

HOUSE BILL 1329

J1, C3, F5

EMERGENCY BILL
ENROLLED BILL

(7lr3126)

— *Health and Government Operations/Finance* —

Introduced by Delegates Bromwell and Hayes, Hayes, Barron, Kipke, Reznik, Wilkins, Morhaim, Platt, Malone, Pena-Melnyk, B. Wilson, Folden, Frick, Angel, Cullison, Hill, Kelly, Metzgar, Miele, Morales, Morgan, Rosenberg, Saab, Sample-Hughes, Szeliga, West, and K. Young

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017**

3 FOR the purpose of requiring ~~certain institutions of higher education to offer credits in~~
4 ~~substance use disorders, effective treatment for substance use disorders, and pain~~
5 ~~management~~ the State Court Administrator of the Administrative Office of the
6 Courts to assess certain drug court programs to make certain determinations;
7 declaring a certain intent of the General Assembly relating to certain funding for
8 certain drug court programs; authorizing the Department of Health and Mental
9 Hygiene to deny, suspend, revoke, or refuse to renew a certain registration if a
10 certain applicant or a certain registrant has surrendered a certain federal
11 registration or fails to meet certain requirements to obtain a certain registration;
12 authorizing the Department of Health and Mental Hygiene to limit the scope of a

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 certain initial registration or renewal of a certain registration; requiring a drug
2 overdose fatality review team to review information on nonfatal overdoses at a
3 certain meeting; requiring a certain local drug overdose fatality review team, at the
4 request of the chair of the local team, to be provided access to certain information
5 and records related to an individual whose near fatality is being reviewed by the
6 local team; prohibiting the disclosure of identifying information of or of involvement
7 of an agency with an individual who has experienced an overdose or of certain
8 individuals related to an individual who has experienced an overdose during a public
9 meeting of a certain local team; requiring the Behavioral Health Administration to
10 establish ~~at least a certain number of~~ certain crisis treatment centers that provide
11 individuals who are ~~in a~~ in a mental health or substance use disorder crisis with
12 access to certain clinical staff; ~~requiring that at least one crisis treatment center be~~
13 ~~located in each geographical region of the State;~~ requiring that at least one crisis
14 treatment center be established on or before a certain date; requiring the
15 Administration to establish the crisis treatment centers in a manner that is
16 consistent with a certain plan; requiring the Administration to submit a certain
17 report to a certain committee beginning on or before a certain date, and on or before
18 a certain date each year thereafter, until the Administration establishes ~~a certain~~
19 ~~number of~~ certain crisis treatment centers; requiring the Department of Health and
20 Mental Hygiene to establish and operate a certain Health Crisis Hotline ~~using~~
21 ~~certain resources and technology;~~ requiring that the Health Crisis Hotline assist
22 callers in ~~identifying certain services for a certain purpose~~ a certain manner;
23 requiring the Department of Health and Mental Hygiene to collect and maintain
24 certain information to provide to callers on the Health Crisis Hotline; requiring the
25 Department of Health and Mental Hygiene to provide certain training for certain
26 staff who assist callers on the Health Crisis Hotline; requiring the Department of
27 Health and Mental Hygiene, to the extent practicable, to ensure that information
28 provided to callers on the Health Crisis Hotline is up to date and accurate; requiring
29 the Department of Health and Mental Hygiene to disseminate certain information
30 in a certain manner; requiring the Department of Health and Mental Hygiene to
31 identify certain information about opioid use disorder; requiring the Department of
32 Health and Mental Hygiene to provide certain information to certain health care
33 facilities and certain health care providers; requiring certain health care facilities
34 and certain health care providers to make certain information available to certain
35 patients; requiring certain health care facilities and health care systems to make
36 available to patients the services of ~~at least a certain number of~~ health care providers
37 who are trained and authorized under federal law to prescribe buprenorphine under
38 federal law for ~~every certain number of patients~~ opioid addiction treatment
39 medications; requiring authorizing the health care facilities and health care systems
40 to ~~use a certain average number of certain patients for the purpose of calculating the~~
41 ~~number of health care providers required under~~ directly employ, contract with, or
42 refer a patient to a certain provider or to deliver certain services in a certain manner
43 to comply with a certain provision of this Act; ~~requiring, except under certain~~
44 circumstances, the Department of Health and Mental Hygiene to adjust the rate of
45 reimbursement for certain community providers each fiscal year by the rate
46 adjustment included in a certain State budget; providing that the Overdose Response
47 Program is administered by the Department of Health and Mental Hygiene for a

1 certain purpose; repealing certain provisions of law relating to the qualifications for,
2 application for, and issuance of a certificate for completion of a certain educational
3 training program relating to an opioid overdose; authorizing the Department of
4 Health and Mental Hygiene to authorize certain entities to conduct certain education
5 and training on opioid overdose recognition and response; providing that an
6 individual is not required to obtain certain training and education in order for a
7 pharmacist to dispense naloxone to the individual; requiring an authorized private
8 or public entity to enter into a certain written agreement with a certain licensed
9 health care provider for a certain purpose; authorizing a certain individual to receive
10 from a certain health care provider a prescription for naloxone and certain related
11 supplies; authorizing certain individuals to possess and administer naloxone under
12 certain circumstances; authorizing a licensed health care provider with prescribing
13 authority to prescribe and dispense naloxone to a certain individual; authorizing a
14 licensed health care provider with prescribing authority to prescribe and dispense
15 naloxone by issuing a standing order under certain circumstances; authorizing a
16 certain licensed health care provider who issues a certain standing order to delegate
17 the dispensing of naloxone to a certain employee or a certain volunteer under certain
18 circumstances; prohibiting certain individuals who administer naloxone to a certain
19 individual from being considered to be practicing medicine or registered nursing;
20 prohibiting an employee or a volunteer of a certain entity who provides naloxone to
21 a certain individual from being considered to be practicing medicine, registered
22 nursing, or pharmacy; prohibiting a certain health care provider who prescribes or
23 dispenses naloxone in a certain manner from being subject to certain disciplinary
24 action; prohibiting a certain cause of action from arising against a certain health
25 care provider or pharmacist under certain circumstances; providing for the
26 construction of certain provisions of law; requiring the Secretary of Health and
27 Mental Hygiene to establish certain guidelines for the co-prescribing of opioid
28 overdose reversal drugs that are applicable to all licensed health care providers in
29 the State who are authorized to prescribe monitored prescription drugs; requiring
30 the guidelines to address the co-prescribing of opioid overdose reversal drugs for
31 certain patients; requiring the Secretary to establish the guidelines on or before a
32 certain date; requiring that the Governor's proposed budget for a certain fiscal year,
33 years ~~and for each fiscal year thereafter,~~ include certain rate ~~adjustments~~ increases
34 for certain community providers ~~based on~~ over the funding provided in certain
35 legislative appropriations; ~~requiring that a certain rate of adjustment equal the~~
36 ~~average annual percentage change in a certain Consumer Price Index for a certain~~
37 ~~period,~~ requiring the Behavioral Health Administration and the Medical Care
38 Programs Administration jointly to conduct a certain study, develop and implement
39 a certain payment system, and consult with stakeholders in conducting a certain
40 study and developing a certain payment system; requiring the Behavioral Health
41 Administration to complete a certain study on or before a certain date; requiring the
42 Behavioral Health Administration to adopt certain regulations; requiring, under
43 certain circumstances, managed care organizations to pay a certain rate for a certain
44 time period for services provided by community providers and to adjust the rate ~~of~~
45 ~~reimbursement~~ for community providers each fiscal year by at least a certain
46 amount; requiring that increased funding provided under certain provisions of this
47 Act may be used only to increase the rates being paid to certain community providers

1 and certain health care providers; requiring the Department of Health and Mental
2 Hygiene to submit a ~~certain~~ report on the impact of certain rate adjustments and a
3 certain payment system to the Governor and the General Assembly on or before a
4 certain date each year, beginning on or before a certain date; requiring, on or before
5 a certain date, the Department of Health and Mental Hygiene to submit a certain
6 interim report to the Governor and the General Assembly; authorizing the
7 Department of Health and Mental Hygiene to require certain community providers
8 to submit certain information to the Department of Health and Mental Hygiene in
9 the form and manner required by the Department of Health and Mental Hygiene;
10 stating the intent of the General Assembly; requiring, on or before a certain date,
11 each hospital to have a certain protocol for discharging a patient who was treated by
12 the hospital for a drug overdose or was identified as having a substance use disorder;
13 requiring, beginning in a certain year, a hospital to ~~include certain services in its~~
14 ~~annual community benefit report to the Health Services Cost Review Commission~~
15 submit the hospital's protocol to the Maryland Hospital Association; requiring the
16 Maryland Hospital Association to conduct a certain study and submit certain reports
17 to the Department of Health and Mental Hygiene and certain committees of the
18 General Assembly on or before certain dates; ~~altering certain coverage requirements~~
19 ~~applicable to certain health benefit plans for the diagnosis and treatment of mental~~
20 ~~illness and emotional, drug use, and alcohol use disorders; altering certain~~
21 ~~definitions; defining certain terms; providing for the application of certain provisions~~
22 ~~of this Act; authorizing certain insurers, nonprofit health service plans, and health~~
23 ~~maintenance organizations to apply a prior authorization requirement for opioid~~
24 ~~antagonist drug products only under certain circumstances; requiring the State~~
25 ~~Department of Education, in collaboration with stakeholders and on or before a~~
26 ~~certain date, to develop a plan to establish certain regional recovery schools and~~
27 ~~report its findings and recommendations to the General Assembly; requiring the~~
28 Department of Health and Mental Hygiene to submit a report that details certain
29 outcome measures and includes certain recommendations to the Governor and the
30 General Assembly on or before a certain date; requiring the Department of Public
31 Safety and Correctional Services and each local jail and detention center, in
32 collaboration with the Department of Health and Mental Hygiene and stakeholders,
33 ~~on or before a certain date, to develop a certain plan and submit the plan and any~~
34 ~~recommendations to the General Assembly; requiring, on or before a certain date,~~
35 certain jails and detention centers to submit a certain plan to the Department of
36 Public Safety and Correctional Services; requiring, on or before a certain date, the
37 Department of Public Safety and Correctional Services to submit a certain report to
38 the General Assembly; requiring, on or before certain dates, the Department of
39 Health and Mental Hygiene to submit certain reports to certain committees of the
40 General Assembly; altering certain definitions; defining certain terms; making
41 certain conforming changes; providing for a delayed effective date for certain
42 provisions of this Act; making this Act an emergency measure; and generally relating
43 to the treatment of ~~and education regarding~~ mental health and substance use
44 disorders.

45 ~~BY adding to~~

46 ~~Article — Education~~

- 1 ~~Section 15-121~~
2 ~~Annotated Code of Maryland~~
3 ~~(2014 Replacement Volume and 2016 Supplement)~~
- 4 BY repealing and reenacting, without amendments,
5 Article – Courts and Judicial Proceedings
6 Section 13-101(a)
7 Annotated Code of Maryland
8 (2013 Replacement Volume and 2016 Supplement)
- 9 BY adding to
10 Article – Courts and Judicial Proceedings
11 Section 13-101.1
12 Annotated Code of Maryland
13 (2013 Replacement Volume and 2016 Supplement)
- 14 BY repealing and reenacting, without amendments,
15 Article – Criminal Law
16 Section 5-301(a)(1)
17 Annotated Code of Maryland
18 (2012 Replacement Volume and 2016 Supplement)
- 19 BY repealing and reenacting, with amendments,
20 Article – Criminal Law
21 Section 5-307
22 Annotated Code of Maryland
23 (2012 Replacement Volume and 2016 Supplement)
- 24 BY repealing and reenacting, without amendments,
25 Article – Health – General
26 Section 5-901
27 Annotated Code of Maryland
28 (2015 Replacement Volume and 2016 Supplement)
- 29 BY repealing and reenacting, with amendments,
30 Article – Health – General
31 Section 5-903 through 5-905, 13-3101 through 13-3103, and 13-3107 through
32 13-3111
33 Annotated Code of Maryland
34 (2015 Replacement Volume and 2016 Supplement)
- 35 BY repealing
36 Article – Health – General
37 Section 13-3104 through 13-3106
38 Annotated Code of Maryland
39 (2015 Replacement Volume and 2016 Supplement)

1 BY adding to
 2 Article – Health – General
 3 Section 7.5–207; 7.5–501 to be under the new subtitle “Subtitle 5. Health Crisis
 4 Hotline”; ~~8–407~~; 8–1101 to be under the new subtitle “Subtitle 11. Availability
 5 of ~~Buprenorphine~~ Opioid Addiction Treatment Prescribers”; ~~13–3104~~;
 6 ~~13–3401~~ and ~~13–3402~~ to be under the new subtitle “Subtitle 34.
 7 Co-Prescribing of Opioid Overdose Reversal Drugs”; and 16–201.3 and
 8 19–310.3
 9 Annotated Code of Maryland
 10 (2015 Replacement Volume and 2016 Supplement)

11 ~~BY repealing and reenacting, with amendments,~~
 12 ~~Article – Insurance~~
 13 ~~Section 15–802~~
 14 ~~Annotated Code of Maryland~~
 15 ~~(2011 Replacement Volume and 2016 Supplement)~~

16 BY adding to
 17 Article – Insurance
 18 Section 15–850
 19 Annotated Code of Maryland
 20 (2011 Replacement Volume and 2016 Supplement)

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

23 **Article – Courts and Judicial Proceedings**

24 13–101.

25 (a) There is an Administrative Office of the Courts, headed by the State Court
 26 Administrator. The Administrator is appointed by and holds office during the pleasure of
 27 the Chief Judge of the Court of Appeals of Maryland. The Administrator shall have the
 28 compensation provided in the State budget. The Administrative Office of the Courts shall
 29 have a seal in the form the Chief Judge of the Court of Appeals approves. The courts of the
 30 State shall take judicial notice of the seal.

31 **13–101.1.**

32 (A) **THE STATE COURT ADMINISTRATOR SHALL ASSESS DRUG COURT**
 33 **PROGRAMS IN CIRCUIT COURTS, INCLUDING JUVENILE COURTS, AND THE DISTRICT**
 34 **COURT TO DETERMINE HOW TO INCREASE THESE PROGRAMS IN A MANNER**
 35 **SUFFICIENT TO MEET EACH COUNTY’S NEEDS.**

36 (B) (1) **IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE**
 37 **ADMINISTRATIVE OFFICE OF THE COURTS REQUEST AN APPROPRIATION OF**

1 \$2,000,000 OF ADDITIONAL FUNDING IN THE STATE BUDGET FOR FISCAL YEAR 2019
2 FOR THE PURPOSE OF AWARDING GRANTS TO EXPAND THE SCOPE OF DRUG COURT
3 PROGRAMS DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION.

4 (2) THE STATE COURT ADMINISTRATOR SHALL DISBURSE THE
5 GRANTS AUTHORIZED UNDER PARAGRAPH (1) OF THIS SUBSECTION BASED ON THE
6 POPULATION OF THE COUNTY, TO CIRCUIT COURTS, INCLUDING JUVENILE COURTS,
7 AND THE DISTRICT COURT.

8 ~~Article – Education~~

9 ~~15–121.~~

10 ~~(A) THIS SECTION APPLIES ONLY TO AN INSTITUTION OF HIGHER~~
11 ~~EDUCATION THAT AWARDS A DEGREE THAT AN INDIVIDUAL MAY USE TO MEET THE~~
12 ~~EDUCATIONAL REQUIREMENTS FOR LICENSURE UNDER THE HEALTH~~
13 ~~OCCUPATIONS ARTICLE AS A PHYSICIAN, REGISTERED NURSE, DENTIST, PHYSICIAN~~
14 ~~ASSISTANT, OR PODIATRIST.~~

15 ~~(B) AN INSTITUTION OF HIGHER EDUCATION SUBJECT TO THIS SECTION~~
16 ~~SHALL OFFER CREDITS IN SUBSTANCE USE DISORDERS, EFFECTIVE TREATMENT~~
17 ~~FOR SUBSTANCE USE DISORDERS, AND PAIN MANAGEMENT.~~

18 Article – Criminal Law

19 5–301.

20 (a) (1) Except as otherwise provided in this section, a person shall be
21 registered by the Department before the person manufactures, distributes, or dispenses a
22 controlled dangerous substance in the State.

23 5–307.

24 (a) Subject to the notice and hearing provisions of § 5–308 of this subtitle, the
25 Department may deny a registration to any applicant, suspend or revoke a registration, or
26 refuse to renew a registration if the Department finds that the applicant or registrant:

27 (1) has materially falsified an application filed in accordance with or
28 required by this title;

29 (2) has been convicted of a crime under federal law or the law of any state
30 relating to a controlled dangerous substance;

(3) has SURRENDERED FEDERAL REGISTRATION OR had federal registration suspended or revoked and may no longer manufacture, distribute, or dispense a controlled dangerous substance; [or]

(4) has violated this title; OR

(5) HAS FAILED TO MEET THE REQUIREMENTS FOR REGISTRATION UNDER THIS TITLE.

(b) The Department may limit revocation or suspension of a registration to the particular controlled dangerous substance for which grounds for revocation or suspension exist.

(C) THE DEPARTMENT MAY LIMIT AN INITIAL REGISTRATION OR THE RENEWAL OF A REGISTRATION TO THE PARTICULAR CONTROLLED DANGEROUS SUBSTANCE FOR WHICH GROUNDS FOR DENIAL OR REFUSAL TO ISSUE OR RENEW EXIST.

Article – Health – General

5-901.

In this subtitle, “local team” means the multidisciplinary and multiagency drug overdose fatality review team established for a county.

5-903.

(a) The purpose of each local team is to prevent drug overdose deaths by:

(1) Promoting cooperation and coordination among agencies involved in investigations of drug overdose deaths or in providing services to surviving family members;

(2) Developing an understanding of the causes and incidence of drug overdose deaths in the county;

(3) Developing plans for and recommending changes within the agencies represented on the local team to prevent drug overdose deaths; and

(4) Advising the Department on changes to law, policy, or practice, including the use of devices that are programmed to dispense medications on a schedule or similar technology, to prevent drug overdose deaths.

(b) To achieve its purpose, each local team shall:

1 (1) In consultation with the Department, establish and implement a
2 protocol for the local team;

3 (2) Set as its goal the investigation of drug overdose deaths in accordance
4 with national standards;

5 (3) Meet at least quarterly to review the status of drug overdose death
6 cases **AND INFORMATION ON NONFATAL OVERDOSES**, recommend actions to improve
7 coordination of services and investigations among member agencies, and recommend
8 actions within the member agencies to prevent drug overdose deaths;

9 (4) Collect and maintain data as required by the Department; and

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

11 (i) Discussion of individual cases;

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

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

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

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

22 5-904.

23 (a) On request of the chair of a local team and as necessary to carry out the
24 purpose and duties of the local team, the local team shall be immediately provided with:

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

28 (i) An individual whose death **OR NEAR FATALITY** is being
29 reviewed by the local team; or

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

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

6 (i) An individual whose death **OR NEAR FATALITY** is being
7 reviewed by the local team;

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

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

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

16 5-905.

17 (a) Meetings of local teams shall be closed to the public and are not subject to
18 Title 3 of the General Provisions Article when the local teams are discussing individual
19 cases of **OVERDOSE OR** drug overdose deaths.

20 (b) Except as provided in subsection (c) of this section, meetings of local teams
21 shall be open to the public and are subject to Title 3 of the General Provisions Article when
22 the local team is not discussing individual cases of **OVERDOSE OR** drug overdose deaths.

23 (c) (1) During a public meeting, information may not be disclosed that
24 identifies:

25 (i) A deceased individual;

26 (ii) **AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;**

27 [(ii)] (iii) A family member, guardian, or caretaker of a deceased
28 individual **OR OF AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;** or

29 [(iii)] (iv) An individual convicted of a crime or adjudicated as
30 having committed a delinquent act that caused a death or near fatality.

31 (2) During a public meeting, information may not be disclosed about the
32 involvement of any agency with:

1 (i) A deceased individual;

2 (II) AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;

3 ~~[(ii)]~~ (III) A family member, guardian, or caretaker of a deceased
4 individual OR OF AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE; or

5 ~~[(iii)]~~ (IV) An individual convicted of a crime or adjudicated as
6 having committed a delinquent act that caused a death or near fatality.

7 (d) This section does not prohibit a local team from requesting the attendance at
8 a team meeting of a person who has information relevant to the team's exercise of its
9 purpose and duties.

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

12 **7.5-207.**

13 (A) **SUBJECT TO SUBSECTION (B) OF THIS SECTION, THE ADMINISTRATION**
14 **SHALL ESTABLISH ~~AT LEAST 10~~ CRISIS TREATMENT CENTERS THAT PROVIDE**
15 **INDIVIDUALS WHO ARE IN A MENTAL HEALTH OR SUBSTANCE USE DISORDER CRISIS**
16 **WITH ACCESS TO CLINICAL STAFF WHO:**

17 (1) **PERFORM ASSESSMENTS AND LEVEL OF CARE DETERMINATIONS**
18 **24 HOURS A DAY AND 7 DAYS A WEEK; AND**

19 (2) **CONNECT THE INDIVIDUALS TO CARE IMMEDIATELY.**

20 (B) **AT LEAST ONE CRISIS TREATMENT CENTER SHALL BE ~~LOCATED IN EACH~~**
21 **GEOGRAPHICAL REGION OF THE STATE ESTABLISHED ON OR BEFORE JUNE 1, 2018.**

22 (C) **THE ADMINISTRATION SHALL ESTABLISH THE CRISIS TREATMENT**
23 **CENTERS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION IN A MANNER THAT**
24 **IS CONSISTENT WITH THE STRATEGIC PLAN DEVELOPED BY THE BEHAVIORAL**
25 **HEALTH ADVISORY COUNCIL, AS REQUIRED BY CHAPTERS 405 AND 406 OF THE**
26 **ACTS OF THE GENERAL ASSEMBLY OF 2016.**

27 (D) **ON OR BEFORE SEPTEMBER 1, 2017, AND ON OR BEFORE SEPTEMBER 1**
28 **EACH YEAR THEREAFTER UNTIL THE ADMINISTRATION ESTABLISHES THE ~~MINIMUM~~**
29 **NUMBER OF CRISIS TREATMENT CENTERS REQUIRED UNDER SUBSECTION (A) OF**
30 **THIS SECTION, THE ADMINISTRATION SHALL SUBMIT, IN ACCORDANCE WITH §**
31 **2-1246 OF THE STATE GOVERNMENT ARTICLE, A REPORT ON THE STATUS OF THE**
32 **ESTABLISHMENT OF CRISIS TREATMENT CENTERS UNDER THIS SECTION TO THE**
33 **JOINT COMMITTEE ON BEHAVIORAL HEALTH AND OPIOID USE DISORDERS.**

SUBTITLE 5. HEALTH CRISIS HOTLINE.

7.5-501.

(A) THE DEPARTMENT, ~~AS FUNDING IS AVAILABLE,~~ SHALL ~~USE EXISTING RESOURCES AND DEPARTMENT TECHNOLOGY TO~~ ESTABLISH AND OPERATE A TOLL-FREE HEALTH CRISIS HOTLINE 24 HOURS A DAY AND 7 DAYS A WEEK.

(B) THE HEALTH CRISIS HOTLINE SHALL ASSIST CALLERS ~~IN IDENTIFYING APPROPRIATE SERVICES TO ADDRESS SUBSTANCE USE AND MENTAL HEALTH DISORDERS~~ BY:

(1) CONDUCTING A COMPREHENSIVE EVIDENCE-BASED SCREENING FOR MENTAL HEALTH AND SUBSTANCE USE NEEDS, COGNITIVE OR INTELLECTUAL FUNCTIONING, INFECTIOUS DISEASE, AND ACUTE SOMATIC CONDITIONS;

(2) CONDUCTING A RISK ASSESSMENT FOR CALLERS EXPERIENCING AN OVERDOSE OR POTENTIALLY COMMITTING SUICIDE OR A HOMICIDE;

(3) CONNECTING CALLERS TO AN EMERGENCY RESPONSE SYSTEM WHEN INDICATED;

(4) REFERRING CALLERS FOR ONGOING CARE; AND

(5) FOLLOWING UP WITH CALLERS TO DETERMINE IF THE NEEDS OF CALLERS WERE MET.

(C) THE DEPARTMENT SHALL COLLECT AND MAINTAIN THE FOLLOWING INFORMATION TO PROVIDE TO CALLERS ON THE HEALTH CRISIS HOTLINE:

(1) THE NAMES, TELEPHONE NUMBERS, AND ADDRESSES OF:

(I) RESIDENTIAL, INPATIENT, AND OUTPATIENT SUBSTANCE USE DISORDER AND MENTAL HEALTH PROGRAMS, INCLUDING INFORMATION ON PRIVATE PROGRAMS AND PROGRAMS ADMINISTERED BY LOCAL HEALTH DEPARTMENTS AND OTHER PUBLIC ENTITIES; AND

(II) HOSPITALS, INCLUDING HOSPITAL EMERGENCY ROOMS, AND OTHER FACILITIES THAT PROVIDE DETOXIFICATION SERVICES;

(2) THE LEVELS OF CARE PROVIDED BY THE PROGRAMS, HOSPITALS, AND FACILITIES IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION; AND

1 **(3) WHETHER THE PROGRAMS, HOSPITALS, AND FACILITIES**
2 **IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION:**

3 **(I) ACCEPT PAYMENT FOR SERVICES FROM A THIRD-PARTY**
4 **PAYOR, INCLUDING MEDICARE, MEDICAID, AND PRIVATE INSURANCE; AND**

5 **(II) PROVIDE SERVICES:**

6 1. **THAT ARE SPECIFIC TO PREGNANT WOMEN;**

7 2. **THAT ARE GENDER SPECIFIC;**

8 3. **FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS;**

9 4. **TO SUPPORT PARENTS OF CHILDREN WITH**
10 **SUBSTANCE USE AND MENTAL HEALTH DISORDERS; AND**

11 5. **FOR GRIEF SUPPORT.**

12 **(D) (1) THE DEPARTMENT SHALL PROVIDE TRAINING FOR HEALTH**
13 **CRISIS HOTLINE STAFF WHO ASSIST CALLERS ON THE HEALTH CRISIS HOTLINE TO**
14 **ENSURE THAT STAFF ARE ABLE TO PROVIDE SUFFICIENT INFORMATION AND**
15 **RESPOND APPROPRIATELY TO CALLERS WHO MAY BE IN ~~THE MIDDLE OF~~ A CRISIS.**

16 **(2) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL**
17 **ENSURE THAT INFORMATION PROVIDED TO CALLERS ON THE HEALTH CRISIS**
18 **HOTLINE IS UP TO DATE AND ACCURATE.**

19 **(E) THE DEPARTMENT SHALL DISSEMINATE INFORMATION ABOUT THE**
20 **HEALTH CRISIS HOTLINE TO THE PUBLIC, BOTH DIRECTLY AND THROUGH PUBLIC**
21 **AND PRIVATE ORGANIZATIONS THAT SERVE THE PUBLIC.**

22 **8-407.**

23 **(A) THE DEPARTMENT SHALL IDENTIFY UP-TO-DATE, EVIDENCE-BASED,**
24 **WRITTEN INFORMATION ABOUT OPIOID USE DISORDER THAT:**

25 **(1) HAS BEEN REVIEWED BY MEDICAL EXPERTS AND NATIONAL AND**
26 **LOCAL ORGANIZATIONS SPECIALIZING IN THE TREATMENT OF OPIOID USE**
27 **DISORDER;**

28 **(2) IS DESIGNED FOR USE BY HEALTH CARE PROVIDERS AND**
29 **INDIVIDUALS WITH OPIOID USE DISORDER AND THEIR FAMILIES;**

1 (3) IS CULTURALLY AND LINGUISTICALLY APPROPRIATE FOR
 2 POTENTIAL RECIPIENTS OF THE INFORMATION; AND

3 (4) INCLUDES INFORMATION ADDRESSING:

4 (I) THE SIGNS AND SYMPTOMS OF OPIOID USE DISORDER;

5 (II) THE RISKS ASSOCIATED WITH UNTREATED OPIOID USE
 6 DISORDER;

7 (III) APPROPRIATE CLINICAL TREATMENT FOR OPIOID USE
 8 DISORDER, INCLUDING:

9 1. COUNSELING SERVICES; AND

10 2. ALL MEDICATIONS APPROVED BY THE U.S. FOOD AND
 11 DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER;

12 (IV) APPROPRIATE USE OF OVERDOSE REVERSAL AGENTS;

13 (V) APPROPRIATE SUPPORT SERVICES, INCLUDING:

14 1. PEER FELLOWSHIP AND SUPPORT GROUPS, SUCH AS
 15 NARCOTICS ANONYMOUS AND ALCOHOLICS ANONYMOUS;

16 2. COMMUNITY-BASED SERVICES; AND

17 3. RESIDENTIAL OR RECOVERY HOUSING SERVICES;

18 AND

19 (VI) APPROPRIATE TREATMENTS FOR PAIN THAT MAY BE USED
 20 TO REDUCE OR REPLACE OPIOID MEDICATION TREATMENTS FOR CHRONIC PAIN.

21 (B) (1) THE DEPARTMENT SHALL PROVIDE THE INFORMATION
 22 IDENTIFIED BY THE DEPARTMENT UNDER SUBSECTION (A) OF THIS SECTION TO
 23 HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS THAT PROVIDE
 24 TREATMENT FOR OPIOID USE DISORDER.

25 (2) A HEALTH CARE FACILITY OR HEALTH CARE PROVIDER SHALL
 26 MAKE THE INFORMATION AVAILABLE TO EACH PATIENT TREATED BY THE FACILITY
 27 OR PROVIDER FOR OPIOID USE DISORDER.

28 SUBTITLE 11. AVAILABILITY OF ~~BUPRENORPHINE~~ OPIOID ADDICTION
 29 TREATMENT PRESCRIBERS.

1 8-1101.

2 (A) (1) IN THIS SECTION, ~~“HEALTH”~~ THE FOLLOWING WORDS HAVE THE
3 MEANINGS INDICATED.

4 (2) “HEALTH CARE FACILITY” MEANS:

5 ~~(1)~~ (I) A HOSPITAL;

6 ~~(2)~~ (II) A FEDERALLY QUALIFIED HEALTH CENTER;

7 ~~(3)~~ (III) ~~A COMMUNITY HEALTH CENTER~~ AN OUTPATIENT MENTAL
8 HEALTH CLINIC;

9 ~~(4)~~ (IV) ~~A BEHAVIORAL HEALTH TREATMENT SERVICES PROVIDER~~
10 AN OUTPATIENT OR RESIDENTIAL ADDICTION TREATMENT PROVIDER; AND

11 ~~(5)~~ (V) A LOCAL HEALTH DEPARTMENT.

12 (3) “OPIOID ADDICTION TREATMENT MEDICATION” MEANS A
13 MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR
14 THE TREATMENT OF OPIOID USE DISORDERS.

15 (B) EACH HEALTH CARE FACILITY THAT IS NOT PART OF A HEALTH CARE
16 SYSTEM AND EACH HEALTH CARE SYSTEM SHALL MAKE AVAILABLE TO PATIENTS
17 THE SERVICES OF ~~AT LEAST ONE HEALTH CARE PROVIDER~~ PROVIDERS WHO IS ARE
18 TRAINED AND AUTHORIZED UNDER FEDERAL LAW TO PRESCRIBE BUPRENORPHINE
19 FOR EVERY 100 PATIENTS OPIOID ADDICTION TREATMENT MEDICATIONS,
20 INCLUDING BUPRENORPHINE-CONTAINING FORMULATIONS.

21 (C) ~~FOR THE PURPOSE OF CALCULATING THE NUMBER OF HEALTH CARE~~
22 ~~PROVIDERS REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, THE HEALTH~~
23 ~~CARE FACILITY OR HEALTH CARE SYSTEM SHALL USE THE AVERAGE NUMBER OF~~
24 ~~PATIENTS PROVIDED HEALTH CARE SERVICES PER DAY IN THE IMMEDIATELY~~
25 ~~PRECEDING CALENDAR YEAR. TO COMPLY WITH SUBSECTION (B) OF THIS SECTION,~~
26 A HEALTH CARE FACILITY OR A HEALTH CARE SYSTEM MAY:

27 (1) DIRECTLY EMPLOY, CONTRACT WITH, OR REFER A PATIENT TO A
28 HEALTH CARE PROVIDER WHO IS TRAINED AND AUTHORIZED UNDER FEDERAL LAW
29 TO PRESCRIBE OPIOID ADDICTION TREATMENT MEDICATIONS, INCLUDING
30 BUPRENORPHINE-CONTAINING FORMULATIONS; OR

1 (2) DELIVER THE SERVICES IN PERSON OR, IF APPROPRIATE,
2 THROUGH TELEHEALTH.

3 13-3101.

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

5 [(b) “Advanced practice nurse” has the meaning stated in § 8-101 of the Health
6 Occupations Article.

7 (c) “Certificate” means a certificate issued by a private or public entity to
8 administer naloxone.

9 (d) “Licensed physician” has the meaning stated in § 14-101 of the Health
10 Occupations Article.]

11 [(e) (B) “Pharmacist” has the meaning stated in § 12-101 of the Health
12 Occupations Article.

13 [(f) (C) “Private or public entity” means a health care provider, local health
14 department, community-based organization, substance abuse treatment organization, or
15 other person that addresses medical or social issues related to drug addiction.

16 [(g) (D) “Program” means [an] THE Overdose Response Program.

17 [(h) (E) “Standing order” means a written instruction for the prescribing and
18 dispensing of naloxone [to a certificate holder] in accordance with [§ 13-3108] § 13-3106
19 of this subtitle.

20 13-3102.

21 [An] THE Overdose Response Program is a program [overseen] ADMINISTERED by
22 the Department for the purpose of providing a means of authorizing certain individuals to
23 administer naloxone to an individual experiencing, or believed to be experiencing, opioid
24 overdose to help prevent a fatality when medical services are not immediately available.

25 13-3103.

26 (a) The Department shall adopt regulations necessary for the administration of
27 the Program.

28 (b) The Department may:

29 (1) Collect fees necessary for the administration of the Program;

1 2. An advanced practice nurse;

2 3. A pharmacist; or

3 4. An employee or a volunteer of a private or public entity
 4 who is supervised in accordance with a written agreement between the private or public
 5 entity and a supervisory licensed physician, advanced practice nurse, or pharmacist that
 6 includes:

7 A. Procedures for providing patient overdose information;

8 B. Information as to how the employee or volunteer providing
 9 the information will be trained; and

10 C. Standards for documenting the provision of patient
 11 overdose information to patients; and

12 (ii) Include training in:

13 1. The recognition of the symptoms of opioid overdose;

14 2. The proper administration of naloxone;

15 3. The importance of contacting emergency medical services;

16 4. The care of an individual after the administration of
 17 naloxone; and

18 5. Any other topics required by the Department.]

19 **13-3104.**

20 **AN AUTHORIZED PRIVATE OR PUBLIC ENTITY SHALL ENTER INTO A WRITTEN**
 21 **AGREEMENT WITH A LICENSED HEALTH CARE PROVIDER WITH PRESCRIBING**
 22 **AUTHORITY TO ESTABLISH PROTOCOLS FOR THE PRESCRIBING AND DISPENSING OF**
 23 **NALOXONE TO ANY INDIVIDUAL IN ACCORDANCE WITH THIS SUBTITLE.**

24 **[13-3105.**

25 An applicant for a certificate shall submit an application to a private or public entity
 26 authorized by the Department on the form that the Department requires.]

27 **[13-3106.**

1 (a) A private or public entity authorized by the Department shall issue a
2 certificate to any applicant who meets the requirements of this subtitle.

3 (b) Each certificate shall include:

4 (1) A statement that the holder is authorized to administer naloxone in
5 accordance with this subtitle;

6 (2) The full name of the certificate holder; and

7 (3) A serial number.

8 (c) A replacement certificate may be issued to replace a lost, destroyed, or
9 mutilated certificate.

10 (d) (1) The certificate shall be valid for 2 years and may be renewed.

11 (2) In order to renew a certificate, the certificate holder shall:

12 (i) Successfully complete a refresher training program conducted by
13 an authorized private or public entity; or

14 (ii) Demonstrate proficiency to the private or public entity issuing
15 certificates under this subtitle.]

16 **[13-3107.] 13-3105.**

17 (A) An individual [who is certified] may[:

18 (1) On presentment of a certificate,] receive from any licensed [physician
19 or advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority a
20 prescription for naloxone and the necessary supplies for the administration of naloxone[;].

21 (B) **AN INDIVIDUAL FOR WHOM NALOXONE IS PRESCRIBED AND DISPENSED**
22 **IN ACCORDANCE WITH THIS SUBTITLE MAY:**

23 [(2)] (1) Possess prescribed naloxone and the necessary supplies for the
24 administration of naloxone; and

25 [(3)] (2) In an emergency situation when medical services are not
26 immediately available, administer naloxone to an individual experiencing or believed by
27 the [certificate holder] INDIVIDUAL to be experiencing an opioid overdose.

28 **[13-3108.] 13-3106.**

1 (a) A licensed [physician or an advanced practice nurse] HEALTH CARE
 2 PROVIDER with prescribing authority may prescribe and dispense naloxone to [a
 3 certificate holder] AN INDIVIDUAL WHO:

4 (1) IS BELIEVED BY THE LICENSED HEALTH CARE PROVIDER TO BE AT
 5 RISK OF EXPERIENCING AN OPIOID OVERDOSE; OR

6 (2) IS IN A POSITION TO ASSIST AN INDIVIDUAL AT RISK OF
 7 EXPERIENCING AN OPIOID OVERDOSE.

8 [(b) A registered nurse may dispense naloxone to a certificate holder in a local
 9 health department if the registered nurse complies with:

10 (1) The formulary developed and approved under § 3–403(b) of this article;
 11 and

12 (2) The requirements established under § 8–512 of the Health Occupations
 13 Article.]

14 [(c)] (B) (1) A licensed [physician or an advanced practice nurse] HEALTH
 15 CARE PROVIDER with prescribing authority may prescribe and dispense naloxone [to a
 16 certificate holder] by issuing a standing order if the licensed [physician or advanced
 17 practice nurse] HEALTH CARE PROVIDER:

18 (i) Is employed by the Department or a local health department; or

19 (ii) [Supervises or conducts an educational training program] HAS
 20 A WRITTEN AGREEMENT WITH AN AUTHORIZED PRIVATE OR PUBLIC ENTITY under [§
 21 13–3104(d)] § 13–3104 of this subtitle.

22 (2) A licensed [physician or an advanced practice nurse] HEALTH CARE
 23 PROVIDER with prescribing authority who issues a standing order under paragraph (1) of
 24 this subsection may delegate [to the following persons the authority for] THE dispensing
 25 OF naloxone to [a certificate holder:

26 (i) A licensed registered nurse who:

27 1. Is employed by a local health department; and

28 2. Completes a training program approved by the
 29 Department; and

30 (ii) An] AN employee or a volunteer of [a] AN AUTHORIZED private
 31 or public entity [who is authorized to conduct an educational training program] in

1 accordance with A WRITTEN AGREEMENT UNDER [§ 13-3104(d)] § 13-3104 of this
 2 subtitle.

3 (3) Any licensed health care provider who has dispensing authority also
 4 may dispense naloxone to [a certificate holder] ANY INDIVIDUAL in accordance with a
 5 standing order issued by a licensed [physician] HEALTH CARE PROVIDER WITH
 6 PRESCRIBING AUTHORITY IN ACCORDANCE WITH THIS SUBSECTION.

7 [(d) (1) Any licensed health care provider who has prescribing authority may
 8 prescribe naloxone to a patient who is believed by the licensed health care provider to be at
 9 risk of experiencing an opioid overdose or in a position to assist an individual at risk of
 10 experiencing an opioid overdose.

11 (2) A patient who receives a naloxone prescription under paragraph (1) of
 12 this subsection is not subject to the training requirements under § 13-3104(d) of this
 13 subtitle.]

14 [(e) (C) A pharmacist may dispense naloxone in accordance with a therapy
 15 management contract under Title 12, Subtitle 6A of the Health Occupations Article.

16 [13-3109.] 13-3107.

17 (a) [(1) A certificate holder] AN INDIVIDUAL who, in accordance with this
 18 subtitle, is administering naloxone to an individual experiencing or believed by the
 19 [certificate holder] INDIVIDUAL to be experiencing an opioid overdose may not be
 20 considered to be practicing:

21 [(i) (1) Medicine for the purposes of Title 14 of the Health
 22 Occupations Article; or

23 [(ii) (2) Registered nursing for the purposes of Title 8 of the Health
 24 Occupations Article.

25 [(2) (B) An employee or volunteer of a private or public entity who, in
 26 accordance with this subtitle, provides naloxone to [a certificate holder] AN INDIVIDUAL
 27 WHO HAS RECEIVED EDUCATION AND TRAINING IN OPIOID OVERDOSE RECOGNITION
 28 AND RESPONSE in accordance with a standing order may not be considered to be
 29 practicing:

30 ~~(i)~~ (1) Medicine for the purposes of Title 14 of the Health
 31 Occupations Article;

32 ~~(ii)~~ (2) Registered nursing for the purposes of Title 8 of the Health
 33 Occupations Article; or

1 ~~(iii)~~ (3) Pharmacy for the purposes of Title 12 of the Health
2 Occupations Article.

3 ~~[(b) (1)] (C)~~ A licensed [physician] HEALTH CARE PROVIDER who
4 prescribes or dispenses naloxone [to a certificate holder in a manner consistent with the
5 protocol established by the authorized private or public entity] IN ACCORDANCE WITH
6 THIS SUBTITLE may not be subject to any disciplinary action BY THE APPROPRIATE
7 LICENSING HEALTH OCCUPATIONS BOARD under [Title 14 of] the Health Occupations
8 Article solely for the act of prescribing or dispensing naloxone [to the certificate holder].

9 ~~[(2)~~ An advanced practice nurse with prescribing authority who prescribes
10 or dispenses naloxone to a certificate holder in a manner consistent with the protocol
11 established by the authorized private or public entity may not be subject to any disciplinary
12 action under Title 8 of the Health Occupations Article solely for the act of prescribing or
13 dispensing naloxone to the certificate holder.]

14 ~~[13-3110.] 13-3108.~~

15 (a) An individual who administers naloxone to an individual who is or in good
16 faith is believed to be experiencing an opioid overdose shall have immunity from liability
17 under §§ 5-603 and 5-629 of the Courts and Judicial Proceedings Article.

18 (b) A cause of action may not arise against any licensed [physician, advanced
19 practice nurse] HEALTH CARE PROVIDER with prescribing authority[,] or pharmacist for
20 any act or omission when the [physician, advanced practice nurse] HEALTH CARE
21 PROVIDER with prescribing authority[,] or pharmacist in good faith prescribes or
22 dispenses naloxone and the necessary paraphernalia for the administration of naloxone to
23 [a certificate holder or patient under § 13-3108] AN INDIVIDUAL UNDER § 13-3106 of
24 this subtitle.

25 (c) This subtitle may not be construed to create a duty on any individual to:

26 (1) Obtain [a certificate] EDUCATION AND TRAINING FROM AN
27 AUTHORIZED PRIVATE OR PUBLIC ENTITY under this subtitle, and an individual may
28 not be held civilly liable for failing to obtain [a certificate] EDUCATION AND TRAINING
29 FROM AN AUTHORIZED PRIVATE OR PUBLIC ENTITY under this subtitle; or

30 (2) Administer naloxone to an individual who is experiencing or believed
31 by the individual to be experiencing an opioid overdose.

32 ~~[13-3111.] 13-3109.~~

33 A person who dispenses naloxone in accordance with this subtitle is exempt from any
34 laws that require a person to maintain a permit to dispense prescription drugs.

1 SUBTITLE 34. CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS.

2 13-3401.

3 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
4 INDICATED.

5 (B) “CO-PRESCRIBING” MEANS, WITH RESPECT TO AN OPIOID OVERDOSE
6 REVERSAL DRUG, THE PRACTICE OF PRESCRIBING THE DRUG IN CONJUNCTION
7 WITH AN OPIOID PRESCRIPTION FOR A PATIENT AT AN ELEVATED RISK OF
8 OVERDOSE.

9 (C) “OPIOID OVERDOSE REVERSAL DRUG” MEANS NALOXONE OR A
10 SIMILARLY ACTING AND EQUALLY SAFE DRUG THAT IS APPROVED BY THE FEDERAL
11 FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF A KNOWN OR
12 SUSPECTED OPIOID OVERDOSE.

13 13-3402.

14 (A) THE SECRETARY SHALL ESTABLISH GUIDELINES FOR THE
15 CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS THAT ARE APPLICABLE
16 TO ALL LICENSED HEALTH CARE PROVIDERS IN THE STATE WHO ARE AUTHORIZED
17 BY LAW TO PRESCRIBE A MONITORED PRESCRIPTION DRUG, AS DEFINED IN §
18 21-2A-01 OF THIS ARTICLE.

19 (B) THE GUIDELINES ESTABLISHED UNDER SUBSECTION (A) OF THIS
20 SECTION SHALL ADDRESS THE CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL
21 DRUGS FOR PATIENTS WHO ARE:

22 (1) AT AN ELEVATED RISK OF OVERDOSE; AND

23 (2) (I) RECEIVING OPIOID THERAPY FOR CHRONIC PAIN;

24 (II) RECEIVING A PRESCRIPTION FOR BENZODIAZEPINES; OR

25 (III) BEING TREATED FOR OPIOID USE DISORDERS.

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

28 Article – Health – General

29 16-201.3.

1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
2 INDICATED.

3 (2) "COMMUNITY PROVIDER" MEANS A COMMUNITY-BASED AGENCY
4 OR PROGRAM FUNDED BY THE BEHAVIORAL HEALTH ADMINISTRATION OR THE
5 MEDICAL CARE PROGRAMS ADMINISTRATION TO SERVE INDIVIDUALS WITH
6 MENTAL DISORDERS, SUBSTANCE-RELATED DISORDERS, OR A COMBINATION OF
7 THESE DISORDERS.

8 ~~(3) "CONSUMER PRICE INDEX" MEANS THE CONSUMER PRICE INDEX~~
9 ~~FOR ALL URBAN CONSUMERS FOR MEDICAL CARE FOR THE~~
10 ~~WASHINGTON BALTIMORE REGION.~~

11 ~~(4)~~ (3) "RATE" MEANS THE REIMBURSEMENT RATE PAID BY THE
12 DEPARTMENT TO A COMMUNITY PROVIDER FROM THE STATE GENERAL FUND,
13 MARYLAND MEDICAL ASSISTANCE PROGRAM FUNDS, OTHER STATE OR FEDERAL
14 FUNDS, OR A COMBINATION OF THESE FUNDS.

15 (B) THIS SECTION DOES NOT APPLY TO REIMBURSEMENT FOR ANY SERVICE
16 PROVIDED BY A COMMUNITY PROVIDER WHOSE RATES ARE REGULATED BY THE
17 HEALTH SERVICES COST REVIEW COMMISSION.

18 (C) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT A SUBSTANTIAL
19 PORTION OF THE RATE ADJUSTMENT PROVIDED UNDER SUBSECTION (D) OF THIS
20 SECTION BE USED TO:

21 (1) COMPENSATE DIRECT CARE STAFF AND LICENSED CLINICIANS
22 EMPLOYED BY COMMUNITY PROVIDERS; AND

23 (2) IMPROVE THE QUALITY OF PROGRAMMING PROVIDED BY
24 COMMUNITY PROVIDERS.

25 ~~(C) (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND~~
26 ~~EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, THE DEPARTMENT~~
27 ~~SHALL ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY PROVIDERS EACH~~
28 ~~FISCAL YEAR BY THE RATE ADJUSTMENT INCLUDED IN THE STATE BUDGET FOR~~
29 ~~THAT FISCAL YEAR.~~

30 ~~(2) (1)~~ (2) (1) THE GOVERNOR'S PROPOSED BUDGET FOR FISCAL YEAR
31 2019 AND FISCAL YEAR 2020, AND FOR EACH FISCAL YEAR THEREAFTER, SHALL
32 INCLUDE RATE ADJUSTMENTS FOR COMMUNITY PROVIDERS BASED ON A 3.5% RATE
33 INCREASE FOR COMMUNITY PROVIDERS OVER THE FUNDING PROVIDED IN THE
34 LEGISLATIVE APPROPRIATION FOR THE IMMEDIATELY PRECEDING FISCAL YEAR
35 FOR EACH OF THE FOLLOWING:

1 ~~1.~~ (I) OBJECT 08 CONTRACTUAL SERVICES IN
 2 PROGRAM M00Q01.10 MEDICAID BEHAVIORAL HEALTH PROVIDER
 3 REIMBURSEMENT – MEDICAL CARE PROGRAMS ADMINISTRATION;

4 ~~2.~~ (II) OBJECT 08 CONTRACTUAL SERVICES IN
 5 PROGRAM M00L01.02 COMMUNITY SERVICES – BEHAVIORAL HEALTH
 6 ADMINISTRATION; AND

7 ~~3.~~ (III) OBJECT 08 CONTRACTUAL SERVICES IN
 8 PROGRAM M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND
 9 RECIPIENTS – BEHAVIORAL HEALTH ADMINISTRATION.

10 (2) IF THE BEHAVIORAL HEALTH ADMINISTRATION DOES NOT
 11 IMPLEMENT THE PAYMENT SYSTEM REQUIRED UNDER SUBSECTION (E) OF THIS
 12 SECTION FOR USE IN FISCAL YEAR 2021, THE GOVERNOR’S PROPOSED BUDGET FOR
 13 FISCAL YEAR 2021 SHALL INCLUDE A 3% RATE INCREASE FOR COMMUNITY
 14 PROVIDERS OVER THE FUNDING PROVIDED IN THE LEGISLATIVE APPROPRIATION
 15 FOR THE IMMEDIATELY PRECEDING FISCAL YEAR FOR EACH OF THE FOLLOWING:

16 (I) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM
 17 M00Q01.01 MEDICAID BEHAVIORAL HEALTH PROVIDER REIMBURSEMENT
 18 – MEDICAL CARE PROGRAMS ADMINISTRATION;

19 (II) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM
 20 M00L01.02 COMMUNITY SERVICES – BEHAVIORAL HEALTH ADMINISTRATION; AND

21 (III) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM
 22 M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND RECIPIENTS
 23 – BEHAVIORAL HEALTH ADMINISTRATION.

24 ~~(H) A RATE ADJUSTMENT REQUIRED TO BE INCLUDED IN THE~~
 25 ~~GOVERNOR’S PROPOSED BUDGET UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH~~
 26 ~~SHALL EQUAL THE AVERAGE ANNUAL PERCENTAGE CHANGE IN THE CONSUMER~~
 27 ~~PRICE INDEX FOR THE 3-YEAR PERIOD ENDING IN JULY OF THE IMMEDIATELY~~
 28 ~~PRECEDING FISCAL YEAR.~~

29 (3) ~~THE GOVERNOR’S PROPOSED BUDGET FOR FISCAL YEAR 2019,~~
 30 ~~AND FOR EACH FISCAL YEAR THEREAFTER, YEARS 2019 THROUGH 2021~~ FOR
 31 COMMUNITY PROVIDERS SHALL BE PRESENTED IN THE SAME MANNER, INCLUDING
 32 OBJECT AND PROGRAM INFORMATION, AS IN THE FISCAL YEAR 2018 BUDGET.

33 (E) (1) THE BEHAVIORAL HEALTH ADMINISTRATION AND THE MEDICAL
 34 CARE PROGRAMS ADMINISTRATION JOINTLY SHALL:

1 (I) CONDUCT AN INDEPENDENT COST-DRIVEN, RATE-SETTING
 2 STUDY TO SET COMMUNITY PROVIDER RATES FOR COMMUNITY-BASED BEHAVIORAL
 3 HEALTH SERVICES THAT INCLUDES A RATE ANALYSIS AND AN IMPACT STUDY THAT
 4 CONSIDERS THE ACTUAL COST OF PROVIDING COMMUNITY-BASED BEHAVIORAL
 5 HEALTH SERVICES;

6 (II) DEVELOP AND IMPLEMENT A PAYMENT SYSTEM
 7 INCORPORATING THE FINDINGS OF THE RATE-SETTING STUDY CONDUCTED UNDER
 8 ITEM (I) OF THIS PARAGRAPH, INCLUDING PROJECTED COSTS OF IMPLEMENTATION
 9 AND RECOMMENDATIONS TO ADDRESS ANY POTENTIAL SHORTFALL IN FUNDING;
 10 AND

11 (III) CONSULT WITH STAKEHOLDERS, INCLUDING COMMUNITY
 12 PROVIDERS AND INDIVIDUALS RECEIVING SERVICES, IN CONDUCTING THE
 13 RATE-SETTING STUDY AND DEVELOPING THE PAYMENT SYSTEM REQUIRED BY THIS
 14 PARAGRAPH.

15 (2) THE ADMINISTRATION, ON OR BEFORE SEPTEMBER 30, 2019,
 16 SHALL COMPLETE THE STUDY REQUIRED UNDER PARAGRAPH (1)(I) OF THIS
 17 SUBSECTION.

18 (3) THE ADMINISTRATION SHALL ADOPT REGULATIONS TO
 19 IMPLEMENT THE PAYMENT SYSTEM REQUIRED BY PARAGRAPH (1) OF THIS
 20 SUBSECTION.

21 ~~(D)~~ (F) IF SERVICES OF COMMUNITY PROVIDERS ARE PROVIDED
 22 THROUGH MANAGED CARE ORGANIZATIONS, THE MANAGED CARE ORGANIZATIONS
 23 SHALL:

24 (1) PAY THE RATE IN EFFECT DURING THE IMMEDIATELY PRECEDING
 25 FISCAL YEAR FOR THE FIRST FISCAL YEAR THE MANAGED CARE ORGANIZATIONS
 26 PROVIDE THE SERVICES; AND

27 (2) ADJUST THE RATE ~~OF REIMBURSEMENT~~ FOR COMMUNITY
 28 PROVIDERS EACH FISCAL YEAR BY AT LEAST THE SAME AMOUNT THAT OTHERWISE
 29 WOULD HAVE BEEN REQUIRED UNDER ~~SUBSECTION (C)(2)(I) OF~~ SUBSECTION (D) OF
 30 THIS SECTION.

31 (G) INCREASED FUNDING PROVIDED UNDER SUBSECTION (D) OF THIS
 32 SECTION MAY BE USED ONLY TO INCREASE THE RATES PAID TO:

33 (1) COMMUNITY PROVIDERS ACCREDITED BY A STATE-APPROVED
 34 ACCREDITING BODY AND LICENSED BY THE STATE; AND

1 **(2) HEALTH CARE PROVIDERS WHO ARE ACTING WITHIN THE SCOPES**
 2 **OF PRACTICE OF THE HEALTH CARE PROVIDERS' LICENSES OR CERTIFICATES AS**
 3 **SPECIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE.**

4 ~~(E)~~ **(H) (1) ON OR BEFORE DECEMBER 1, 2018, THE DEPARTMENT**
 5 **SHALL SUBMIT AN INTERIM REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH**
 6 **§ 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE**
 7 **DELIVERY SYSTEM THROUGH WHICH COMMUNITY-BASED BEHAVIORAL HEALTH**
 8 **SERVICES SHOULD BE PROVIDED AND ANY PRELIMINARY RECOMMENDATIONS**
 9 **REGARDING THE PAYMENT SYSTEM REQUIRED UNDER THIS SECTION.**

10 **(2) ON OR BEFORE DECEMBER 1, 2019, AND ON OR BEFORE**
 11 **DECEMBER 1 EACH YEAR THEREAFTER, THE DEPARTMENT SHALL SUBMIT A**
 12 **REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE**
 13 **GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE IMPACT OF THE**
 14 **REIMBURSEMENT RATE ADJUSTMENT ADJUSTMENTS AND THE PAYMENT SYSTEM**
 15 **REQUIRED UNDER THIS SECTION ON COMMUNITY PROVIDERS, INCLUDING THE**
 16 **IMPACT ON:**

17 **(I) THE WAGES AND SALARIES PAID AND THE BENEFITS**
 18 **PROVIDED TO DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY**
 19 **COMMUNITY PROVIDERS;**

20 **(II) THE TENURE AND TURNOVER OF DIRECT CARE STAFF AND**
 21 **LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND**

22 **(III) THE ABILITY OF COMMUNITY PROVIDERS TO RECRUIT**
 23 **QUALIFIED DIRECT CARE STAFF AND LICENSED CLINICIANS.**

24 ~~(2)~~ **(3) THE DEPARTMENT MAY REQUIRE A COMMUNITY PROVIDER**
 25 **TO SUBMIT, IN THE FORM AND MANNER REQUIRED BY THE DEPARTMENT,**
 26 **INFORMATION THAT THE DEPARTMENT CONSIDERS NECESSARY FOR COMPLETION**
 27 **OF THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.**

28 SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
 29 as follows:

30 **Article – Health – General**

31 **19-310.3.**

1 (A) ON OR BEFORE JANUARY 1, 2018, EACH HOSPITAL SHALL HAVE A
2 PROTOCOL FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR
3 A DRUG OVERDOSE OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER.

4 (B) THE PROTOCOL MAY INCLUDE:

5 (1) COORDINATION WITH PEER RECOVERY COUNSELORS WHO CAN
6 CONDUCT A SCREENING, A BRIEF INTERVENTION, AND REFERRAL TO TREATMENT
7 AND CONNECTION OF THE PATIENT WITH COMMUNITY SERVICES; AND

8 (2) PRESCRIBING NALOXONE FOR THE PATIENT.

9 (C) (1) ~~A BEGINNING IN 2018, A HOSPITAL SHALL INCLUDE IN ITS~~
10 ~~ANNUAL COMMUNITY BENEFIT REPORT TO THE HEALTH SERVICES COST REVIEW~~
11 ~~COMMISSION UNDER § 19-303 OF THIS SUBTITLE THE SERVICES PROVIDED UNDER~~
12 SUBMIT TO THE MARYLAND HOSPITAL ASSOCIATION THE HOSPITAL'S PROTOCOL
13 FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR A DRUG
14 OVERDOSE OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER.

15 (2) ON OR BEFORE DECEMBER 1, 2018, THE MARYLAND HOSPITAL
16 ASSOCIATION SHALL SUBMIT A REPORT TO THE DEPARTMENT AND, IN
17 ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE
18 SENATE FINANCE COMMITTEE, THE HOUSE HEALTH AND GOVERNMENT
19 OPERATIONS COMMITTEE, AND THE JOINT COMMITTEE ON BEHAVIORAL HEALTH
20 AND SUBSTANCE USE DISORDERS ON EACH HOSPITAL'S DISCHARGE PROTOCOL AS
21 SUBMITTED TO THE MARYLAND HOSPITAL ASSOCIATION UNDER PARAGRAPH (1) OF
22 THIS SUBSECTION.

23 (D) (1) THE MARYLAND HOSPITAL ASSOCIATION SHALL CONDUCT A
24 STUDY THAT:

25 (I) IDENTIFIES OPPORTUNITIES TO SUPPORT A
26 COMPREHENSIVE TREATMENT CONTINUUM FOR INDIVIDUALS WITH SUBSTANCE
27 USE DISORDERS IN HOSPITALS IN THE STATE, INCLUDING WITHDRAWAL
28 MANAGEMENT; AND

29 (II) INCLUDES AN ASSESSMENT OF THE BARRIERS TO
30 PROVIDING AN EFFECTIVE AND EFFICIENT CONTINUUM OF CARE.

31 (2) ON OR BEFORE DECEMBER 1, 2017, THE MARYLAND HOSPITAL
32 ASSOCIATION SHALL SUBMIT A REPORT TO THE DEPARTMENT AND, IN
33 ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE
34 SENATE FINANCE COMMITTEE, THE HOUSE HEALTH AND GOVERNMENT
35 OPERATIONS COMMITTEE, AND THE JOINT COMMITTEE ON BEHAVIORAL HEALTH

AND SUBSTANCE USE DISORDERS ON THE FINDINGS AND RECOMMENDATIONS
FROM THE STUDY REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

~~Article—Insurance~~

~~15-802.~~

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

~~(2) “Alcohol [abuse] MISUSE” has the meaning stated in § 8-101 of the Health General Article.~~

~~(3) “Drug [abuse] MISUSE” has the meaning stated in § 8-101 of the Health General Article.~~

~~(4) “Grandfathered health plan coverage” has the meaning stated in 45 C.F.R. § 147.140.~~

~~(5) “Health benefit plan”:~~

~~(i) for a group or blanket plan, has the meaning stated in § 15-1401 of this title; and~~

~~(ii) for an individual plan, has the meaning stated in § 15-1301 of this title.~~

~~(6) “Managed care system” means a system of cost containment methods that a carrier uses to review and preauthorize a treatment plan developed by a health care provider for a covered individual in order to control utilization, quality, and claims.~~

~~(7) “Partial hospitalization” means the provision of medically directed intensive or intermediate short-term treatment:~~

~~(i) to an insured, subscriber, or member;~~

~~(ii) in a licensed or certified facility or program;~~

~~(iii) for mental illness, emotional disorders, drug [abuse] MISUSE, or alcohol [abuse] MISUSE; and~~

~~(iv) for a period of less than 24 hours but more than 4 hours in a day.~~

~~(8) “Small employer” has the meaning stated in § 31-101 of this article.~~

~~(b) With the exception of small employer grandfathered health plan coverage, this section applies to each individual, group, and blanket health benefit plan that is delivered~~

1 ~~or issued for delivery in the State by an insurer, a nonprofit health service plan, or a health~~
2 ~~maintenance organization.~~

3 ~~(e) A health benefit plan subject to this section shall provide at least the following~~
4 ~~benefits for the diagnosis and treatment of a mental illness, emotional disorder, drug~~
5 ~~[abuse] USE disorder, or alcohol [abuse] USE disorder:~~

6 ~~(1) inpatient benefits for services provided in a licensed or certified facility,~~
7 ~~including hospital inpatient AND RESIDENTIAL TREATMENT CENTER benefits;~~

8 ~~(2) partial hospitalization benefits; and~~

9 ~~(3) outpatient AND INTENSIVE OUTPATIENT benefits, including all office~~
10 ~~visits, DIAGNOSTIC EVALUATION, OPIOID TREATMENT SERVICES, MEDICATION~~
11 ~~EVALUATION AND MANAGEMENT, and psychological and neuropsychological testing for~~
12 ~~diagnostic purposes.~~

13 ~~(d) (1) The benefits under this section are required only for expenses arising~~
14 ~~from the treatment of mental illnesses, emotional disorders, drug [abuse] MISUSE, or~~
15 ~~alcohol [abuse] MISUSE if, in the professional judgment of health care providers:~~

16 ~~(i) the mental illness, emotional disorder, drug [abuse] MISUSE, or~~
17 ~~alcohol [abuse] MISUSE is treatable; and~~

18 ~~(ii) the treatment is medically necessary.~~

19 ~~(2) The benefits required under this section:~~

20 ~~(i) shall be provided as one set of benefits covering mental illnesses,~~
21 ~~emotional disorders, drug [abuse] MISUSE, and alcohol [abuse] MISUSE;~~

22 ~~(ii) shall comply with 45 C.F.R. § 146.136(a) through (d) AND 20~~
23 ~~C.F.R. § 2590.712(A) THROUGH (C);~~

24 ~~(iii) subject to paragraph (3) of this subsection, may be delivered~~
25 ~~under a managed care system; and~~

26 ~~(iv) for partial hospitalization under subsection (c)(2) of this section,~~
27 ~~may not be less than 60 days.~~

28 ~~(3) The benefits required under this section may be delivered under a~~
29 ~~managed care system only if the benefits for physical illnesses covered under the health~~
30 ~~benefit plan are delivered under a managed care system.~~

31 ~~(4) The processes, strategies, evidentiary standards, or other factors used~~
32 ~~to manage the benefits required under this section must be comparable as written and in~~

~~operation to, and applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used to manage the benefits for physical illnesses covered under the health benefit plan.~~

~~(5) An insurer, nonprofit health service plan, or health maintenance organization may not charge a copayment for [methadone maintenance] AN OPIOID treatment SERVICE that is greater than 50% of the daily cost for [methadone maintenance] THE OPIOID treatment SERVICE.~~

~~(e) An entity that issues or delivers a health benefit plan subject to this section shall provide on its Web site and annually in print to its insureds or members:~~

~~(1) notice about the benefits required under this section and the federal Mental Health Parity and Addiction Equity Act; and~~

~~(2) notice that the insured or member may contact the Administration for further information about the benefits.~~

~~(f) An entity that issues or delivers a health benefit plan subject to this section shall:~~

~~(1) post a release of information authorization form on its Web site; and~~

~~(2) provide a release of information authorization form by standard mail within 10 business days after a request for the form is received.~~

~~SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2017, the State Department of Education, in consultation with stakeholders, shall:~~

~~(1) develop a plan to establish regional recovery schools that enable students recovering from a substance use disorder to learn in a substance free and supportive environment; and~~

~~(2) report its findings and recommendations to the General Assembly in accordance with § 2-1246 of the State Government Article.~~

~~SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

Article – Insurance

15-850.

(A) IN THIS SECTION, “OPIOID ANTAGONIST” MEANS:

(1) NALOXONE HYDROCHLORIDE; OR

1 (2) ANY OTHER SIMILARLY ACTING AND EQUALLY SAFE DRUG
 2 APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE
 3 TREATMENT OF A DRUG OVERDOSE.

4 **(B) (1) THIS SECTION APPLIES TO:**

5 (I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
 6 PROVIDE COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR
 7 BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR
 8 DELIVERED IN THE STATE; AND

9 (II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
 10 COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR GROUP CONTRACTS
 11 THAT ARE ISSUED OR DELIVERED IN THE STATE.

12 (2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH
 13 MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION
 14 DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE
 15 REQUIREMENTS OF THIS SECTION.

16 (C) AN ENTITY SUBJECT TO THIS SECTION THAT INCLUDES ON ITS
 17 FORMULARY AN OPIOID ANTAGONIST MAY APPLY A PRIOR AUTHORIZATION
 18 REQUIREMENT FOR AN OPIOID ANTAGONIST ONLY IF THE ENTITY PROVIDES
 19 COVERAGE FOR AT LEAST ONE FORMULATION OF THE OPIOID ANTAGONIST
 20 WITHOUT A PRIOR AUTHORIZATION REQUIREMENT.

21 SECTION 5. AND BE IT FURTHER ENACTED, That, on or before December 1,
 22 2019, the Department of Health and Mental Hygiene shall submit a report to the Governor
 23 and, in accordance with § 2–1246 of the State Government Article, the General Assembly
 24 that:

25 (1) details outcome measures that reasonably can be collected for each
 26 treatment modality offered by community providers for which the rate of reimbursement
 27 would be adjusted under § 16–201.3 of the Health – General Article, as enacted by Section
 28 2 of this Act; and

29 (2) includes recommendations regarding how reimbursement rates can be
 30 tied to outcomes, such as:

31 (i) differential payment for implementation of, and adherence to,
 32 evidence–based and promising practices;

33 (ii) differential payment based on outcomes;

1 (iii) payments made to align incentives with the goals of the State's
 2 all-payer model contract; and

3 (iv) any other financial payment system linking reimbursement to
 4 outcomes.

5 SECTION 6. AND BE IT FURTHER ENACTED, That the Secretary of Health and
 6 Mental Hygiene shall establish the guidelines required under § 13-3402(a) of the
 7 Health – General Article, as enacted by Section 1 of this Act, on or before December 1, 2017.

8 SECTION ~~3~~ 7. AND BE IT FURTHER ENACTED, That, ~~on or before December 1,~~
 9 2017, the:

10 (a) The Department of Public Safety and Correctional Services and each local jail
 11 and detention center, in collaboration with the Department of Health and Mental Hygiene
 12 and stakeholders, shall:

13 ~~(1)~~ develop a plan to increase the provision of substance use disorder
 14 treatment, including medication-assisted treatment, in State prisons and each local jail,
 15 and jail and detention center.

16 (b) On or before November 1, 2017, each local jail and detention center shall
 17 submit the plan required under subsection (a) of this section to the Department of Public
 18 Safety and Correctional Services.

19 ~~(2)~~ (c) On or before December 1, 2017, the Department of Public Safety
 20 and Correctional Services shall submit ~~the plan~~ a report that includes the plans required
 21 under subsection (a) of this section and any recommendations to the General Assembly in
 22 accordance with § 2-1246 of the State Government Article.

23 SECTION 8. AND BE IT FURTHER ENACTED, That, on or before January 1, 2018,
 24 the Department of Health and Mental Hygiene, in consultation with the Governor's Office
 25 of Crime Control and Prevention and interested stakeholders, shall report to the Senate
 26 Finance Committee, the Senate Judicial Proceedings Committee, the House Health and
 27 Government Operations Committee, and the House Judiciary Committee on new,
 28 innovative, evidence-based programs and methods to better manage the State's substance
 29 abuse and opioid crisis.

30 SECTION 9. AND BE IT FURTHER ENACTED, That Section 4 of this Act shall
 31 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the
 32 State on or after January 1, 2018.

33 SECTION ~~4~~ 10. AND BE IT FURTHER ENACTED, That Sections 1, 2, 3, 5, 6, 7,
 34 and 8 of this Act shall take effect June 1, 2017.

35 SECTION 11. AND BE IT FURTHER ENACTED, That:

1 (1) it is the intent of the General Assembly that the Department of Health
2 and Mental Hygiene use the \$10,000,000 in general funds included in Supplemental Budget
3 No. 2 in the Opioid Crisis Fund to prioritize the funding of services established under this
4 Act; and

5 (2) on or before January 1, 2018, the Department of Health and Mental
6 Hygiene, in accordance with § 2-1246 of the State Government Article, shall report to the
7 Senate Finance Committee, the Senate Education, Health, and Environmental Affairs
8 Committee, the Senate Budget and Taxation Committee, the House Health and
9 Government Operations Committee, and the House Appropriations Committee on how
10 funds were used and the criteria for the use of funds.

11 SECTION 12. AND BE IT FURTHER ENACTED, That Sections 4 and 9 of this Act
12 shall take effect January 1, 2018.

13 SECTION 13. AND BE IT FURTHER ENACTED, That this Act is an emergency
14 measure, is necessary for the immediate preservation of the public health or safety, has
15 been passed by a yea and nay vote supported by three-fifths of all the members elected to
16 each of the two Houses of the General Assembly and, except as provided in Section 12 of
17 this Act, shall take effect from the date it is enacted.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.