

Chapter 464

(House Bill 896)

AN ACT concerning

~~Maryland Opioid Use Disorder Consortium~~  
Joint Committee on Behavioral Health and Opioid Use Disorders

FOR the purpose of establishing the ~~Maryland Opioid Use Disorder Consortium~~ Joint Committee on Behavioral Health and Opioid Use Disorders; providing for the ~~composition, cochairs, and staffing of the Consortium membership and cochairs of the Committee; prohibiting a member of the Consortium from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Consortium to develop, monitor implementation of, and revise a certain plan through a certain process; requiring the Consortium to convene a certain Policy Academy to identify certain focus areas and draft certain recommendations; requiring the Consortium to hold certain roundtables; requiring the Consortium to convene a final Policy Academy for a certain purpose; requiring the Consortium to submit certain reports to the Governor and the General Assembly on or before certain dates~~ specifying the duties and purposes of the Committee; providing for the termination of this Act; and generally relating to the ~~Maryland Opioid Use Disorder Consortium~~ Joint Committee on Behavioral Health and Opioid Use Disorders.

~~BY adding to~~  
~~Article – Health – General~~  
~~Section 24-1701 to be under the new subtitle “Subtitle 17. Maryland Opioid Use Disorder Consortium”~~  
~~Annotated Code of Maryland~~  
~~(2009 Replacement Volume and 2014 Supplement)~~

BY adding to  
Article – State Government  
Section 2-10A-02  
Annotated Code of Maryland  
(2014 Replacement Volume)

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

~~Article – Health – General~~

~~SUBTITLE 17. MARYLAND OPIOID USE DISORDER CONSORTIUM.~~

~~24-1701.~~

~~(A) THERE IS A MARYLAND OPIOID USE DISORDER CONSORTIUM.~~

~~(B) THE CONSORTIUM CONSISTS OF THE FOLLOWING MEMBERS:~~

~~(1) TWO MEMBERS OF THE SENATE OF MARYLAND, APPOINTED BY THE PRESIDENT OF THE SENATE;~~

~~(2) TWO MEMBERS OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE;~~

~~(3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE SECRETARY'S DESIGNEE;~~

~~(4) THE CHIEF OF STAFF FROM THE OFFICE OF THE GOVERNOR, OR THE CHIEF OF STAFF'S DESIGNEE;~~

~~(5) THE EXECUTIVE DIRECTOR OF THE GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;~~

~~(6) THE EXECUTIVE DIRECTOR OF THE GOVERNOR'S OFFICE FOR CHILDREN, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;~~

~~(7) THE ATTORNEY GENERAL, OR THE ATTORNEY GENERAL'S DESIGNEE;~~

~~(8) THE SUPERINTENDENT OF STATE POLICE, OR THE SUPERINTENDENT'S DESIGNEE;~~

~~(9) THE DEAN OF THE UNIVERSITY OF MARYLAND, BALTIMORE, SCHOOL OF MEDICINE, OR THE DEAN'S DESIGNEE;~~

~~(10) THE DEAN OF THE UNIVERSITY OF MARYLAND, BALTIMORE, SCHOOL OF NURSING, OR THE DEAN'S DESIGNEE;~~

~~(11) THE DEAN OF THE UNIVERSITY OF MARYLAND, BALTIMORE, SCHOOL OF PHARMACY, OR THE DEAN'S DESIGNEE;~~

~~(12) THE DEAN OF THE UNIVERSITY OF MARYLAND, COLLEGE PARK, SCHOOL OF PUBLIC HEALTH, OR THE DEAN'S DESIGNEE;~~

~~(13) THE DEAN OF THE JOHNS HOPKINS UNIVERSITY SCHOOL OF PUBLIC HEALTH, OR THE DEAN'S DESIGNEE;~~

~~(14) ONE PHYSICIAN, APPOINTED BY THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND;~~

~~(15) TWO SUBSTANCE USE DISORDER DIRECT CARE PROVIDERS, APPOINTED BY THE GOVERNOR BASED ON RECOMMENDATIONS OF ORGANIZATIONS OR ASSOCIATIONS REPRESENTING DIRECT CARE PROVIDERS; AND~~

~~(16) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:~~

~~(I) TWO REPRESENTATIVES OF LOCAL GOVERNMENT;~~

~~(II) ONE REPRESENTATIVE OF LOCAL LAW ENFORCEMENT;~~

~~(III) TWO REPRESENTATIVES OF SUBSTANCE USE DISORDER TREATMENT PROGRAMS, ONE EACH FROM AN INPATIENT SETTING AND AN OUTPATIENT SETTING;~~

~~(IV) TWO REPRESENTATIVES WITH EXPERIENCE AS FAMILY MEMBERS OF INDIVIDUALS WITH OPIOID USE DISORDERS; AND~~

~~(V) ONE REPRESENTATIVE WHO IS AN INDIVIDUAL IN RECOVERY FROM AN OPIOID USE DISORDER WHO HAS EXPERIENCE WITH MEDICATION ASSISTED TREATMENT.~~

~~(C) (1) THE PRESIDENT OF THE SENATE SHALL DESIGNATE ONE OF THE MEMBERS APPOINTED FROM THE SENATE AS COCHAIR OF THE CONSORTIUM.~~

~~(2) THE SPEAKER OF THE HOUSE SHALL DESIGNATE ONE OF THE MEMBERS APPOINTED FROM THE HOUSE AS COCHAIR OF THE CONSORTIUM.~~

~~(D) THE DEPARTMENT OF LEGISLATIVE SERVICES, THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND THE GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION SHALL PROVIDE STAFF FOR THE CONSORTIUM.~~

~~(E) A MEMBER OF THE CONSORTIUM:~~

~~(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE CONSORTIUM; BUT~~

~~(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.~~

~~(F) (1) THE CONSORTIUM SHALL DEVELOP A STRATEGIC STATEWIDE PLAN TO TREAT AND REDUCE OPIOID USE DISORDERS IN THE STATE.~~

~~(2) THE STRATEGIC STATEWIDE PLAN SHALL INCLUDE A TIMELINE FOR FUTURE ACTIONS TO TREAT AND REDUCE OPIOID USE DISORDERS IN THE STATE.~~

~~(G) THE CONSORTIUM SHALL:~~

~~(1) USE A STRATEGIC STATEWIDE PLAN DEVELOPMENT PROCESS SIMILAR TO THE PROCESS USED IN COLORADO IN 2013 TO DEVELOP THE "COLORADO PLAN TO REDUCE PRESCRIPTION DRUG ABUSE"; AND~~

~~(2) SEEK TECHNICAL ASSISTANCE FROM THE NATIONAL GOVERNOR'S ASSOCIATION AND OTHER APPROPRIATE ENTITIES TO DEVELOP THE STRATEGIC STATEWIDE PLAN.~~

~~(H) (1) THE CONSORTIUM SHALL CONVENE AN INITIAL POLICY ACADEMY TO IDENTIFY FOCUS AREAS AND DRAFT INITIAL RECOMMENDATIONS FOR THE STRATEGIC STATEWIDE PLAN.~~

~~(2) THE INITIAL POLICY ACADEMY SHALL CONSIST OF WORKGROUPS, INCLUDING:~~

~~(I) THE PRESCRIPTION DRUG MONITORING PROGRAM WORKGROUP;~~

~~(II) THE PRESCRIBER AND PROVIDER EDUCATION WORKGROUP;~~

~~(III) THE TREATMENT WORKGROUP;~~

~~(IV) THE PUBLIC EDUCATION AND AWARENESS WORKGROUP;~~  
AND

~~(V) THE DATA ANALYSIS WORKGROUP.~~

~~(3) THE MEMBERSHIP OF THE INITIAL POLICY ACADEMY WORKGROUPS:~~

~~(I) SHALL INCLUDE MEMBERS OF THE CONSORTIUM; AND~~

~~(II) MAY INCLUDE EXPERTS WHO ARE NOT MEMBERS OF THE CONSORTIUM, APPOINTED BY THE COCHAIRS OF THE CONSORTIUM.~~

~~(I) THE CONSORTIUM SHALL HOLD ROUNDTABLES ACROSS THE STATE TO RECEIVE INPUT FROM LOCAL OFFICIALS AND EXPERTS TO REFINE, EXPAND, OR MODIFY THE INITIAL RECOMMENDATIONS FOR THE STRATEGIC STATEWIDE PLAN DRAFTED UNDER SUBSECTION (H) OF THIS SECTION.~~

~~(J) (1) THE CONSORTIUM SHALL CONVENE A FINAL POLICY ACADEMY TO REVISE ITS RECOMMENDATIONS, FINALIZE THE STRATEGIC STATEWIDE PLAN, AND ESTABLISH A TIMELINE FOR IMPLEMENTATION OF THE STRATEGIC STATEWIDE PLAN.~~

~~(2) AFTER SUBMISSION OF THE STRATEGIC STATEWIDE PLAN FINALIZED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE CONSORTIUM SHALL MEET, AS NECESSARY, TO MONITOR THE IMPLEMENTATION OF THE STRATEGIC STATEWIDE PLAN AND REVISE THE PLAN AS NEEDED.~~

~~(3) THE CONSORTIUM SHALL CONVENE THE WORKGROUPS ESTABLISHED UNDER SUBSECTION (H) OF THIS SECTION, AS NECESSARY, TO:~~

~~(I) COMPLETE THE WORK OF THE FINAL POLICY ACADEMY UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND~~

~~(H) MONITOR IMPLEMENTATION OF AND MAKE REVISIONS TO THE STRATEGIC STATEWIDE PLAN SUBMITTED UNDER PARAGRAPH (2) OF THIS SUBSECTION.~~

~~(K) IN DEVELOPING, MONITORING THE IMPLEMENTATION OF, AND REVISING THE STRATEGIC STATEWIDE PLAN, THE CONSORTIUM SHALL COORDINATE WITH ORGANIZATIONS OR WORK TO MAXIMIZE THE IMPACT OF ORGANIZATIONS, INITIATIVES, AND TOOLS ALREADY IN PLACE IN THE STATE TO TREAT OR REDUCE OPIOID USE DISORDERS, INCLUDING:~~

~~(1) THE CONTROLLED DANGEROUS SUBSTANCES UNIT IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE;~~

~~(2) THE RAPID RESPONSE TEAM AT THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY;~~

~~(3) THE STATE OVERDOSE PREVENTION PLAN DEVELOPED IN 2013 AND UPDATED IN 2014, WHICH INCLUDES PRESCRIBER EDUCATION AND DATA ANALYSIS AND THE USE OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE VIRTUAL DATA UNIT;~~

~~(4) LOCAL OVERDOSE PREVENTION PLANS;~~

~~(5) THE OVERDOSE PREVENTION MEDIA CAMPAIGN WITHIN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEHAVIORAL HEALTH ADMINISTRATION;~~

~~(6) EFFORTS TO ENHANCE OVERDOSE RESPONSE LAWS, REGULATIONS, AND TRAINING;~~

~~(7) LAWS ESTABLISHING LOCAL OVERDOSE FATALITY REVIEW TEAMS;~~

~~(8) PRESCRIBER EDUCATION TRAINING APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, INCLUDING TRAINING HELD STATEWIDE BY THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AND THE MARYLAND SOCIETY FOR ADDICTION MEDICINE; AND~~

~~(9) THE PRESCRIPTION DRUG MONITORING PROGRAM AND EFFORTS TO EXPAND ITS USE BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AS A PUBLIC HEALTH TOOL FOR MONITORING AND RESPONDING TO PRESCRIBING PATTERNS ACROSS THE STATE.~~

~~(L) THE CONSORTIUM SHALL SUBMIT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY:~~

~~(1) ON OR BEFORE JANUARY 1, 2016, A REPORT THAT INCLUDES ANY INITIAL RECOMMENDATIONS OF THE CONSORTIUM FOR THE STRATEGIC STATEWIDE PLAN;~~

~~(2) ON OR BEFORE JANUARY 1, 2017, A REPORT THAT INCLUDES THE FINALIZED STRATEGIC STATEWIDE PLAN AND ANY RECOMMENDATIONS FOR LEGISLATIVE ACTION TO IMPLEMENT THE PLAN; AND~~

~~(3) ON OR BEFORE JANUARY 1, 2018, AND ON JANUARY 1 OF EACH YEAR THEREAFTER, A REPORT THAT INCLUDES AN UPDATE ON IMPLEMENTATION OF THE STRATEGIC STATEWIDE PLAN AND ANY REVISIONS THAT HAVE BEEN MADE TO THE STRATEGIC STATEWIDE PLAN BY THE CONSORTIUM.~~

### Article – State Government

#### 2-10A-02.

(A) THERE IS A JOINT COMMITTEE ON BEHAVIORAL HEALTH AND OPIOID USE DISORDERS.

**(B) (1) THE COMMITTEE CONSISTS OF 10 MEMBERS.**

**(2) OF THE 10 MEMBERS:**

**(I) 5 SHALL BE MEMBERS OF THE SENATE, APPOINTED BY THE PRESIDENT OF THE SENATE; AND**

**(II) 5 SHALL BE MEMBERS OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE.**

**(C) THE MEMBERS OF THE COMMITTEE SERVE AT THE PLEASURE OF THE PRESIDING OFFICER WHO APPOINTED THEM.**

**(D) THE PRESIDENT AND THE SPEAKER JOINTLY SHALL APPOINT A SENATOR AND A DELEGATE TO SERVE AS COCHAIRS.**

**(E) THE COMMITTEE SHALL HAVE OVERSIGHT OVER:**

**(1) THE PRESCRIPTION DRUG MONITORING PROGRAM;**

**(2) STATE AND LOCAL PROGRAMS TO TREAT AND REDUCE BEHAVIORAL HEALTH DISORDERS; AND**

**(3) STATE AND LOCAL PROGRAMS TO TREAT AND REDUCE OPIOID USE DISORDERS.**

**(F) THE PURPOSES OF THE COMMITTEE ARE TO:**

**(1) REVIEW THE FINAL REPORT OF THE GOVERNOR'S HEROIN AND OPIOID EMERGENCY TASK FORCE;**

**(2) REVIEW AND MONITOR THE ACTIVITIES OF THE GOVERNOR'S INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL;**

**(3) ~~EVALUATE~~ MONITOR THE EFFECTIVENESS OF PROGRAMS, POLICIES, AND PRACTICES, INCLUDING:**

**(I) THE STATE'S BEHAVIORAL HEALTH SYSTEM;**

**(II) ~~THE CONTROLLED DANGEROUS SUBSTANCES UNIT IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE;~~**

~~(III) THE RAPID RESPONSE TEAM AT THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY;~~

~~(IV) THE STATE OVERDOSE PREVENTION PLAN DEVELOPED IN 2013 AND UPDATED IN 2014, WHICH INCLUDES PRESCRIBER EDUCATION AND DATA ANALYSIS AND THE USE OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE VIRTUAL DATA UNIT;~~

~~(V) (III) LOCAL OVERDOSE PREVENTION PLANS;~~

~~(VI) (IV) STRATEGIC PLANNING PRACTICES TO REDUCE PRESCRIPTION DRUG ABUSE IN THE STATE;~~

~~(VII) THE OVERDOSE PREVENTION MEDIA CAMPAIGN IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEHAVIORAL HEALTH ADMINISTRATION;~~

~~(VIII) (V) EFFORTS TO ENHANCE OVERDOSE RESPONSE STATUTORY LAWS, REGULATIONS, AND TRAINING;~~

~~(IX) (VI) LAWS ESTABLISHING LOCAL OVERDOSE FATALITY REVIEW TEAMS; AND~~

~~(X) PRESCRIBER EDUCATION TRAINING APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, INCLUDING TRAINING HELD STATEWIDE BY MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY, AND THE MARYLAND SOCIETY FOR ADDICTION MEDICINE; AND~~

~~(XI) (VII) EFFORTS TO EXPAND USE OF THE PRESCRIPTION DRUG MONITORING PROGRAM BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AS A PUBLIC HEALTH TOOL FOR MONITORING AND RESPONDING TO PRESCRIBING PATTERNS ACROSS THE STATE;~~

(4) REVIEW THE EXTENT TO WHICH HEALTH INSURANCE CARRIERS IN THE STATE ARE COMPLYING WITH FEDERAL AND STATE MENTAL HEALTH AND ADDICTION PARITY LAWS; AND

(5) IDENTIFY AREAS OF CONCERN AND, AS APPROPRIATE, RECOMMEND CORRECTIVE MEASURES TO THE GOVERNOR AND THE GENERAL ASSEMBLY.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2015. It shall remain effective for a period of 6 years and, at the end of May 31, 2021,



with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

**Approved by the Governor, May 12, 2015.**