Department of Legislative Services

Maryland General Assembly 2016 Session

FISCAL AND POLICY NOTE First Reader

House Bill 15 (Delegates Szeliga and Cassilly)

Health and Government Operations

Harford County - Suspected Overdoses - Reporting Requirement

This bill requires a physician, pharmacist, dentist, or nurse who treats an individual for a suspected overdose of a Schedule I controlled dangerous substance (CDS) in Harford County, or the individual in charge of the hospital that treats the individual, to notify the county sheriff, county police, or Department of State Police (DSP) of the suspected overdose within 48 hours after the individual is treated. The bill also specifies the information that must be included in the report. A person who fails to make the required report is guilty of a misdemeanor and on conviction is subject to a fine of up to \$25.

Fiscal Summary

State Effect: The criminal penalty provision of the bill does not materially affect State finances or operations; enforcement can be handled with existing resources.

Local Effect: The criminal penalty provision of the bill does not materially affect Harford County finances or operations; enforcement can be handled with existing resources.

Small Business Effect: Minimal.

Analysis

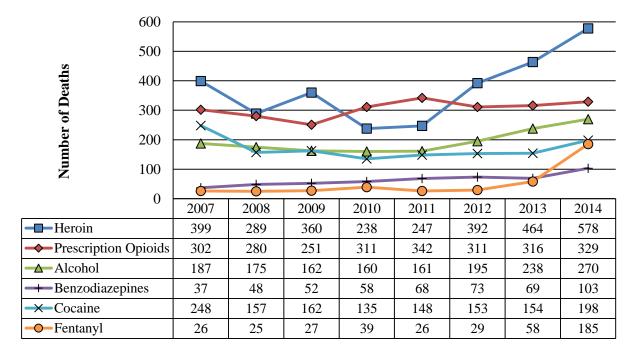
Current Law: Under the Health-General Article, a physician, pharmacist, dentist, or nurse who treats an individual for an injury caused by a gunshot, or the individual in charge of the hospital that does so, must notify the county sheriff, county police, or DSP as soon as practicable. Similar notification is also required for injuries caused by a moving, unanchored water vessel and, in Harford County (and other specified counties), for injuries

caused by an automobile accident or lethal weapon. A person who fails to make the required report is guilty of a misdemeanor, subject to a fine of up to \$25.

CDS are listed on one of five schedules (Schedules I through V) in the Criminal Law Article depending on their potential for abuse and acceptance for medical use. Schedule I substances include opium derivatives, such as heroin.

Background: According to the Department of Health and Mental Hygiene (DHMH), drug- and alcohol-related intoxication deaths in Maryland totaled 1,039 in 2014, a 21% increase since 2013 and a 60% increase since 2010. Of all intoxication deaths, 887 deaths (86%) were opioid-related, including deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl. Opioid-related deaths increased by 76% between 2010 and 2014. Heroin-related deaths more than doubled between 2010 and 2014, and they increased by 25% between 2013 and 2014. Preliminary data from DHMH shows that the number of intoxication deaths continued to increase in 2015, with 889 deaths from January through September 2015 compared to 767 deaths during the same period in 2014 (a 16% increase). **Exhibit 1** shows trends in drug- and alcohol-related intoxication deaths in Maryland from 2007 through 2014.

Exhibit 1
Drug- and Alcohol-related Intoxication Deaths by Selected Substances 2007-2014



Source: Department of Health and Mental Hygiene

In Harford County, the number of heroin-related deaths nearly doubled between 2010 (12 deaths) and 2014 (23 deaths). From January through September 2015, there were 20 heroin-related deaths in the county.

Additionally, the number of heroin-related emergency department visits in Maryland more than quadrupled between 2010 and 2014, escalating from 346 to 1,564 over that five-year period. In Harford County, the number of heroin-related emergency department visits similarly increased, from 14 in 2010 to 75 in 2014 (a fivefold increase).

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Drug and Alcohol-Related Intoxication Deaths in Maryland, 2014; Data Report: Drug and Alcohol-Related Emergency Department Visits in Maryland, 2008-2014; Harford County; Department of Health and Mental Hygiene; Department of State Police; Department of Legislative Services

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Analysis by: Sasika Subramaniam Direct Inquiries to: (410) 946-5510

(301) 970-5510