Department of Legislative Services

Maryland General Assembly
2018 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1764 (Delegates Kipke and Pena-Melnyk)
Health and Government Operations

Public Health - Overdose Response Program - Dispensing of Naloxone by Paramedics

This bill authorizes a paramedic to dispense naloxone in a nonemergency environment in accordance with the Overdose Response Program, subject to the rules, regulations, protocols, orders, and standards of the Emergency Medical Services (EMS) Board.

Fiscal Summary

State Effect: General fund expenditures may increase by an indeterminate amount, as discussed below. Revenues are not affected.

Local Effect: Revenues and expenditures may increase by an indeterminate amount, as discussed below.

Small Business Effect: None.

Analysis

Bill Summary: A paramedic may dispense naloxone to an individual who the paramedic believes to be at risk of experiencing an opioid overdose or is in a position to assist an individual at risk of experiencing an opioid overdose.

A paramedic who dispenses naloxone in accordance with the Overdose Response Program may not be subject to any disciplinary action by the EMS board solely for the act of dispensing naloxone. Further, a cause of action may not arise against a paramedic for any act or omission when the paramedic in good faith dispenses naloxone and the necessary paraphernalia for its administration.

The bill also exempts a paramedic who dispenses naloxone in accordance with the Overdose Response Program from the requirements of the Maryland Pharmacy Act.

Current Law/Background: For information on the State's opioid crisis, please refer to the **Appendix – Opioid Crisis**.

Overdose Response Program

Naloxone (also known as Narcan®) is an opioid antagonist long used in emergency medicine to rapidly reverse opioid-related sedation and respiratory depression. Chapter 299 of 2013 established the Overdose Response Program within the Maryland Department of Health (MDH) to authorize certain individuals (through the issuance of a certificate) to administer naloxone to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available. Chapter 356 of 2015 expanded the program to authorize standing orders for naloxone and provided additional legal protections for prescribers and those administering naloxone.

Chapters 571 and 572 of 2017 (also known as the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017) made several changes to the Overdose Response Program, including repealing the requirement that specified health care providers may only prescribe or dispense naloxone to a program certificate holder and related certification requirements. An individual is no longer required to obtain specified training and education in order for a pharmacist to dispense naloxone to the individual. An individual may (1) receive a prescription for naloxone and the necessary supplies for its administration from any licensed health care provider with prescribing authority; (2) possess the prescribed naloxone and necessary supplies for its administration; and (3) in an emergency situation when medical services are not immediately available, administer naloxone to an individual experiencing or believed to be experiencing an opioid overdose.

First Responder Administration of Naloxone

Effective October 1, 2017, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) authorizes emergency medical responders (EMRs) to administer naloxone statewide. Prior to this date, authorization was limited to a few jurisdictions that participated in an optional supplemental protocol. EMRs are required to complete approved training before administering naloxone. According to an October 2017 MIEMSS report, in calendar 2016, there were (1) 2,759 administrations of naloxone by EMS personnel that resulted in no subsequent transport to treatment facilities and (2) 10,400 naloxone administrations by EMS that did result in transport. Between January and June 2017, there were (1) 1,912 naloxone administrations by EMS that did not result in transport and (2) 5,559 naloxone administrations by EMS that did result in transport.

MIEMSS also reports that it has partnered with MDH's Behavioral Health Administration (BHA) and the Governor's Opioid Operational Command Center to reimburse emergency medical services operational programs (EMSOPs) for the cost of naloxone. The program is funded with a $200,000 grant from BHA, which is used to reimburse EMSOPs for naloxone administrations in which the individual was not transported or refused transport to a hospital. The funding formula is based on an estimated cost of $40 per unit of 2 mg/2 ml Luer-Jet prefilled syringe of naloxone. MIEMSS has also partnered with BHA to allow jurisdictions to purchase naloxone in bulk through a State contract.

State Expenditures: The bill authorizes, but does not require, paramedics to dispense naloxone in nonemergency situations, subject to any rules or regulations adopted by the EMS board. As noted above, BHA provides grants to EMSOPs for naloxone administration. To the extent the bill results in the need for additional naloxone beyond what is covered under existing grants, general fund expenditures may increase by an indeterminate amount. The Department of Legislative Services (DLS) advises that any increase depends on the extent to which paramedics choose to dispense naloxone in nonemergency situations and any rules or regulations adopted by the EMS board, which cannot be reliably estimated at this time.

Local Fiscal Effect: Similarly, to the extent the bill results in a greater need for naloxone beyond what is covered under existing grants, local revenues may increase due to additional grants. Local expenditures may also increase, even if additional grant funding is not provided, by an indeterminate amount. For example, Montgomery County Fire Rescue Services advises that, while training and tracking expenses can be absorbed with existing resources, existing grant funds may not be sufficient to meet demand for naloxone under the bill, which may necessitate the use of local funds to purchase supplemental naloxone. Baltimore County advises that naloxone dispensing may increase by 50% under the bill but did not provide a basis for this estimate. Again, DLS advises that any increase depends on the extent to which paramedics choose to dispense naloxone in nonemergency situations and any rules or regulations adopted by the EMS board, which cannot be reliably estimated at this time.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Institute for Emergency Medical Services Systems; Baltimore, Charles, Frederick, and Montgomery counties; cities of Frederick and Havre de Grace; Maryland Department of Health; Department of Legislative Services

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Analysis by: Sasika Subramaniam

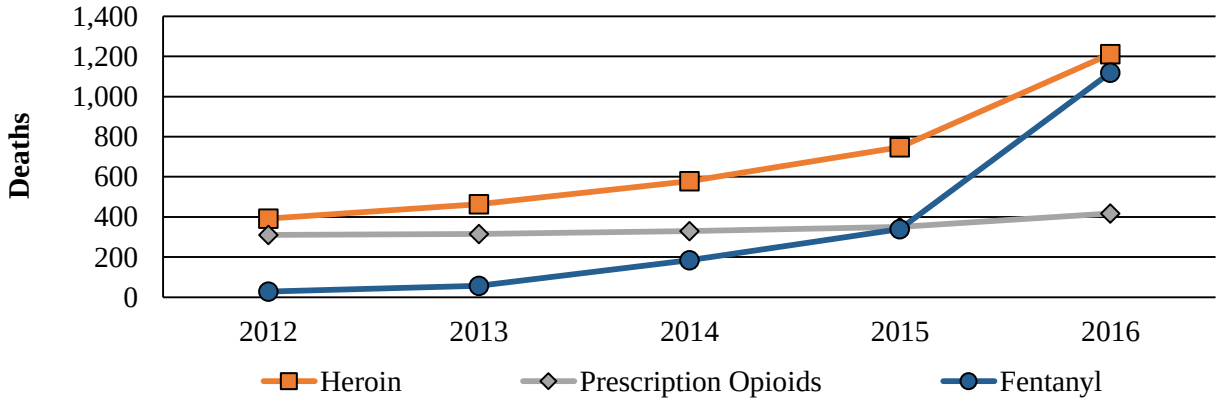
Direct Inquiries to:
(410) 946-5510
(301) 970-5510

Appendix – Opioid Crisis

Opioid Overdose Deaths

The rate of opioid-related deaths continues to rise at an alarming rate. As seen in **Exhibit 1**, between 2015 and 2016, prescription opioid-related deaths in Maryland increased by 19% (from 351 to 418), heroin-related deaths increased by 62% (from 748 to 1,212), and fentanyl-related deaths increased by 229% (from 340 to 1,119). Between January and June 2017, there were 799 deaths related to fentanyl, a 70% increase over the same time period for 2016, and 46 deaths related to carfentanil, a drug used as an elephant tranquilizer, a substance which first appeared as a cause of death in April 2017.

Exhibit 1
Total Number of Drug-related Intoxication Deaths
By Selected Substances in Maryland
2012-2016



Source: Maryland Department of Health

Federal Actions to Address the Opioid Crisis

In 2016, the Comprehensive Addiction and Recovery Act authorized over $181 million annually, and the 21st Century Cures Act (CURES Act) authorized up to $970 million to be distributed through the State Targeted Response to the Opioid Crisis Grants. The grants are to be used by states to increase access to treatment and reduce unmet treatment needs and opioid-related overdose deaths. In 2017, Maryland received a two-year, $20 million grant for the prevention and treatment of opioid abuse. In March 2017, President Donald J. Trump signed an executive order establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis. The commission issued

a final report in November 2017, with 56 recommendations, including a recommendation for federal block grant funding for state activities relating to opioids and substance use disorders. The full report can be found here: https://www.whitehouse.gov/ondcp/presidents-commission

Maryland Actions to Address the Opioid Crisis

The General Assembly passed several comprehensive acts during the 2017 session to address the State's opioid crisis, which addressed prevention, treatment, overdose response, and prescribing guidelines.

Chapters 571 and 572 of 2017, the Heroin and Opioid Prevention Effort and Treatment Act, among other things, require (1) the Behavioral Health Administration to establish crisis treatment centers that provide individuals in a substance use disorder crisis with access to clinical staff, requiring at least one center be established by June 1, 2018; (2) the Maryland Department of Health (MDH) to establish and operate a toll-free health crisis hotline; (3) certain health care facilities and systems to make available to patients the services of health care providers who are trained and authorized under federal law to prescribe opioid addiction treatment medications, including buprenorphine; (4) each hospital, by January 1, 2018, to have a protocol for discharging a patient who was treated for a drug overdose or identified as having a substance use disorder; (5) the Governor's proposed budget for fiscal 2019 through 2021 to include specified rate adjustments for community behavioral health providers; (6) the Department of Public Safety and Correctional Services and MDH to develop a plan to increase the provision of substance use disorder treatment, including medication assisted treatment, in prisons and jails; (7) the authorization of the provision of naloxone through a standing order and that MDH establish guidelines to co-prescribe naloxone to high-risk individuals; and (8) the expansion of private insurance coverage for opioid use disorders by prohibiting certain carriers from applying a pre-authorization requirement for a prescription drug when used for treatment of an opioid use disorder and that contains methadone, buprenorphine, or naltrexone.

Chapters 573 and 574 of 2017, the Heroin and Opioid Education and Community Action Act (Start Talking Maryland Act), require (1) the State Board of Education to expand an existing program in public schools to encompass drug addiction and prevention education that specifically includes instruction related to heroin and opioid addiction and prevention and information relating to the lethal effect of fentanyl; (2) each local board of education to establish a policy requiring each public school to obtain and store naloxone and other overdose-reversing medication to be used in an emergency situation; (3) each local board of education or local health department to hire a sufficient number of community action officials or develop and implement a program that provides community relations and education functions that coordinate forums and conduct public relations efforts; and (4) specified institutions of higher education in Maryland to establish a policy that

addresses heroin and opioid addiction and prevention, including awareness training for incoming students, obtaining and storing naloxone, and campus police training.

Chapter 570 of 2017 requires a health care provider, on treatment for pain and based on the provider's clinical judgment, to prescribe the lowest effective dose of an opioid and a quantity that is no greater than that needed for the expected duration of pain severe enough to require an opioid that is a controlled dangerous substance (CDS). The Act establishes that the quantity limitations do not apply to opioids prescribed to treat a substance-related disorder; pain associated with a cancer diagnosis; pain experienced while the patient is receiving end-of-life, hospice, or palliative care services; or chronic pain. A violation of the Act is grounds for disciplinary action by the appropriate health occupations board.

In January 2017, Governor Lawrence J. Hogan issued an executive order establishing an Opioid Operational Command Center (OOCC) to facilitate collaboration between State and local public health, human services, education, and public safety entities to combat the heroin and opioid crisis. OOCC will (1) develop operational strategies to continue implementing the recommendations of the Governor's Heroin and Opioid Emergency Task Force; (2) collect, analyze, and facilitate the sharing of data relevant to the epidemic from State and local sources; (3) develop a memorandum of understanding among State and local agencies that provides for the sharing and collection of health and public safety information and data relating to the heroin and opioid epidemic; (4) assist and support local agencies in the creation of opioid intervention teams; and (5) coordinate the training of and provide resources for State and local agencies addressing the threat to the public health, security, and economic well-being of the State.

In March 2017, Maryland became the first state to declare a state of emergency for the opioid crisis, activating the Governor's emergency management authority and enabling increased and more rapid coordination between the State and local jurisdictions. In conjunction with the declaration, Governor Hogan included a supplemental budget appropriation of $10 million, part of a $50 million, five-year commitment to address the State's heroin and opioid epidemic.

In July 2017, $22 million was appropriated for fiscal 2018, including $10 million in CURES Act funding, to be used for prevention, treatment, and enforcement activities. Prevention efforts include distribution of opioid intervention teams for each jurisdiction, a public awareness campaign, funding to train community teams on overdose response and linking to treatment, a pilot program to create school-based teams for early identification of the problems related to substance use disorders, and distribution of opioid information to health care facilities and providers that offer treatment. Enforcement initiatives include funding to disrupt drug trafficking organizations for the heroin coordinator program and to increase MDH's regulatory oversight of CDS. Treatment funding will be used to expand treatment beds and implement a tracking system to identify available beds; improve access to naloxone; establish a 24-hour crisis center in Baltimore City; expand use of peer

recovery support specialists; expand Screening, Brief Intervention, and Referral to Treatment to hospitals and parole, probation, and correctional facilities; increase access to medication-assisted treatment; expand law enforcement diversion programs; and improve the State's crisis hotline.