Chapter 211

(House Bill 922)

AN ACT concerning

Maryland Department of Health – “Pill Mill” Tip Line and Overdose Report

FOR the purpose of requiring the Maryland Department of Health, on or before a certain date, to establish a method for establishing a certain tip line through which a person may report a certain individual who the reporting person suspects is prescribing medication or overprescribing medication in violation of certain provisions of law; requiring the Department to endeavor to ensure that a certain phone number translates alphanumerically in a certain manner; establishing that the Department is responsible for ensuring that certain reports are investigated by forwarded to the appropriate licensing board; requiring the Department to report to certain committees of the General Assembly on or before a certain date requiring, on or before a certain date each year, the Secretary of Health to examine the prescription and treatment history of certain individuals who suffered fatal overdoses involving opiates and other controlled dangerous substances; requiring the Secretary to collaborate with certain entities when conducting the examination; requiring the Secretary to provide a certain report to the Governor and the General Assembly on or before a certain date each year; requiring a certain assessment to include accessing certain data sets; requiring, on or before a certain date, certain entities to share data with the Department and enter into a certain agreement with the Department; providing that certain records and information are not public records and are not subject to discovery, subpoena, or other means of legal compulsion in civil or criminal litigation; requiring the Department to seek certain funding for a certain purpose; requiring the Department to examine the feasibility to establishing a certain program, develop a certain model, and determine a certain cost; requiring, on or before a certain date, the Department to report to certain committees of the General Assembly on certain findings; providing for the termination of this Act; and generally relating to a “pill mill” tip line the inappropriate prescribing of medication and the assessment and reporting of overdose data.

BY adding to
Article – Health Occupations
Section 1–224
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

BY adding to
Article – Health – General
Section 7.5–701 to be under the new subtitle “Subtitle 7.5 Overdose Report”
Annotated Code of Maryland
(2015 Replacement Volume and 2017 Supplement)
SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health Occupations

1–224.

(A) ON OR BEFORE DECEMBER 1, 2018, THE DEPARTMENT SHALL ESTABLISH A METHOD FOR ESTABLISHING A TIP LINE THROUGH WHICH A PERSON MAY REPORT AN INDIVIDUAL LICENSED UNDER THIS ARTICLE WHO THE REPORTING PERSON SUSPECTS IS PRESCRIBING MEDICATION OR OVERPRESCRIBING MEDICATION IN VIOLATION OF ANY PROVISION OF THIS ARTICLE.

(2) IN ESTABLISHING THE TIP LINE UNDER THIS SUBSECTION, THE DEPARTMENT SHALL ENDEAVOR TO ENSURE THAT THE PHONE NUMBER ASSOCIATED WITH THE TIP LINE TRANSLATES ALPHANUMERICALLY TO A MEMORABLE WORD OR PHRASE.

(B) THE DEPARTMENT SHALL BE RESPONSIBLE FOR ENSURING THAT REPORTS TO THE TIP LINE ARE INVESTIGATED BY FORWARDED TO THE APPROPRIATE LICENSING BOARD.

Article – Health – General

SUBTITLE 7.5. OVERDOSE REPORT.

7.5–701.

(A) ON OR BEFORE JULY 1 EACH YEAR, THE SECRETARY SHALL EXAMINE THE PRESCRIPTION AND TREATMENT HISTORY, INCLUDING COURT–ORDERED TREATMENT OR TREATMENT PROVIDED THROUGH THE CRIMINAL JUSTICE SYSTEM, OF INDIVIDUALS IN THE STATE WHO SUFFERED FATAL OVERDOSES INVOLVING OPIATES AND OTHER CONTROLLED DANGEROUS SUBSTANCES IN THE IMMEDIATELY PRECEDING 4 CALENDAR YEARS.

AND COMMUNITY DEVELOPMENT, AND ANY OTHER STATE AND LOCAL AGENCY THAT THE SECRETARY CONSIDERS NECESSARY.

(C) (1) BEGINNING JULY 1, 2019, AND EACH YEAR THEREAFTER, THE SECRETARY SHALL PROVIDE A REPORT ON THE FINDINGS OF THE EXAMINATION REQUIRED UNDER SUBSECTION (A) OF THIS SECTION TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY.

(2) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(I) INCLUDE AN ASSESSMENT OF THE FACTORS ASSOCIATED WITH FATAL AND NONFATAL OPIOID OVERDOSE RISK AND AN ASSESSMENT OF THE PROGRAMS TARGETED AT OPIOID USE AND MISUSE, INCLUDING:

1. UTILIZATION OF MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SUPPORT SERVICES, INCLUDING CLAIMS DATA FROM THE MARYLAND MEDICAL ASSISTANCE PROGRAM;

2. UTILIZATION OF HOSPITAL SERVICES;

3. UTILIZATION OF EMERGENCY MEDICAL SERVICES;

4. UTILIZATION OF CONTROLLED PRESCRIPTION DRUGS AND ANTIDOTES;

5. INVOLVEMENT WITH THE STATE AND LOCAL CRIMINAL JUSTICE SYSTEM, INCLUDING ARREST, INCARCERATION, AND COMMUNITY SUPERVISION;

6. INVOLVEMENT WITH SOCIAL SERVICES AGENCIES;

7. SOCIOECONOMIC STATUS, RACE, AGE, ETHNICITY, LOCATION OF OVERDOSE, MARITAL STATUS, AND EMPLOYMENT STATUS;

8. EDUCATION STATUS; AND

9. ACCESS TO PUBLIC OR PRIVATE HEALTH INSURANCE COVERAGE;

(II) IDENTIFY AND ASSESS METHODS OF INTERVENING WITH POPULATIONS FOUND TO BE AT RISK OF OVERDOSE OR A SUBSTANCE USE DISORDER; AND
(III) Include recommendations for improving and providing statewide prevention, response, and data collection efforts related to substance use disorder.

(3) The assessment required under paragraph (2) of this subsection shall include accessing, and where feasible links to, the following data sets:

(I) Overdose deaths and other fatal drug poisonings;

(II) Substance use treatment;

(III) Prescription Drug Monitoring Program;

(IV) Emergency Medical Services Database;

(V) Select birth information for children exposed to opioids during gestation;

(VI) Cancer registry;

(VII) Cause and manner of death and toxicology;

(VIII) Hospital case mix, emergency department and inpatient records associated with substance use disorder and nonfatal controlled dangerous substance–related poisonings;

(IX) All payer claims database;

(X) Corrections mental health and substance use disorder data and incarcerations in correctional facilities including county detention centers;

(XI) Needle exchange program;

(XII) Drug seizures;

(XIII) Index of concentration at the extremes;

(XIV) Maryland violent death records system;

(XV) Electronic Surveillance System for the Early Notification of Community–Based Epidemics;
(XVI) VITAL STATISTICS;

(XVII) STATE AND LOCAL FATALITY REVIEW RECORDS; AND

(XVIII) MARYLAND MEDICAL ASSISTANCE PROGRAM

PHARMACY CLAIMS.

(4) ON OR BEFORE SEPTEMBER 1, 2018, EACH ENTITY IDENTIFIED UNDER SUBSECTION (B) OF THIS SECTION SHALL PROVIDE DATA TO THE DEPARTMENT IN ACCORDANCE WITH THIS SECTION AND ENTER INTO A DATA SHARING USE AGREEMENT WITH THE DEPARTMENT.

(D) ANY RECORDS AND INFORMATION PROVIDED TO THE DEPARTMENT IN ACCORDANCE WITH THIS SECTION THAT COULD IDENTIFY ANY INDIVIDUAL ARE NOT PUBLIC RECORDS AND ARE NOT SUBJECT TO DISCOVERY, SUBPOENA, OR OTHER MEANS OF LEGAL COMPULSION IN CIVIL OR CRIMINAL LITIGATION.

(E) THE DEPARTMENT SHALL SEEK ANY AVAILABLE FEDERAL FUNDING TO IMPLEMENT THE REQUIREMENTS OF THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2019, the Maryland Department of Health shall report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, in accordance with § 2–1246 of the State Government Article, on the status of the tip line required under § 1–224(a)(1) of the Health—General Article, as enacted by Section 1 of this Act, including:

(1) the Department’s attempts to identify a tip line phone number that translates alphanumerically as required;

(2) the number of calls received by the tip line and the disposition of any investigations resulting from the calls; and

(3) any recommendations relating to the tip line.

SECTION 2. AND BE IT FURTHER ENACTED, That, the Maryland Department of Health shall:

(1) examine the feasibility of establishing a Hub and Spoke model program in the State;

(2) develop a proposed model for the State and determine the cost of the model; and
(3) on or before January 1, 2019, report to the Senate Finance Committee, the House Health and Government Operations Committee, and the Joint Committee on Behavioral Health and Opioid Use Disorders, in accordance with § 2–1246 of the State Government Article, on the findings of the examination.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2018. It shall remain effective for a period of 4 years and 2 months and, at the end of July 31, 2022, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

Approved by the Governor, April 24, 2018.