$\begin{array}{c} \rm J1 \\ \rm CF~SB~607 \end{array}$ 

By: Delegate Bromwell Delegates Bromwell, Hammen, Hayes, McMillan, Oaks, Pena-Melnyk, Miele, Saab, Kelly, McDonough, Morgan, Morhaim, Angel, Kipke, Cullison, Sample-Hughes, Barron, Reznik, West, Rose, Hill, and K. Young

Introduced and read first time: February 13, 2015 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 20, 2015

CHAPTER \_\_\_\_\_

## 1 AN ACT concerning

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## 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 4 5 Committee on Behavioral Health and Opioid Use Disorders; providing for the 6 composition, cochairs, and staffing of the Consortium membership and cochairs of the Committee; prohibiting a member of the Consortium from receiving certain 7 8 compensation, but authorizing the reimbursement of certain expenses; requiring the 9 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 10 identify certain focus areas and draft certain recommendations; requiring the 11 12 Consortium to hold certain roundtables; requiring the Consortium to convene a final 13 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 14 15 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 16 17 Joint Committee on Behavioral Health and Opioid Use Disorders.

## 18 BY adding to

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Article - Health - General

Section 24-1701 to be under the new subtitle "Subtitle 17. Maryland Opioid Use

21 Disorder Consortium"

## EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



$\frac{1}{2}$	Annotated Code of Maryland (2009 Replacement Volume and 2014 Supplement)
3 4 5 6 7	BY adding to  Article – State Government Section 2–10A–02 Annotated Code of Maryland (2014 Replacement Volume)
8	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
0	Article - Health - General
1	SUBTITLE 17. MARYLAND OPIOID USE DISORDER CONSORTIUM.
$^{12}$	<del>24–1701.</del>
13	(A) THERE IS A MARYLAND OPIOID USE DISORDER CONSORTIUM.
4	(B) THE CONSORTIUM CONSISTS OF THE FOLLOWING MEMBERS:
15 16	(1) Two members of the Senate of Maryland, appointed by the President of the Senate;
17 18	(2) Two members of the House of Delegates, appointed by the Speaker of the House;
19 20	(3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE SECRETARY'S DESIGNEE;
21 22	(4) THE CHIEF OF STAFF FROM THE OFFICE OF THE GOVERNOR, OR THE CHIEF OF STAFF'S DESIGNEE;
23 24	(5) THE EXECUTIVE DIRECTOR OF THE GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
25 26	(6) THE EXECUTIVE DIRECTOR OF THE GOVERNOR'S OFFICE FOR CHILDREN, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
27 28	(7) THE ATTORNEY GENERAL, OR THE ATTORNEY GENERAL'S DESIGNEE;
29	(8) THE SUPERINTENDENT OF STATE POLICE, OR THE SUPERINTENDENT'S DESIGNEE:

1	(9) The Dean of the University of Maryland, Baltimore,
2	SCHOOL OF MEDICINE, OR THE DEAN'S DESIGNEE;
3	(10) The Dean of the University of Maryland, Baltimore,
4	SCHOOL OF NURSING, OR THE DEAN'S DESIGNEE;
5	(11) THE DEAN OF THE UNIVERSITY OF MARYLAND, BALTIMORE,
6	SCHOOL OF PHARMACY, OR THE DEAN'S DESIGNEE;
7	(12) THE DEAN OF THE UNIVERSITY OF MARYLAND, COLLEGE PARK,
8	SCHOOL OF PUBLIC HEALTH, OR THE DEAN'S DESIGNEE;
9	(13) THE DEAN OF THE JOHNS HOPKINS UNIVERSITY SCHOOL OF
10	PUBLIC HEALTH, OR THE DEAN'S DESIGNEE;
11	(14) ONE PHYSICIAN, APPOINTED BY THE MEDICAL AND
12	CHIRURGICAL FACULTY OF MARYLAND;
13	(15) Two substance use disorder direct care providers,
14	APPOINTED BY THE GOVERNOR BASED ON RECOMMENDATIONS OF ORGANIZATIONS
15	OR ASSOCIATIONS REPRESENTING DIRECT CARE PROVIDERS; AND
16	(16) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:
17	(I) TWO REPRESENTATIVES OF LOCAL GOVERNMENT;
18	(II) ONE REPRESENTATIVE OF LOCAL LAW ENFORCEMENT;
19	(III) TWO REPRESENTATIVES OF SUBSTANCE USE DISORDER
20	TREATMENT PROGRAMS, ONE EACH FROM AN INPATIENT SETTING AND AN
21	OUTPATIENT SETTING;
22	(IV) TWO REPRESENTATIVES WITH EXPERIENCE AS FAMILY
23	MEMBERS OF INDIVIDUALS WITH OPIOID USE DISORDERS; AND
24	(V) ONE REPRESENTATIVE WHO IS AN INDIVIDUAL IN
25	RECOVERY FROM AN OPIOID USE DISORDER WHO HAS EXPERIENCE WITH
26	MEDICATION ASSISTED TREATMENT.
27	(c) (1) The President of the Senate shall designate one of the
28	MEMBERS APPOINTED FROM THE SENATE AS COCHAIR OF THE CONSORTIUM.

	4 HOUSE BILL 890
1	(2) THE SPEAKER OF THE HOUSE SHALL DESIGNATE ONE OF THE
2	MEMBERS APPOINTED FROM THE HOUSE AS COCHAIR OF THE CONSORTIUM.
3	(d) The Department of Legislative Services, the Department of
4	HEALTH AND MENTAL HYGIENE, AND THE GOVERNOR'S OFFICE OF CRIMI
5	CONTROL AND PREVENTION SHALL PROVIDE STAFF FOR THE CONSORTIUM.
6	(E) A MEMBER OF THE CONSORTIUM:
7	(1) May not receive compensation as a member of the
8	Consortium; But
O	
9	(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE
10	STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.
	· · · · · · · · · · · · · · · · · · ·
11	(F) (1) THE CONSORTIUM SHALL DEVELOP A STRATEGIC STATEWIDE
12	PLAN TO TREAT AND REDUCE OPIOID USE DISORDERS IN THE STATE.
13	(2) The strategic statewide plan shall include a timelini
14	FOR FUTURE ACTIONS TO TREAT AND REDUCE OPIOID USE DISORDERS IN THI
15	STATE.
16	(G) THE CONSORTIUM SHALL:
17	(1) USE A STRATEGIC STATEWIDE PLAN DEVELOPMENT PROCESS
18	SIMILAR TO THE PROCESS USED IN COLORADO IN 2013 TO DEVELOP THI
19	"COLORADO PLAN TO REDUCE PRESCRIPTION DRUG ABUSE"; AND
20	(2) SEEK TECHNICAL ASSISTANCE FROM THE NATIONAL
21	GOVERNOR'S ASSOCIATION AND OTHER APPROPRIATE ENTITIES TO DEVELOP THE
22	STRATEGIC STATEWIDE PLAN.
23	(H) (1) THE CONSORTIUM SHALL CONVENE AN INITIAL POLICY
24	ACADEMY TO IDENTIFY FOCUS AREAS AND DRAFT INITIAL RECOMMENDATIONS FOR
25	THE STRATEGIC STATEWIDE PLAN.
	(a) T
26	(2) THE INITIAL POLICY ACADEMY SHALL CONSIST OF
27	WORKGROUPS, INCLUDING:
0.0	(1) THE DEPOSITION DAYS MONTHORING PROSES
28	(I) THE PRESCRIPTION DRUG MONITORING PROGRAM
29	<del>Workgroup;</del>
20	(II) THE DESCRIPED AND DROWDER EDUCATION
30	(II) THE PRESCRIBER AND PROVIDER EDUCATION
31	<del>Workgroup;</del>

1		<del>(III)</del>	THE TREATMENT WORKGROUP;
2 3	AND	<del>(IV)</del>	THE PUBLIC EDUCATION AND AWARENESS WORKGROUP;
4		<del>(V)</del>	THE DATA ANALYSIS WORKGROUP.
5 6	(3) WORKGROUPS:	THE	MEMBERSHIP OF THE INITIAL POLICY ACADEMY
7		<del>(I)</del>	SHALL INCLUDE MEMBERS OF THE CONSORTIUM; AND
8 9		<del>(II)</del> <del>POIN</del>	MAY INCLUDE EXPERTS WHO ARE NOT MEMBERS OF THE FED BY THE COCHAIRS OF THE CONSORTIUM.
10	<del>(I)</del> THE (	CONS	ORTIUM SHALL HOLD ROUNDTABLES ACROSS THE STATE TO
11	RECEIVE INPUT	ROM	LOCAL OFFICIALS AND EXPERTS TO REFINE, EXPAND, OR
12	<b>MODIFY THE INIT</b>	IAL F	ECOMMENDATIONS FOR THE STRATEGIC STATEWIDE PLAN
13	DRAFTED UNDER	SUBS:	ECTION (H) OF THIS SECTION.
14	<del>(J)</del> <del>(1)</del>	THE	CONSORTIUM SHALL CONVENE A FINAL POLICY ACADEMY
15	TO REVISE ITS RI	<del>ECOM</del>	MENDATIONS, FINALIZE THE STRATEGIC STATEWIDE PLAN,
16	AND ESTABLISH A	TIME	LINE FOR IMPLEMENTATION OF THE STRATEGIC STATEWIDE
17	<del>PLAN.</del>		
18	<del>(2)</del>	AFTI	ER SUBMISSION OF THE STRATEGIC STATEWIDE PLAN
19	FINALIZED UNDEI	<del>PAR</del>	AGRAPH (1) OF THIS SUBSECTION, THE CONSORTIUM SHALL
20			TO MONITOR THE IMPLEMENTATION OF THE STRATEGIC
21	•	•	REVISE THE PLAN AS NEEDED.
22	<del>(3)</del>	THE	CONSORTIUM SHALL CONVENE THE WORKGROUPS
23	` '		UBSECTION (H) OF THIS SECTION, AS NECESSARY, TO:
24		<del>(I)</del>	COMPLETE THE WORK OF THE FINAL POLICY ACADEMY
25	UNDER PARAGRAI	<del>PH (1)</del>	OF THIS SUBSECTION; AND
26		<del>(II)</del>	MONITOR IMPLEMENTATION OF AND MAKE REVISIONS TO
27	THE STRATEGIC S	STATI	EWIDE PLAN SUBMITTED UNDER PARAGRAPH (2) OF THIS
28	SUBSECTION.		
29			OPING, MONITORING THE IMPLEMENTATION OF, AND
30	REVISING THE	STR/	ATEGIC STATEWIDE PLAN, THE CONSORTIUM SHALL
3.1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

- ORGANIZATIONS, INITIATIVES, AND TOOLS ALREADY IN PLACE IN THE STATE TO
  TREAT OR REDUCE OPIOID USE DISORDERS, INCLUDING:
- 3 (1) THE CONTROLLED DANGEROUS SUBSTANCES UNIT IN THE
  4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE:
- 5 (2) THE RAPID RESPONSE TEAM AT THE UNIVERSITY OF MARYLAND 6 SCHOOL OF PHARMACY:
- 7 (3) THE STATE OVERDOSE PREVENTION PLAN DEVELOPED IN 2013
  8 AND UPDATED IN 2014, WHICH INCLUDES PRESCRIBER EDUCATION AND DATA
  9 ANALYSIS AND THE USE OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
  10 VIRTUAL DATA UNIT;
- 11 (4) LOCAL OVERDOSE PREVENTION PLANS;
- 12 (5) THE OVERDOSE PREVENTION MEDIA CAMPAIGN WITHIN THE
  13 DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEHAVIORAL HEALTH
  14 ADMINISTRATION:
- 15 (6) EFFORTS TO ENHANCE OVERDOSE RESPONSE LAWS, 16 REGULATIONS, AND TRAINING:
- 17 **LAWS ESTABLISHING LOCAL OVERDOSE FATALITY REVIEW**18 **TEAMS:**
- 19 (8) PRESCRIBER EDUCATION TRAINING APPROVED BY THE FEDERAL
  20 FOOD AND DRUG ADMINISTRATION, INCLUDING TRAINING HELD STATEWIDE BY
  21 THE MEDICAL AND CHRURGICAL FACULTY OF MARYLAND AND THE MARYLAND
  22 SOCIETY FOR ADDICTION MEDICINE: AND
- 23 (9) THE PRESCRIPTION DRUG MONITORING PROGRAM AND
  24 EFFORTS TO EXPAND ITS USE BY THE DEPARTMENT OF HEALTH AND MENTAL
  25 HYGIENE AS A PUBLIC HEALTH TOOL FOR MONITORING AND RESPONDING TO
  26 PRESCRIPING PATTERNS ACROSS THE STATE.
- 27 (L) THE CONSORTIUM SHALL SUBMIT TO THE GOVERNOR AND, IN
  28 ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
  29 ASSEMBLY:
- 30 (1) ON OR BEFORE JANUARY 1, 2016, A REPORT THAT INCLUDES ANY
  31 INITIAL RECOMMENDATIONS OF THE CONSORTIUM FOR THE STRATEGIC STATEWIDE
  32 PLAN:

1	(2) On or before January 1, 2017, a report that includes the
2	FINALIZED STRATEGIC STATEWIDE PLAN AND ANY RECOMMENDATIONS FOR
3	LEGISLATIVE ACTION TO IMPLEMENT THE PLAN; AND
4	(3) On or before January 1, 2018, and on January 1 of each
5	YEAR THEREAFTER, A REPORT THAT INCLUDES AN UPDATE ON IMPLEMENTATION
6	OF THE STRATEGIC STATEWIDE PLAN AND ANY REVISIONS THAT HAVE BEEN MADE
7	TO THE STRATEGIC STATEWIDE PLAN BY THE CONSORTIUM.
8	<u> Article - State Government</u>
9	<u>2–10A–02.</u>
10	(A) THERE IS A JOINT COMMITTEE ON BEHAVIORAL HEALTH AND OPIOID
11	USE DISORDERS.
12	(B) (1) THE COMMITTEE CONSISTS OF 10 MEMBERS.
13	(2) OF THE 10 MEMBERS:
14	(I) 5 SHALL BE MEMBERS OF THE SENATE, APPOINTED BY THE
$\frac{14}{15}$	PRESIDENT OF THE SENATE; AND
10	I RESIDENT OF THE SENATE, AND
16	(II) 5 SHALL BE MEMBERS OF THE HOUSE OF DELEGATES,
17	APPOINTED BY THE SPEAKER OF THE HOUSE.
18	(C) THE MEMBERS OF THE COMMITTEE SERVE AT THE PLEASURE OF THE
19	PRESIDING OFFICER WHO APPOINTED THEM.
20	(D) THE PRESIDENT AND THE SPEAKER JOINTLY SHALL APPOINT A
21	SENATOR AND A DELEGATE TO SERVE AS COCHAIRS.
22	(E) THE COMMITTEE SHALL HAVE OVERSIGHT OVER:
23	(1) THE PRESCRIPTION DRUG MONITORING PROGRAM;
24	(2) STATE AND LOCAL PROGRAMS TO TREAT AND REDUCE
25	BEHAVIORAL HEALTH DISORDERS; AND
26	(3) STATE AND LOCAL PROGRAMS TO TREAT AND REDUCE OPIOID USE
27	DISORDERS.
00	(D) THE DUDDOGEG OF THE CONSTRUCTOR ADDITION
28	(F) THE PURPOSES OF THE COMMITTEE ARE TO:

1 2	(1) REVIEW THE FINAL REPORT OF THE GOVERNOR'S HEROIN AND OPIOID EMERGENCY TASK FORCE;
3 4	(2) REVIEW AND MONITOR THE ACTIVITIES OF THE GOVERNOR'S INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL;
5 6	(3) EVALUATE THE EFFECTIVENESS OF PROGRAMS, POLICIES, AND PRACTICES, INCLUDING:
7	(I) THE STATE'S BEHAVIORAL HEALTH SYSTEM;
8 9	(II) THE CONTROLLED DANGEROUS SUBSTANCES UNIT IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE;
10 11	(III) THE RAPID RESPONSE TEAM AT THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY;
12 13 14 15	(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;
16	(V) LOCAL OVERDOSE PREVENTION PLANS;
17 18	(VI) STRATEGIC PLANNING PRACTICES TO REDUCE PRESCRIPTION DRUG ABUSE IN THE STATE;
19 20 21	(VII) THE OVERDOSE PREVENTION MEDIA CAMPAIGN IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEHAVIORAL HEALTH ADMINISTRATION;
22 23	(VIII) EFFORTS TO ENHANCE OVERDOSE RESPONSE STATUTORY LAWS, REGULATIONS, AND TRAINING;
24 25	(IX) LAWS ESTABLISHING LOCAL OVERDOSE FATALITY REVIEW TEAMS;
26 27 28 29	(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
30	(XI) EFFORTS TO EXPAND USE OF THE PRESCRIPTION DRUG

	Governor.
	Approved:
0 1 2	1, 2015. It shall remain effective for a period of 6 years and, at the end of May 31, 202 with no further action required by the General Assembly, this Act shall be abrogated a of no further force and effect.
9	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect Ju
6 7 8	(5) IDENTIFY AREAS OF CONCERN AND, AS APPROPRIATE RECOMMEND CORRECTIVE MEASURES TO THE GOVERNOR AND THE GENERAL ASSEMBLY.
4 5	THE STATE ARE COMPLYING WITH FEDERAL AND STATE MENTAL HEALTH AND ADDICTION PARITY LAWS; AND
3	(4) REVIEW THE EXTENT TO WHICH HEALTH INSURANCE CARRIERS
2	PATTERNS ACROSS THE STATE;

President of the Senate.