

Department of Legislative Services
Maryland General Assembly
2009 Session

FISCAL AND POLICY NOTE

House Bill 368 (Delegate Anderson, *et al.*) (By Request - Baltimore City Administration)

Health and Government Operations

Baltimore City Health Department - Overdose Prevention Pilot Program

This bill establishes an Overdose Prevention Pilot Program in the Baltimore City Health Department to reduce mortality from opioid overdose through prevention and treatment education programs, and through the certification of individuals to administer an intranasal opioid antagonist under specific circumstances. By January 1, 2010, and annually thereafter, the department must submit a report to the Governor and the General Assembly on the operation and performance of the pilot program, including data specified in the bill.

The bill takes effect July 1, 2009, and terminates June 30, 2014.

Fiscal Summary

State Effect: The Department of Health and Mental Hygiene can develop regulations for the program with existing resources.

Local Effect: Baltimore City anticipates pilot program costs of \$15,400 a year to purchase 700 intranasal opioid antagonists.

Small Business Effect: None.

Analysis

Bill Summary: An applicant for a certificate must be at least age 18; represent a target population, which includes an opioid user's social network; complete an educational and training program; pass an exam conducted or approved by the Baltimore City Health

Department; and submit an application to the department. The bill specifies what has to be included in educational and training programs approved or conducted by the department, and authorizes the department to charge fees to cover those costs, as well as costs associated with certificate issuance, replacement, or renewal.

Certificates are valid for one year, and can be renewed if the applicant completes a refresher training program or demonstrates proficiency to the department.

A certificate authorizes a holder to receive an intranasal opioid antagonist from a physician, nurse practitioner, or physician assistant, and then administer it to a person who the holder believes is suffering from an opioid overdose in an emergency medical situation when physician and emergency medical services are not immediately available.

A certificate holder may not be held liable for any act or omission when he or she acts in good faith while rendering emergency treatment as authorized under the program, unless the certificate holder acts in gross negligence, willful or wanton misconduct, or intentionally tortious conduct. In addition, a licensed physician, nurse practitioner, or physician assistant may not be held liable for any act or omission when he or she acts in good faith prescribes an intranasal opioid antagonist to a certified individual under the program.

The bill does not affect any immunities from civil liability or defenses established by any other code provision or by common law to which a certificate holder, physician, nurse practitioner, or physician assistant may be entitled.

Current Law: The Alcohol and Drug Abuse Administration (ADAA) establishes and supports a drug and alcohol abuse service delivery system in the State. ADAA develops, establishes, regulates and promotes, and supports and monitors programs for prevention, treatment, and rehabilitation related to alcohol and drug abuse. It also promotes and conducts substance abuse-related education, training, data collection, and research.

Background: According to the Centers for Disease Control and Prevention, the mortality rates from unintentional drug overdose (not including alcohol) have risen steadily since the early 1970s. Most overdose deaths are due to opioid painkillers, including oxycodone, fentanyl, and methadone.

Opioids include heroin, morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, and hydromorphone. Intranasal opioid antagonists can reverse an opioid overdose by waking the person who is overdosing.

At least two states, New York and Massachusetts, have programs where nonmedical persons can administer an intranasal opioid antagonist to another individual to prevent an opioid overdose fatality.

The Staying Alive Program within the Baltimore City Health Department teaches injection drug users, drug treatment clients and providers, prison inmates, and corrections officers how to treat and reverse opiate/heroin overdoses. Participants are trained how to recognize an opiate/heroin overdose and respond by administering rescue breathing and Naloxone, a drug that counters the effects of an opioid overdose. Baltimore City advises that the bill expands the current program and may make it easier to secure grant funding.

Local Fiscal Effect: Baltimore City advises that the bill expands its existing opioid overdose prevention program. Under the current program, the city absorbs the cost of prescribing intranasal opioid antagonists and will continue to do so under the expanded program. The city advises that pilot program costs will total \$15,400 a year to provide 700 intranasal opioid antagonists at \$22 each under the program. In addition, the city advises that current staff will continue to handle program training and administration with existing resources. Although authorized in the bill, no certification fees are currently planned for the pilot program.

Additional Information

Prior Introductions: None.

Cross File: SB 386 (Senator McFadden)(By Request - Baltimore City Administration) - Finance.

Information Source(s): Baltimore City, Department of Health and Mental Hygiene, Judiciary (Administrative Office of the Courts), Centers for Disease Control and Prevention, New York State Department of Health, Department of Legislative Services

Fiscal Note History: First Reader - February 9, 2009
mcp/mwc

Analysis by: Sarah K. Volker

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