

**Department of Legislative Services**  
Maryland General Assembly  
2024 Session

**FISCAL AND POLICY NOTE**  
**Enrolled - Revised**

Senate Bill 1071

(Senator McKay)

Finance

Health and Government Operations

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**Hospitals - Opioid Overdose and Opioid-Related Emergency Medical Conditions  
- Treatment**

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This bill requires each hospital to establish and maintain protocols and capacity to (1) provide appropriate, evidence-based interventions that reduce the risk of subsequent harm and fatality before discharging a patient after an opioid-related overdose or a visit for an opioid-related emergency medical condition; (2) possess specified medications used for the treatment of opioid use disorder (OUD); and (3) treat a patient who presents in a hospital emergency department (ED) for an opioid-related overdose or emergency medical condition with a medication for OUD, as specified. **The bill takes effect January 1, 2025.**

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**Fiscal Summary**

**State Effect:** None. The bill primarily pertains to private-sector activities.

**Local Effect:** None. The bill primarily pertains to private-sector activities.

**Small Business Effect:** Minimal.

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**Analysis**

**Bill Summary:** Each hospital must have the protocols and capacity to treat a patient who presents in a hospital ED for care and treatment of an opioid-related overdose or opioid-related emergency medical condition with a medication for OUD if the treatment occurs as recommended by the treating health care practitioner and is voluntarily agreed to by the patient.

A hospital must possess at least one formulation of each U.S. Food and Drug Administration-approved full and partial opioid agonist used for the treatment of OUD.

A protocol established by a hospital must include:

- any Maryland Department of Health requirement regarding prescribing opioid agonist treatment;
- uniform practices for screening and diagnosing specified individuals who present with an OUD based on the criteria in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*;
- uniform practices for offering and administering opioid agonist medication to treat an opioid-related overdose or OUD; and
- uniform practices to identify community-based treatment services that are appropriate for treating OUDs and assisting patients to voluntarily access ongoing community-based treatment at discharge.

Before discharging a patient who is diagnosed with an OUD or administered or prescribed medication for OUD, a hospital must (1) make a referral of the patient to an appropriate provider or facility for a timely appointment, when possible, to voluntarily continue treatment in the community and (2) work with peer support professionals, as available, or other resources to assist the patient in accessing the identified treatment services.

**Current Law:** The Secretary of Health must establish guidelines for the co-prescribing of opioid overdose reversal drugs that are applicable to all licensed health care providers in the State who are authorized to prescribe a monitored prescription drug. The guidelines must address the co-prescribing of opioid overdose reversal drugs for patients who are at an elevated risk of overdose and are (1) receiving opioid therapy for chronic pain; (2) receiving a prescription for benzodiazepines; or (3) being treated for OUD.

Maryland regulations (COMAR 10.13.03.01 *et. seq.*) authorize a prescribing licensed health care provider (if the provider determines it to be appropriate) to co-prescribe an opioid overdose reversal drug if the individual is at an elevated risk of experiencing an opioid overdose by virtue of belonging to one or more categories of the targeted patient population. “Targeted patient population” means an individual likely to experience or witness an opioid overdose and includes an individual who (1) is being prescribed opioids for acute or chronic pain; (2) is being treated for an OUD; (3) is receiving a prescription for an opioid and a benzodiazepine; or (4) resides or spends time with an individual who is prescribed opioids, misuses opioids, or has an OUD. The prescribing licensed health care provider may provide risk monitoring and education and should document any education or clinical services related to the provision of an opioid overdose reversal drug in the patient’s medical chart.

## **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** HB 1155 (Delegate Stewart, *et al.*) - Health and Government Operations.

**Information Source(s):** Maryland Department of Health; Department of Budget and Management; Department of Legislative Services

**Fiscal Note History:** First Reader - February 29, 2024  
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