

# SENATE BILL 967

J1, C3, F5

EMERGENCY BILL  
**ENROLLED BILL**

(7lr3112)

— *Finance and Education, Health, and Environmental Affairs/Health and Government Operations* —

Introduced by ~~Senator Klausmeier~~ **Senators Klausmeier, Astle, Benson, Feldman, Hershey, Hough, Jennings, Mathias, Middleton, Miller, Oaks, Reilly, Rosapepe, and Simonaire**

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.

\_\_\_\_\_  
President.

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

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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 mental health or substance use disorder crisis with access  
12 to certain clinical staff; ~~requiring that at least one crisis treatment center be located~~  
13 ~~in each geographical region of the State; requiring that at least one crisis treatment~~  
14 center be established on or before a certain date; requiring the Administration to  
15 establish the crisis treatment centers in a manner that is consistent with a certain  
16 plan; requiring the Administration to submit a certain report to a certain committee  
17 beginning on or before a certain date, and on or before a certain date each year  
18 thereafter, until the Administration establishes ~~a certain number of~~ *certain* crisis  
19 treatment centers; requiring the Department of Health and Mental Hygiene to  
20 establish and operate a certain Health Crisis Hotline ~~using certain resources and~~  
21 ~~technology; requiring that the Health Crisis Hotline assist callers in identifying~~  
22 ~~certain services for a certain purpose~~ a certain manner; requiring the Department of  
23 Health and Mental Hygiene to collect and maintain certain information to provide  
24 to callers on the Health Crisis Hotline; requiring the Department of Health and  
25 Mental Hygiene to provide certain training for certain staff who assist callers on the  
26 Health Crisis Hotline; requiring the Department of Health and Mental Hygiene, to  
27 the extent practicable, to ensure that information provided to callers on the Health  
28 Crisis Hotline is up to date and accurate; requiring the Department of Health and  
29 Mental Hygiene to disseminate certain information in a certain manner; requiring  
30 the Department of Health and Mental Hygiene to identify certain information about  
31 opioid use disorder; requiring the Department of Health and Mental Hygiene to  
32 provide certain information to certain health care facilities and certain health care  
33 providers; requiring certain health care facilities and certain health care providers  
34 to make certain information available to certain patients; requiring certain health  
35 care facilities and health care systems to make available to patients the services of  
36 ~~at least a certain number of~~ health care providers who are trained and authorized  
37 ~~under federal law to prescribe buprenorphine under federal law for every certain~~  
38 ~~number of patients~~ opioid addiction treatment medications; requiring authorizing  
39 the health care facilities and health care systems to ~~use a certain average number of~~  
40 ~~certain patients for the purpose of calculating the number of health care providers~~  
41 ~~required under~~ directly employ, contract with, or refer a patient to a certain provider  
42 or to deliver certain services in a certain manner to comply with a certain provision  
43 of this Act; ~~requiring, except under certain circumstances, the Department of Health~~  
44 ~~and Mental Hygiene to adjust the rate of reimbursement for certain community~~  
45 ~~providers each fiscal year by the rate adjustment included in a certain State budget;~~  
46 providing that the Overdose Response Program is administered by the Department  
47 of Health and Mental Hygiene for a certain purpose; repealing certain provisions of

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

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

1 ~~BY adding to~~  
2 ~~Article – Education~~  
3 ~~Section 15–121~~  
4 ~~Annotated Code of Maryland~~  
5 ~~(2014 Replacement Volume and 2016 Supplement)~~

6 BY repealing and reenacting, without amendments,  
7 Article – Courts and Judicial Proceedings  
8 Section 13–101(a)  
9 Annotated Code of Maryland  
10 (2013 Replacement Volume and 2016 Supplement)

11 BY adding to  
12 Article – Courts and Judicial Proceedings  
13 Section 13–101.1  
14 Annotated Code of Maryland  
15 (2013 Replacement Volume and 2016 Supplement)

16 BY repealing and reenacting, without amendments,  
17 Article – Criminal Law  
18 Section 5–301(a)(1)  
19 Annotated Code of Maryland  
20 (2012 Replacement Volume and 2016 Supplement)

21 BY repealing and reenacting, with amendments,  
22 Article – Criminal Law  
23 Section 5–307  
24 Annotated Code of Maryland  
25 (2012 Replacement Volume and 2016 Supplement)

26 BY repealing and reenacting, without amendments,  
27 Article – Health – General  
28 Section 5–901  
29 Annotated Code of Maryland  
30 (2015 Replacement Volume and 2016 Supplement)

31 BY repealing and reenacting, with amendments,  
32 Article – Health – General  
33 Section 5–903 through 5–905, 13–3101 through 13–3103, and 13–3107 through  
34 13–3111  
35 Annotated Code of Maryland  
36 (2015 Replacement Volume and 2016 Supplement)

37 BY repealing  
38 Article – Health – General  
39 Section 13–3104 through 13–3106

1 Annotated Code of Maryland  
 2 (2015 Replacement Volume and 2016 Supplement)

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

12 ~~BY repealing and reenacting, with amendments,~~  
 13 ~~Article – Insurance~~  
 14 ~~Section 15–802~~  
 15 ~~Annotated Code of Maryland~~  
 16 ~~(2011 Replacement Volume and 2016 Supplement)~~

17 BY adding to  
 18 Article – Insurance  
 19 Section 15–850 and 15–851  
 20 Annotated Code of Maryland  
 21 (2011 Replacement Volume and 2016 Supplement)

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

24 **Article – Courts and Judicial Proceedings**

25 13–101.

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

32 **13–101.1.**

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

1           (B) (1) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE  
2 ADMINISTRATIVE OFFICE OF THE COURTS REQUEST AN APPROPRIATION OF  
3 \$2,000,000 OF ADDITIONAL FUNDING IN THE STATE BUDGET FOR FISCAL YEAR 2019  
4 FOR THE PURPOSE OF AWARDING GRANTS TO EXPAND THE SCOPE OF DRUG COURT  
5 PROGRAMS DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION.

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

10                           ~~Article – Education~~

11       ~~15-121.~~

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

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

20                           Article – Criminal Law

21       5-301.

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

25       5-307.

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

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

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

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

4           (4) has violated this title; OR

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

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

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

14                                 **Article – Health – General**

15           5–901.

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

18           5–903.

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

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

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

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

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

30           (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;~~**

21 ~~(1) LOCATED IN EACH GEOGRAPHICAL REGION OF THE STATE; AND~~

22 ~~(2) ESTABLISHED ESTABLISHED ON OR BEFORE JUNE 1, 2018.~~

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

28 (D) **ON OR BEFORE SEPTEMBER 1, 2017, AND ON OR BEFORE SEPTEMBER 1**  
 29 **EACH YEAR THEREAFTER UNTIL THE ADMINISTRATION ESTABLISHES THE ~~MINIMUM~~**  
 30 **NUMBER OF CRISIS TREATMENT CENTERS REQUIRED UNDER SUBSECTION (A) OF**  
 31 **THIS SECTION, THE ADMINISTRATION SHALL SUBMIT, IN ACCORDANCE WITH §**

1 2-1246 OF THE STATE GOVERNMENT ARTICLE, A REPORT ON THE STATUS OF THE  
2 ESTABLISHMENT OF CRISIS TREATMENT CENTERS UNDER THIS SECTION TO THE  
3 JOINT COMMITTEE ON BEHAVIORAL HEALTH AND OPIOID USE DISORDERS.

4 SUBTITLE 5. HEALTH CRISIS HOTLINE.

5 7.5-501.

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

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

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

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

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

19 (4) REFERRING CALLERS FOR ONGOING CARE; AND

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

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

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

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

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

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

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

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

7           **(II) PROVIDE SERVICES:**

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

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

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

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

13                  5.   **FOR GRIEF SUPPORT.**

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

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

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

24 **8-407.**

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

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

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

3           **(3) IS CULTURALLY AND LINGUISTICALLY APPROPRIATE FOR**  
4 **POTENTIAL RECIPIENTS OF THE INFORMATION; AND**

5           **(4) INCLUDES INFORMATION ADDRESSING:**

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

7                   **(II) THE RISKS ASSOCIATED WITH UNTREATED OPIOID USE**  
8 **DISORDER;**

9                   **(III) APPROPRIATE CLINICAL TREATMENT FOR OPIOID USE**  
10 **DISORDER, INCLUDING:**

11                           **1. COUNSELING SERVICES; AND**

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

14                   **(IV) APPROPRIATE USE OF OVERDOSE REVERSAL AGENTS;**

15                   **(V) APPROPRIATE SUPPORT SERVICES, INCLUDING:**

16                           **1. PEER FELLOWSHIP AND SUPPORT GROUPS, SUCH AS**  
17 **NARCOTICS ANONYMOUS AND ALCOHOLICS ANONYMOUS;**

18                           **2. COMMUNITY-BASED SERVICES; AND**

19                           **3. RESIDENTIAL OR RECOVERY HOUSING SERVICES;**

20 **AND**

21                   **(VI) APPROPRIATE TREATMENTS FOR PAIN THAT MAY BE USED**  
22 **TO REDUCE OR REPLACE OPIOID MEDICATION TREATMENTS FOR CHRONIC PAIN.**

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

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

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

8-1101.

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

(2) “HEALTH CARE FACILITY” MEANS:

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

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

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

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

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

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

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

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

(1) DIRECTLY EMPLOY, CONTRACT WITH, OR REFER A PATIENT TO A HEALTH CARE PROVIDER WHO IS TRAINED AND AUTHORIZED UNDER FEDERAL LAW

1 TO PRESCRIBE OPIOID ADDICTION TREATMENT MEDICATIONS, INCLUDING  
 2 BUPRENORPHINE-CONTAINING FORMULATIONS; OR

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

5 13-3101.

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

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

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

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

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

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

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

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

22 13-3102.

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

27 13-3103.

28 (a) The Department shall adopt regulations necessary for the administration of  
 29 the Program.

30 (b) The Department may:



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

2           (2)   [Authorize private or public entities to issue and renew certificates to  
3 persons meeting the requirements of this subtitle;

4           (3)   (i) Authorize private or public entities to conduct [educational]  
5 EDUCATION AND training [programs described in § 13–3104 of this subtitle] ON OPIOID  
6 OVERDOSE RECOGNITION AND RESPONSE THAT INCLUDE:

7                   (I)   EDUCATION ON RECOGNIZING THE SIGNS AND SYMPTOMS  
8 OF AN OPIOID OVERDOSE;

9                   (II)   TRAINING ON RESPONDING TO AN OPIOID OVERDOSE,  
10 INCLUDING THE ADMINISTRATION OF NALOXONE; AND

11                   (III)   ACCESS TO NALOXONE AND THE NECESSARY SUPPLIES FOR  
12 THE ADMINISTRATION OF THE NALOXONE; [and]

13                   (ii) (3)   Develop guidance regarding the content of educational  
14 training programs conducted by private or public entities; and

15           (4)   Collect and report data on the operation and results of the programs.

16           (C)   AN INDIVIDUAL IS NOT REQUIRED TO OBTAIN TRAINING AND  
17 EDUCATION ON OPIOID OVERDOSE RECOGNITION AND RESPONSE FROM A PRIVATE  
18 OR PUBLIC ENTITY UNDER SUBSECTION (B) OF THIS SECTION IN ORDER FOR A  
19 PHARMACIST TO DISPENSE NALOXONE TO THE INDIVIDUAL.

20 [13–3104.

21           (a)   To qualify for a certificate, an individual shall meet the requirements of this  
22 section.

23           (b)   The applicant shall be at least 18 years old.

24           (c)   The applicant shall have, or reasonably expect to have, as a result of the  
25 individual's occupation or volunteer, family, or social status, the ability to assist an  
26 individual who is experiencing an opioid overdose.

27           (d)   (1)   The applicant shall successfully complete an educational training  
28 program offered by a private or public entity authorized by the Department.

29           (2)   An educational training program required under this subsection shall:

30                   (i)   Be conducted by:

1           1. A licensed physician;

2           2. An advanced practice nurse;

3           3. A pharmacist; or

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

8           A. Procedures for providing patient overdose information;

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

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

13           (ii) Include training in:

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

15           2. The proper administration of naloxone;

16           3. The importance of contacting emergency medical services;

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

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

20 **13-3104.**

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

25 **[13-3105.**

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

28 **[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                   ~~(II) 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

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

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

5 **Article – Insurance**

6 ~~15-802.~~

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

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

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

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

14 (5) ~~“Health benefit plan”:~~

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

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

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

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

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

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

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

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

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

1           (b) ~~With the exception of small employer grandfathered health plan coverage, this~~  
2 ~~section applies to each individual, group, and blanket health benefit plan that is delivered~~  
3 ~~or issued for delivery in the State by an insurer, a nonprofit health service plan, or a health~~  
4 ~~maintenance organization.~~

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

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

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

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

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

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

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

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

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

24                   (ii) ~~shall comply with 45 C.F.R. § 146.136(a) through (d) AND 29~~  
25 ~~C.F.R. § 2590.712(A) THROUGH (C);~~

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

28                   (iv) ~~for partial hospitalization under subsection (e)(2) of this section,~~  
29 ~~may not be less than 60 days.~~

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

~~(4) The processes, strategies, evidentiary standards, or other factors used 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.~~

~~15-850.~~

~~(A) (1) THIS SECTION APPLIES TO:~~

~~(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR SUBSTANCE USE DISORDER BENEFITS OR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND~~

~~(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE COVERAGE FOR SUBSTANCE USE DISORDER BENEFITS OR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR GROUP CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.~~

~~(2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR SUBSTANCE USE~~

~~DISORDER BENEFITS UNDER THE MEDICAL BENEFIT OR FOR PRESCRIPTION DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.~~

~~(B) AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A PRIOR AUTHORIZATION REQUIREMENT FOR A PRESCRIPTION DRUG:~~

~~(1) WHEN USED FOR TREATMENT OF AN OPIOID USE DISORDER; AND~~

~~(2) THAT CONTAINS METHADONE, BUPRENORPHINE, OR NALTREXONE.~~

~~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 5. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

~~Article Insurance~~

~~15-851. 15-850.~~

~~(A) IN THIS SECTION, "OPIOID ANTAGONIST" MEANS:~~

~~(1) NALOXONE HYDROCHLORIDE; OR~~

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

~~(B) (1) THIS SECTION APPLIES TO:~~

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



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

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

8                    (C) AN ENTITY SUBJECT TO THIS SECTION THAT INCLUDES ON ITS  
 9 FORMULARY AN OPIOID ANTAGONIST MAY APPLY A PRIOR AUTHORIZATION  
 10 REQUIREMENT FOR AN OPIOID ANTAGONIST ONLY IF THE ENTITY PROVIDES  
 11 COVERAGE FOR AT LEAST ONE FORMULATION OF THE OPIOID ANTAGONIST  
 12 WITHOUT A PRIOR AUTHORIZATION REQUIREMENT.

13                    SECTION ~~6~~ 5. AND BE IT FURTHER ENACTED, That, on or before December 1,  
 14 2019, the Department of Health and Mental Hygiene shall submit a report to the Governor  
 15 and, in accordance with § 2–1246 of the State Government Article, the General Assembly  
 16 that:

17                    (1) details outcome measures that reasonably can be collected for each  
 18 treatment modality offered by community providers for which the rate of reimbursement  
 19 would be adjusted under § 16–201.3 of the Health – General Article, as enacted by Section  
 20 2 of this Act; and

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

23                    (i) differential payment for implementation of, and adherence to,  
 24 evidence-based and promising practices;

25                    (ii) differential payment based on outcomes;

26                    (iii) payments made to align incentives with the goals of the State’s  
 27 all-payer model contract; and

28                    (iv) any other financial payment system linking reimbursement to  
 29 outcomes.

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

33                    SECTION ~~8~~ ~~9~~ 7. AND BE IT FURTHER ENACTED, That, ~~on or before December~~  
 34 ~~1, 2017, the:~~

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

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

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

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

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

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

24           ~~SECTION 10. AND BE IT FURTHER ENACTED, That Section 5 of this Act shall~~  
 25 ~~apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the~~  
 26 ~~State on or after January 1, 2018.~~

27           SECTION 4, ~~11,~~ 10. AND BE IT FURTHER ENACTED, That ~~Sections 1, 2, 3, 6, 7,~~  
 28 ~~8, and 9~~ Sections 1, 2, 3, 5, 6, 7, and 8 of this Act shall take effect June 1, 2017.

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

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

34           (2) on or before January 1, 2018, the Department of Health and Mental  
 35 Hygiene, in accordance with § 2-1246 of the State Government Article, shall report to the  
 36 Senate Finance Committee, the Senate Education, Health, and Environmental Affairs  
 37 Committee, the Senate Budget and Taxation Committee, the House Health and Government

1 Operations Committee, and the House Appropriations Committee on how funds were used  
2 and the criteria for the use of funds.

3 SECTION 12. AND BE IT FURTHER ENACTED, That Sections ~~5 and 10~~ 4 and 9 of  
4 this Act shall take effect January 1, 2018.

5 SECTION 13. AND BE IT FURTHER ENACTED, That this Act is an emergency  
6 measure, is necessary for the immediate preservation of the public health or safety, has  
7 been passed by a yea and nay vote supported by three-fifths of all the members elected to  
8 each of the two Houses of the General Assembly and, except as provided in Sections 11 and  
9 12 of this Act, shall take effect from the date it is enacted.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.