring a Program, on the recommendation by after receiving technical assistance from a certain committee, to submit certain operating procedures, a certain outreach plan, and a certain protocol to certain local
health officers and the Department of Health and Mental Hygiene for approval or disapproval; establishing a certain committee; requiring a certain committee to provide certain advice technical assistance and recommendations; requiring the Department of Health and Mental Hygiene to adopt certain regulations and ensure the provision of certain technical assistance; requiring that a Program participant be issued a certain identification card; requiring a Program to collect and report, at certain intervals, certain data to the Department; providing that certain information about a Program participant is confidential; providing that a Program staff member, Program volunteer, or Program participant may not be found guilty of violating certain laws arrested, charged, or prosecuted for certain violations under certain circumstances; providing for the application of this Act; defining certain terms; and generally relating to Opioid–Associated Disease Prevention and Outreach Programs.

BY repealing

Article – Health – General
Section 24–901 through 24–909 and the subtitle “Subtitle 9. Prince George’s County AIDS Prevention Sterile Needle and Syringe Exchange Program”
Annotated Code of Maryland
(2015 Replacement Volume)

BY adding to

Article – Health – General
Section 24–901 through 24–908 to be under the new subtitle “Subtitle 9. Opioid–Associated Disease Prevention and Outreach Programs”
Annotated Code of Maryland
(2015 Replacement Volume)

Preamble

WHEREAS, Infectious diseases, such as HIV, hepatitis B, and hepatitis C and viral hepatitis, persist in Maryland, with injection drug use as a frequent cause of transmission, and there is a need to control the spread of these diseases; and

WHEREAS, Syringe exchange services programs provide access to individuals who inject drugs and engage these individuals in sexually transmitted infection screening, testing, and treatment; hepatitis C screening, testing, and treatment; and HIV screening, testing, and long–term care or pre–exposure prophylaxis; and

WHEREAS, Syringe exchange services programs provide comprehensive services for individuals at risk of HIV, hepatitis C viral hepatitis, injection–related wounds, and drug overdose, ultimately decreasing the risk of each negative outcome for the individual; and

WHEREAS, Syringe exchange services programs have contributed to decreases in the incidence of HIV and hepatitis C viral hepatitis in areas in which the programs operate, including in Baltimore City; and
WHEREAS, Syringe exchange services programs enhance the collection of data and information on substance–related disorder trends and patterns; and

WHEREAS, Overdose deaths in Maryland have increased dramatically, specifically from opioid use leading to heroin use, and syringe exchange services programs provide an opportunity to provide overdose prevention education and distribute naloxone directly to individuals at risk of overdose; and

WHEREAS, Syringe exchange services programs provide an opportunity to link individuals who inject drugs to substance–related disorder treatment and other health services; and

WHEREAS, Syringe exchange services programs assist individuals who inject drugs by preventing injection–related wounds and decreasing emergency room visits and associated costs; and

WHEREAS, Syringe exchange services programs have been shown to decrease the presence of syringes and needles in public places; and

WHEREAS, Syringe exchange services programs provide for proper disposal of contaminated syringes, reducing the number of improperly, casually disposed of syringes that become litter; and

WHEREAS, Syringe exchange services programs have been shown to decrease crime rates in areas in which the programs operate, and their operation is supported by law enforcement; and

WHEREAS, Syringe exchange services programs have a public health impact that is cost effective; now, therefore,


SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 9. OPIOID–ASSOCIATED DISEASE PREVENTION AND OUTREACH PROGRAMS.

24–901.
(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “COMMUNITY–BASED ORGANIZATION” “COMMUNITY–BASED ORGANIZATION” MEANS AN A PUBLIC OR PRIVATE ORGANIZATION THAT IS REPRESENTATIVE OF A COMMUNITY OR SIGNIFICANT SEGMENTS OF A COMMUNITY AND PROVIDES EDUCATIONAL, HEALTH, OR SOCIAL SERVICES TO INDIVIDUALS IN THE COMMUNITY.

(C) “COUNTY” DOES NOT INCLUDE BALTIMORE CITY.

(D) (C) “DRUG” HAS THE MEANING STATED IN § 8–101 OF THIS ARTICLE.

(E) “HEPATITIS C VIRUS” HAS THE MEANING STATED IN A CASE DEFINITION ADOPTED BY THE FEDERAL CENTERS FOR DISEASE CONTROL AND PREVENTION.

(F) (D) “HIV” MEANS THE HUMAN IMMUNODEFICIENCY VIRUS THAT CAUSES ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

(G) “LOCAL HEALTH OFFICER” DOES NOT INCLUDE THE BALTIMORE CITY COMMISSIONER OF HEALTH.

(H) (E) “PARTICIPANT” MEANS AN INDIVIDUAL WHO HAS REGISTERED WITH A PROGRAM.

(I) (F) “PROGRAM” MEANS AN OPIOID–ASSOCIATED DISEASE PREVENTION AND OUTREACH PROGRAM.

(J) (G) “RESIDUE” MEANS THE DRIED REMAINS OF A CONTROLLED DANGEROUS SUBSTANCE ATTACHED TO OR CONTAINED WITHIN A HYPODERMIC NEEDLE OR SYRINGE.

(K) (H) “SUBSTANCE–RELATED DISORDER” HAS THE MEANING STATED IN § 7.5–101 OF THIS ARTICLE.

(I) “VIRAL HEPATITIS” MEANS INFLAMMATION OF THE LIVER CAUSED BY THE HEPATITIS A, B, C, D, AND E VIRUSES.

24–902.

(A) (1) A PROGRAM MAY BE ESTABLISHED BY A LOCAL HEALTH DEPARTMENT OR A COMMUNITY–BASED ORGANIZATION, SUBJECT TO THE PROVISIONS OF THIS SUBTITLE.
(2)  (1) A county may cooperate with another county to establish a program.

(II) A community–based organization may establish a multicounty program.

(3) This subtitle does not apply to the AIDS prevention sterile needle and syringe exchange pilot program established under subtitle 8 of this title.

(B)  (1) A local health department or community–based organization shall apply to the department and a local health officer for authorization to operate a program.

(II) A local health department or community–based organization may apply at any time for authorization to operate a program under subparagraph (i) of this paragraph.

(2) The department and a local health officer jointly shall issue an authorization determination based on the ability of a program to meet the requirements of this subtitle.

(3) The department and a local health officer shall:

(1) Approve or deny an application for authorization to operate a program within 60 days after receiving a complete application; and

(II) Provide to the applicant a written explanation of the decision of the department and local health officer.

(4)  (1) A local health department or community–based organization may appeal an adverse decision by the department and a local health officer to the deputy secretary for public health services.

(II) The deputy secretary shall:

1. Grant or deny an appeal within 60 days after receiving an appeal; and

2. Provide a written explanation of the deputy secretary’s decision to the local health department or community–based organization.
(B)(C) IF ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION, A PROGRAM SHALL:

(1) PROVIDE FOR SUBSTANCE USE OUTREACH, EDUCATION, AND LINKAGE TO TREATMENT SERVICES, INCLUDING THE EXCHANGE BY PARTICIPANTS OF USED HYPODERMIC NEEDLES AND SYRINGES FOR STERILE SERVICES TO PARTICIPANTS, INCLUDING DISTRIBUTION AND COLLECTION OF HYPODERMIC NEEDLES AND SYRINGES; AND

(2) OPERATE IN ACCORDANCE WITH:

   (I) THE ADVICE TECHNICAL ASSISTANCE OF THE STANDING ADVISORY COMMITTEE; AND

   (II) THE PROCEDURES, PLANS, AND PROTOCOLS APPROVED BY:

       1. THE LOCAL HEALTH OFFICER FOR EACH COUNTY IN WHICH A PROGRAM IS ESTABLISHED; AND

       2. THE DEPARTMENT.

24–903.

(A) A PROGRAM SHALL:

(1) BE DESIGNED AND MAINTAINED TO PROVIDE SECURITY OF EXCHANGE PROGRAM LOCATIONS AND EQUIPMENT, IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE DEPARTMENT;

(2) BE OPERATED TO ALLOW PARTICIPANTS TO EXCHANGE USED OBTAIN AND RETURN HYPODERMIC NEEDLES AND SYRINGES AT ANY EXCHANGE PROGRAM LOCATION, IF MORE THAN ONE LOCATION IS AVAILABLE;

(3) INCLUDE APPROPRIATE LEVELS OF STAFF EXPERTISE IN WORKING WITH INDIVIDUALS WHO INJECT DRUGS;

(4) INCLUDE ADEQUATE STAFF TRAINING IN PROVIDING COMMUNITY REFERRALS, COUNSELING, AND PREVENTIVE EDUCATION;

(5) PROVIDE FOR THE DISSEMINATION OF OTHER PREVENTIVE MEANS FOR CURTAILING THE SPREAD OF HIV AND THE HEPATITIS C VIRUS VIRTUAL HEPATITIS;
(6) Provide linkage to substance-related disorder counseling, treatment, and recovery services; additional services, including:

(i) Substance-related disorder counseling, treatment, and recovery services;

(ii) Testing for HIV, viral hepatitis, and sexually transmitted diseases;

(iii) Reproductive health education and services;

(iv) Wound care; and

(v) The services of an overdose response program under Title 13, Subtitle 31 of this article;

(7) Educate individuals who inject drugs participants on the dangers of contracting HIV, the hepatitis B virus, and the hepatitis C virus through needle-sharing practices and unsafe sexual behaviors; HIV and viral hepatitis;

(8) Provide overdose prevention education and access to naloxone, or a referral for a participant to obtain naloxone;

(8) (9) Establish procedures for identifying program participants that are consistent with the confidentiality provisions of this subtitle;

(9) (10) Establish a method of identification and authorization for program staff members and program volunteers who have access to hypodermic needles, syringes, or program records; and

(10) (11) Develop a plan for data collection and program evaluation in accordance with regulations adopted by the Department.

(B) A program may offer additional services, including:

(1) Substance-related disorder counseling, treatment, and recovery services;
(2) Testing for HIV, viral hepatitis, and sexually transmitted diseases;

(3) Reproductive health education and services;

(4) Wound care; and

(5) The services of an overdose response program under Title 13, Subtitle 31 of this article.

(B) (C) With the advice technical assistance of the standing advisory committee, a program shall develop:

(1) Program operating procedures for the furnishing and exchange distribution, collection, and safe disposal of hypodermic needles and syringes to individuals who inject drugs;

(2) A community outreach and education plan; and

(3) A protocol for linking program participants to substance-related disorder treatment and recovery services.

(C) (D) On the recommendation of after receiving technical assistance from the standing advisory committee, a program shall submit the operating procedures, plan for community outreach and education, and protocol for linking program participants to substance-related disorder treatment and recovery services developed under subsection (B) (C) of this section for approval or disapproval before implementation to:

(1) The local health officer for each county in which a program is established; and

(2) The department.

24–904.

(A) The department shall appoint a standing advisory committee on opioid–associated disease prevention and outreach programs.

(B) The standing advisory committee shall consist of:

(1) The deputy secretary for public health services;
(2) ONE INDIVIDUAL FROM ACADEMIA WHO SPECIALIZES IN PUBLIC HEALTH ISSUES RELATED TO SUBSTANCE–RELATED DISORDERS OR INFECTIOUS DISEASES;

(3) ONE REPRESENTATIVE FROM LAW ENFORCEMENT, NOMINATED BY THE EXECUTIVE DIRECTOR OF THE GOVERNOR’S OFFICE OF CRIME CONTROL AND PREVENTION;

(4) ONE INDIVIDUAL WITH EXPERTISE IN THE PREVENTION OF HIV OR THE HEPATITIS C VIRUS VIRAL HEPATITIS;

(5) ONE SUBSTANCE–RELATED DISORDER COUNSELOR OR HEALTH CARE PRACTITIONER WITH EXPERIENCE PROVIDING SERVICES TO INDIVIDUALS WHO INJECT DRUGS;

(6) ONE INDIVIDUAL IN RECOVERY WHO INJECTED DRUGS WITH SUBSTANCE USE EXPERIENCE;

(7) ONE FAMILY MEMBER OF AN INDIVIDUAL WHO INJECTS OR HAS INJECTED DRUGS;

(7) (8) ONE REPRESENTATIVE OF LOCAL LAW ENFORCEMENT;

(8) (9) ONE LOCAL HEALTH OFFICER;

(9) (10) ONE REPRESENTATIVE OF A LOCAL OR REGIONAL HOSPITAL;

(10) (11) ONE INDIVIDUAL WITH EXPERIENCE IN SYRINGE EXCHANGE SERVICES PROGRAMS; AND

(11) (12) ANY ADDITIONAL MEMBERS RECOMMENDED BY THE DEPARTMENT.

(C) THE DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES SHALL SERVE AS CHAIR OF THE STANDING ADVISORY COMMITTEE.

(D) THE STANDING ADVISORY COMMITTEE SHALL:

(1) ADVISE PROVIDE TECHNICAL ASSISTANCE TO EACH PROGRAM ON DEVELOPING:
(I) **Program operating procedures for the furnishing and exchange collection and distribution of hypodermic needles and syringes to individuals who inject drugs;**

(II) **A plan for community outreach and education; and**

(III) **A protocol for linking Program participants to substance–related disorder treatment and recovery services; and**

(2) **Before a Program begins operating, review and make a recommendation for the approval or disapproval of the operating procedures, plan for community outreach and education, and protocol for linking Program participants to substance–related disorder treatment and recovery services to:**

(I) **The local health officer for each county in which a Program is located; and**

(II) **The Department; and**

(2) **Make recommendations to a Program regarding any aspect of Program procedures or operation.**

24–905.

(A) **The Department shall:**

(1) **Adopt regulations for the implementation of this subtitle, in consultation with the Standing Advisory Committee and the Maryland Association of County Health Officers; and**

(2) **Ensure the provision of technical assistance to a Program about best practices, best practice protocols, and other subject areas.**

(B) **The regulations adopted under subsection (A)(1) of this section shall include a plan for security of exchange locations and equipment, data collection, and Program evaluation. Establish:**

(1) **Procedures for ensuring the security of Program locations and equipment;**
(2) An appeals process for appeals authorized by § 29–902(b)(4) of this subtitle, including the standard of review that the Deputy Secretary for Public Health Services must apply when reviewing a decision of the Department and a local health officer; and

(3) Procedures for data collection and program evaluation.

24–906.

(A) (1) Each program participant shall be issued an a unique identification card with an a unique identification number.

(2) The unique identification number shall may not be cross-indexed to a confidential record containing pertinent any personal identifying data on the participant.

(B) Any information obtained by a Program that identifies program participants, including Program records, is:

(1) Confidential;

(2) Not open to public inspection or disclosure; and

(3) Not discoverable in any criminal or civil proceeding.

(C) (1) Notwithstanding the provisions of subsection (b) of this section, on the written consent of a Program participant, information obtained by a Program that identifies the Program participant may be released or disclosed to an individual or agency participating in a Program for purposes of linking to services under § 24–903(a)(6) of this subtitle.

(2) In addition to the provisions of paragraph (1) of this subsection, if a Program participant raises the issue of participation in a Program either as a subject matter or legal defense in an administrative, civil, or criminal proceeding, the Program participant waives the confidentiality as to identity provided under subsection (b) of this section.

(3) Substance–related treatment records requested or provided under this section are subject to any additional limitations on disclosure or re–disclosure of a medical record developed in

24–907.

A PROGRAM SHALL COLLECT AND REPORT AT LEAST ANNUALLY THE FOLLOWING DATA TO THE DEPARTMENT:

(1) THE NUMBER OF PARTICIPANTS SERVED BY THE PROGRAM;

(2) THE NUMBER OF NEW PARTICIPANTS REGISTERED BY THE PROGRAM DURING THE REPORTING PERIOD;

(3) DEMOGRAPHIC PROFILES OF PARTICIPANTS SERVED BY THE PROGRAM, INCLUDING:

   (I) AGE;

   (II) GENDER;

   (III) RACE;

   (IV) ZIP CODE; AND

   (V) TYPES OF DRUGS USED;

(4) THE NUMBER OF HYPODERMIC NEEDLES AND SYRINGES DISTRIBUTED AND COLLECTED;

(5) EACH LOCATION AT WHICH HYPODERMIC NEEDLES AND SYRINGES WERE DISTRIBUTED; AND

(6) THE NUMBER OF LINKAGES PROVIDED TO PARTICIPANTS UNDER § 24–903(A)(6) OF THIS SUBTITLE.


(A) NO A PROGRAM STAFF MEMBER, PROGRAM VOLUNTEER, OR PROGRAM PARTICIPANT MAY NOT BE FOUND GUILTY OF ARRESTED, CHARGED, OR PROSECUTED FOR VIOLATING § 5–601, § 5–619, § 5–620, § 5–902, OR § 5–904 OR § 5–902(C) OR (D) OF THE CRIMINAL LAW ARTICLE FOR POSSESSING OR DISTRIBUTING CONTROLLED PARAPHERNALIA OR DRUG PARAPHERNALIA WHENEVER THE POSSESSION OR DISTRIBUTION OF THE CONTROLLED
PARAPHERNALIA OR DRUG PARAPHERNALIA IS A DIRECT RESULT OF THE EMPLOYEE’S, VOLUNTEER’S, OR PARTICIPANT’S ACTIVITIES IN CONNECTION WITH THE WORK OF A PROGRAM AUTHORIZED UNDER THIS SUBTITLE.

(B) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (A) OF THIS SECTION, A PROGRAM STAFF MEMBER, PROGRAM VOLUNTEER, OR PROGRAM PARTICIPANT IS NOT IMMUNE FROM CRIMINAL PROSECUTION FOR:

(1) ANY ACTIVITIES NOT AUTHORIZED OR APPROVED BY A PROGRAM;

(2) THE POSSESSION OR DISTRIBUTION OF CONTROLLED PARAPHERNALIA OR DRUG PARAPHERNALIA OR ANY OTHER UNLAWFUL ACTIVITY OUTSIDE THE COUNTY LIMITS FOR ANY COUNTY IN WHICH A PROGRAM IS ESTABLISHED.


EXCEPT FOR VIOLATIONS OF ANY LAWS THAT COULD ARISE FROM RESIDUE ATTACHED TO OR CONTAINED WITHIN HYPODERMIC NEEDLES OR SYRINGES BEING RETURNED OR ALREADY RETURNED TO A PROGRAM, NOTHING IN THIS SUBTITLE PROVIDES IMMUNITY TO A PROGRAM STAFF MEMBER, PROGRAM VOLUNTEER, OR PROGRAM PARTICIPANT FROM CRIMINAL PROSECUTION FOR A VIOLATION OF ANY LAW PROHIBITING OR REGULATING THE USE, POSSESSION, DISPENSING, DISTRIBUTION, OR PROMOTION OF CONTROLLED DANGEROUS SUBSTANCES, DANGEROUS DRUGS, DETRIMENTAL DRUGS, OR HARMFUL DRUGS OR ANY CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THOSE OFFENSES.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2016.

Approved by the Governor, May 10, 2016.