HB 468

Department of Legislative Services

Maryland General Assembly
2016 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 468 (Delegate Lam, *et al.*)
Health and Government Operations Rules

Public Health - Opioid-Associated Disease Prevention and Outreach Programs

This bill authorizes a local health department or a community-based organization, with the approval of the Department of Health and Mental Hygiene (DHMH) and the appropriate local health officer, to establish an opioid-associated disease prevention and outreach program. A program must provide for substance use outreach, education, and linkage to treatment services, including distribution and collection of hypodermic needles and syringes. DHMH must establish a Standing Advisory Committee to provide technical assistance on program protocols and procedures and must adopt regulations to implement the bill's requirements.

Fiscal Summary

State Effect: The bill's requirements can be handled with existing budgeted resources, as discussed below. Revenues are not affected.

Local Effect: Potential significant increase in expenditures for local health departments that choose to implement a program under the bill. Revenues are not likely affected.

Small Business Effect: None.

Analysis

Bill Summary: The bill repeals the Prince George's County AIDS Prevention Sterile Needle and Syringe Exchange Program and, instead, authorizes the establishment of opioid-associated disease prevention and outreach programs in every county. The bill does not apply to Baltimore City's AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program.

A local health department or community-based organization must apply to DHMH and a local health officer for authorization to operate a program. DHMH and the local health officer must jointly authorize the program. An application for authorization must be approved or denied within 60 days after the complete application is received. A local health department or community-based organization may appeal an adverse decision to the Deputy Secretary for Public Health Services, who must grant or deny an appeal within 60 days after receiving the appeal.

Program Requirements: An opioid-associated disease prevention and outreach program must:

- provide security of program locations and equipment;
- allow participants to obtain and return hypodermic needles and syringes at any program location, if more than one location is available;
- have appropriate staff expertise in working with individuals who inject drugs;
- include adequate staff training;
- disseminate other means for curtailing the spread of HIV and viral hepatitis;
- link individuals to additional services, including substance-related disorder counseling, treatment, and recovery services; testing for specified diseases; reproductive health education and services; wound care; and overdose response program services;
- educate participants on the dangers of contracting HIV and viral hepatitis;
- provide overdose prevention education and access to naloxone or a referral to obtain naloxone;
- establish procedures for identifying program participants in accordance with specified confidentiality provisions;
- establish methods for identifying and authorizing staff members and volunteers who have access to hypodermic needles, syringes, and program records;
- develop a plan for data collection and program evaluation; and
- collect and report specified information to DHMH at least annually.

With the technical assistance of the Standing Advisory Committee, and subject to the approval of DHMH and the local health officer in each county in which a program is established, a program must also develop program operating procedures, a community outreach and education plan, and a protocol for linkage to substance-related disorder treatment and recovery services.

Standing Advisory Committee: The committee consists of at least 11 members and is chaired by the Deputy Secretary for Public Health Services. Committee members include

specified individuals from academia, law enforcement, substance-related disorder treatment providers, participants and family members, public health officials, and other individuals with public health expertise. DHMH may also recommend additional members.

The committee must provide technical assistance to each program on the development of its operating procedures, community outreach and education plan, and substance-related disorder treatment linkage protocols and make recommendations to a program on procedures or operations.

Miscellaneous Provisions: DHMH must adopt regulations to implement the bill. The regulations must establish (1) procedures for ensuring security of program locations and equipment; (2) an appeals process; and (3) procedures for data collection and program evaluation.

Each program participant must be issued an identification card with a unique identification number, which may not be cross-indexed to any personal identifying data on the participant. The bill specifies additional requirements for maintaining confidentiality and authorizes exemptions under specified circumstances. Program staff members, volunteers, and participants may not be arrested, charged, or prosecuted for specified criminal offenses under limited circumstances, as specified in the bill.

Current Law/Background: Chapter 251 of 1998 authorized Prince George's County to establish an AIDS Prevention Sterile Needle and Syringe Exchange Program. Statute mandates program components, including a one-for-one exchange of used needles for sterile needles, referrals to drug counseling and treatment, and outreach education on the dangers of contracting the HIV infection. The county must appoint an advisory committee to provide advice to the local health officer and the program director. The local health officer must appoint the program director and is required to develop operating procedures for program evaluation. Although authorized under law, Prince George's County never established a program.

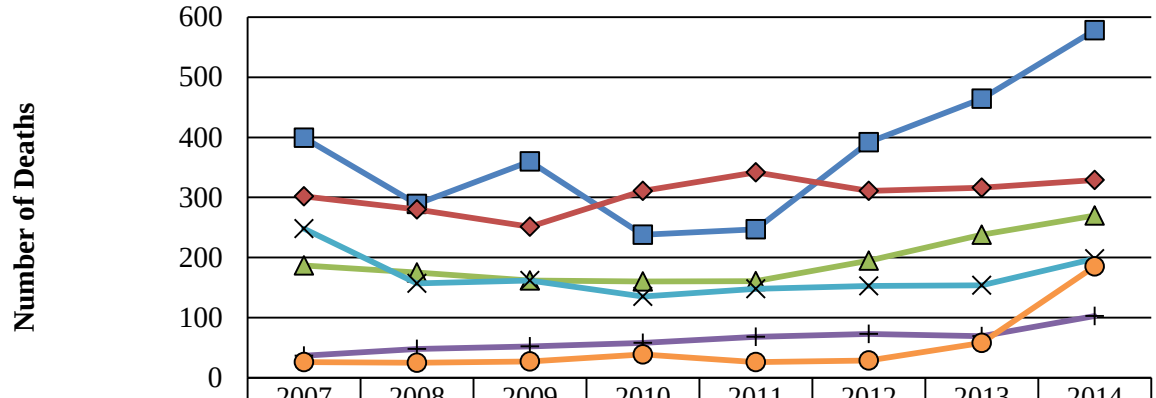
Chapter 360 of 1994 established the AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program in the Baltimore City Health Department (BCHD). Initially scheduled to terminate in 1997, Chapters 177 and 178 of 1997 repealed the termination date and continued an annual reporting requirement. Chapter 396 of 2014 repealed the requirement that the program limit exchanges of used hypodermic needles and syringes for sterile hypodermic needles and syringes on a one-for-one basis. The program also educates participants about the dangers of contracting HIV infections through needle sharing practices and refers participants to substance use disorder treatment programs.

In February 2015, Governor Hogan established, by executive order, the Heroin and Opioid Emergency Task Force. The task force was chaired by the Lieutenant Governor and consisted of appointees of the President of the Senate, the Speaker of the House, and the Attorney General, as well as seven members of the public. The task force issued its final report in December 2015, which included a recommendation for legislation authorizing any county in Maryland to establish an opioid-associated disease prevention and outreach program to provide outreach, education, and linkage to treatment services, including the exchange of sterile syringes to people who inject drugs. The bill implements this recommendation.

DHMH's 2015 report, *Drug and Alcohol-Related Intoxication Deaths in Maryland*, indicated that drug- and alcohol-related intoxication deaths in Maryland totaled 1,039 in 2014, a 21% increase since 2013, and a 60% increase since 2010. Of all intoxication deaths, 887 deaths (86%) were opioid-related, including deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl. Opioid-related deaths increased by 76% between 2010 and 2014. Heroin-related deaths more than doubled between 2010 and 2014, and they increased by 25% between 2013 and 2014. Preliminary data from DHMH shows that the number of intoxication deaths continued to increase in 2015, with 889 deaths from January through September 2015 compared to 767 deaths during the same period in 2014 (a 16% increase). **Exhibit 1** shows trends in drug- and alcohol-related intoxication deaths in Maryland from 2007 through 2014.

According to DHMH, increased heroin use also means more sharing and reusing of needles among heroin users. Sharing and reusing needles increases the risk for transmission of viruses such as HIV and hepatitis C. Syringe and needle exchange programs have been shown to reduce the spread of new infections. Since the launch of Baltimore City's program, the proportion of new infections attributed to sharing injection drug equipment decreased from 62% in 1994 to 12% in 2011.

Exhibit 1
Drug- and Alcohol-related Intoxication Deaths by Selected Substances
2007-2014



	2007	2008	2009	2010	2011	2012	2013	2014
Heroin	399	289	360	238	247	392	464	578
Prescription Opioids	302	280	251	311	342	311	316	329
Alcohol	187	175	162	160	161	195	238	270
Benzodiazepines	37	48	52	58	68	73	69	103
Cocaine	248	157	162	135	148	153	154	198
Fentanyl	26	25	27	39	26	29	58	185

Source: Department of Health and Mental Hygiene

State Fiscal Effect: DHMH advises that the bill has an operational impact on the Prevention and Health Promotion Administration (PHPA) and the Behavioral Health Administration (BHA). Specifically, PHPA must develop regulations to implement the bill's requirements and provide and coordinate technical assistance. PHPA may also provide training on syringe exchanges, HIV testing, linkages for treatment, and other prevention support. DHMH advises that PHPA can handle these requirements with existing resources. DHMH also advises that, should local health departments choose to *distribute* naloxone rather than provide referrals to obtain naloxone – a drug used to treat heroin overdoses – BHA may need to provide training and certification in administering naloxone and in linking individuals to substance use disorder treatments. DHMH advises that BHA can also handle these requirements with existing resources. Finally, DHMH advises that the bill's requirements relating to the Standing Advisory Committee can be handled with existing resources.

Local Expenditures: The bill authorizes, but does not require, local health departments to establish programs. Therefore, expenditures for local health departments increase only to the extent that a local health department chooses to implement a program.

The Maryland Association of County Health Officers (MACHO) advises that one or two counties may consider implementing programs in the near future, but that actual program implementation may depend on the receipt of new funds to support the program. MACHO estimates that, depending on the size of the local health department, the cost to implement a new program may range between $100,000 and $300,000. This includes staff to participate in committee meetings and manage the program, community health nurses, one part-time epidemiologist, one part-time community health educator, and supplies.

DHMH estimates that, based on current operating costs for BCHD's needle and syringe exchange program, the total cost of implementing a program may be approximately $400,000. This includes staff to participate in committee meetings and manage the program, two full-time community health nurses, one full-time epidemiologist, one full-time community health educator, and supplies.

Additional Information

Prior Introductions: None.

Cross File: SB 97 (Chair, Finance Committee)(By Request - Departmental - Health and Mental Hygiene) - Finance.

Information Source(s): Maryland Association of County Health Officers, Prince George's County, Department of Health and Mental Hygiene, *Heroin and Opioid Emergency Task Force: Final Report (December 2015)*, Department of Legislative Services

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