

SB0967/317377/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 967
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, at the top of the page, insert “EMERGENCY BILL”; in the sponsor line, strike “Senator Klausmeier” and substitute “Senators Klausmeier, Astle, Benson, Feldman, Hershey, Hough, Jennings, Mathias, Middleton, Miller, Oaks, Reilly, Rosapepe, and Simonaire”; strike beginning with “certain” in line 3 down through “management” in line 5 and substitute “the State Court Administrator of the Administrative Office of the Courts to assess certain drug court programs to make certain determinations; declaring a certain intent of the General Assembly relating to certain funding for certain drug court programs; authorizing the Department of Health and Mental Hygiene to deny, suspend, revoke, or refuse to renew a certain registration if a certain applicant or a certain registrant has surrendered a certain federal registration or fails to meet certain requirements to obtain a certain registration; authorizing the Department of Health and Mental Hygiene to limit the scope of a certain initial registration or renewal of a certain registration; requiring a drug overdose fatality review team to review information on nonfatal overdoses at a certain meeting; requiring a certain local drug overdose fatality review team, at the request of the chair of the local team, to be provided access to certain information and records related to an individual whose near fatality is being reviewed by the local team; prohibiting the disclosure of identifying information of or of involvement of an agency with an individual who has experienced an overdose or of certain individuals related to an individual who has experienced an overdose during a public meeting of a certain local team”; in line 6, after the second “a” insert “mental health or”; in line 8, after “State;” insert “requiring that at least one crisis treatment center be established on or before a certain date; requiring the Administration to establish the crisis treatment centers in a manner that is consistent with a certain plan; requiring the Administration to submit a certain report to a certain committee beginning on or before a certain date, and on or before a certain date each year thereafter, until the Administration establishes a certain number of crisis treatment centers;”; in line 10, strike “using certain resources and technology”;

(Over)

strike beginning with “identifying” in line 11 down through “purpose” in line 12 and substitute “a certain manner”; in line 19, after “manner;” insert “requiring the Department of Health and Mental Hygiene to identify certain information about opioid use disorder; requiring the Department of Health and Mental Hygiene to provide certain information to certain health care facilities and certain health care providers; requiring certain health care facilities and certain health care providers to make certain information available to certain patients;”; in line 20, strike “at least a”; in line 21, strike “number of”; in the same line, after “are” insert “trained and”; in the same line, after “authorized” insert “under federal law”; strike beginning with “buprenorphine” in line 21 down through “patients” in line 22 and substitute “opioid addiction treatment medications”; in line 22, strike “requiring” and substitute “authorizing”; strike beginning with “use” in line 23 down through “under” in line 24 and substitute “directly employ, contract with, or refer a patient to a certain provider or to deliver certain services in a certain manner to comply with”; strike beginning with “requiring” in line 25 down through the semicolon in line 28 and substitute “providing that the Overdose Response Program is administered by the Department of Health and Mental Hygiene for a certain purpose; repealing certain provisions of law relating to the qualifications for, application for, and issuance of a certificate for completion of a certain educational training program relating to an opioid overdose; authorizing the Department of Health and Mental Hygiene to authorize certain entities to conduct certain education and training on opioid overdose recognition and response; providing that an individual is not required to obtain certain training and education in order for a pharmacist to dispense naloxone to the individual; requiring an authorized private or public entity to enter into a certain written agreement with a certain licensed health care provider for a certain purpose; authorizing a certain individual to receive from a certain health care provider a prescription for naloxone and certain related supplies; authorizing certain individuals to possess and administer naloxone under certain circumstances; authorizing a licensed health care provider with prescribing authority to prescribe and dispense naloxone to a certain individual; authorizing a licensed health care provider with prescribing authority to prescribe and dispense naloxone by issuing a standing order under certain circumstances; authorizing a certain licensed health care provider who issues a certain standing order to delegate the dispensing of naloxone to a certain employee or a certain”

volunteer under certain circumstances; prohibiting certain individuals who administer naloxone to a certain individual from being considered to be practicing medicine or registered nursing; prohibiting an employee or a volunteer of a certain entity who provides naloxone to a certain individual from being considered to be practicing medicine, registered nursing, or pharmacy; prohibiting a certain health care provider who prescribes or dispenses naloxone in a certain manner from being subject to certain disciplinary action; prohibiting a certain cause of action from arising against a certain health care provider or pharmacist under certain circumstances; providing for the construction of certain provisions of law; requiring the Secretary of Health and Mental Hygiene to establish certain 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 monitored prescription drugs; requiring the guidelines to address the co-prescribing of opioid overdose reversal drugs for certain patients; requiring the Secretary to establish the guidelines on or before a certain date;”; in line 28, strike “a”; in line 29, strike “year,” and substitute “years”; in the same line, strike “and for each fiscal year thereafter,”; in the same line, after “include” insert “certain”; in the same line, strike “adjustments” and substitute “increases”; and in line 30, strike “based on” and substitute “over”.

On pages 1 and 2, strike beginning with “requiring” in line 31 on page 1 down through the semicolon in line 1 on page 2 and substitute “requiring the Behavioral Health Administration and the Medical Care Programs Administration jointly to conduct a certain study, develop and implement a certain payment system, and consult with stakeholders in conducting a certain study and developing a certain payment system; requiring the Behavioral Health Administration to complete a certain study on or before a certain date; requiring the Behavioral Health Administration to adopt certain regulations;”.

On page 2, in line 4, strike “of reimbursement”; in line 5, after the semicolon insert “requiring that increased funding provided under certain provisions of this Act may be used only to increase the rates being paid to certain community providers and certain health care providers;”; in the same line, strike “certain”; in line 6, after “report”

(Over)

insert “on the impact of certain rate adjustments and a certain payment system”; in line 10, after the semicolon insert “stating the intent of the General Assembly”; in line 12, after “overdose” insert “or was identified as having a substance use disorder”; in the same line, after “requiring” insert “, beginning in a certain year.”; strike beginning with “include” in line 13 down through “Commission” in line 14 and substitute “submit the hospital’s protocol to the Maryland Hospital Association; requiring the Maryland Hospital Association to conduct a certain study and submit certain reports to the Department of Health and Mental Hygiene and certain committees of the General Assembly on or before certain dates”; strike beginning with “altering” in line 14 down through “Act,” in line 18 and substitute “prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from applying a preauthorization requirement for certain drug products under certain circumstances; authorizing certain insurers, nonprofit health service plans, and health maintenance organizations to apply a prior authorization requirement for opioid antagonist drug products only under certain circumstances”; strike beginning with “requiring” in line 18 down through the semicolon in line 21 and substitute “requiring the Department of Health and Mental Hygiene to submit a report that details certain outcome measures and includes certain recommendations to the Governor and the General Assembly on or before a certain date”; in line 22, after “Services” insert “and each local jail and detention center”; in line 23, strike “on or before a certain date,”; strike beginning with “and” in line 23 down through “Assembly” in line 24; in line 24, after the semicolon insert “requiring, on or before a certain date, certain jails and detention centers to submit a certain plan to the Department of Public Safety and Correctional Services; requiring, on or before a certain date, the Department of Public Safety and Correctional Services to submit a certain report to the General Assembly; providing for the termination of certain provisions of this Act under certain circumstances; altering certain definitions; defining certain terms; making certain conforming changes; providing for a delayed effective date for certain provisions of this Act; making this Act an emergency measure”; in line 25, strike “and education regarding” and substitute “mental health and”; strike in their entirety lines 26 through 30, inclusive, and substitute:

“BY repealing and reenacting, without amendments,

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Article – Courts and Judicial Proceedings
Section 13–101(a)
Annotated Code of Maryland
(2013 Replacement Volume and 2016 Supplement)

BY adding to

Article – Courts and Judicial Proceedings
Section 13–101.1
Annotated Code of Maryland
(2013 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, without amendments,

Article – Criminal Law
Section 5–301(a)(1)
Annotated Code of Maryland
(2012 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, with amendments,

Article – Criminal Law
Section 5–307
Annotated Code of Maryland
(2012 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, without amendments,

Article – Health – General
Section 5–901
Annotated Code of Maryland
(2015 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, with amendments,

Article – Health – General

(Over)

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Section 5-903 through 5-905, 13-3101 through 13-3103, and 13-3107 through 13-3111
Annotated Code of Maryland
(2015 Replacement Volume and 2016 Supplement)

BY repealing

Article – Health – General
Section 13-3104 through 13-3106
Annotated Code of Maryland
(2015 Replacement Volume and 2016 Supplement)”;

in line 34, after the semicolon insert “8-407;”; line 35, strike “Buprenorphine” and substitute “Opioid Addiction Treatment”; in the same line, after the semicolon insert “13-3104; 13-3401 and 13-3402 to be under the new subtitle “Subtitle 34. Co-Prescribing of Opioid Overdose Reversal Drugs”;”; and strike in their entirety lines 38 through 42, inclusive, and substitute:

“BY adding to

Article – Insurance
Section 15-850 and 15-851
Annotated Code of Maryland
(2011 Replacement Volume and 2016 Supplement)”.

AMENDMENT NO. 2

On page 3, after line 2, insert:

“Article – Courts and Judicial Proceedings

13-101.

(a) There is an Administrative Office of the Courts, headed by the State Court Administrator. The Administrator is appointed by and holds office during the pleasure

of the Chief Judge of the Court of Appeals of Maryland. The Administrator shall have the compensation provided in the State budget. The Administrative Office of the Courts shall have a seal in the form the Chief Judge of the Court of Appeals approves. The courts of the State shall take judicial notice of the seal.

13-101.1.

(A) THE STATE COURT ADMINISTRATOR SHALL ASSESS DRUG COURT PROGRAMS IN CIRCUIT COURTS, INCLUDING JUVENILE COURTS, AND THE DISTRICT COURT TO DETERMINE HOW TO INCREASE THESE PROGRAMS IN A MANNER SUFFICIENT TO MEET EACH COUNTY’S NEEDS.

(B) (1) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE ADMINISTRATIVE OFFICE OF THE COURTS REQUEST AN APPROPRIATION OF \$2,000,000 OF ADDITIONAL FUNDING IN THE STATE BUDGET FOR FISCAL YEAR 2019 FOR THE PURPOSE OF AWARDING GRANTS TO EXPAND THE SCOPE OF DRUG COURT PROGRAMS DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION.

(2) THE STATE COURT ADMINISTRATOR SHALL DISBURSE THE GRANTS AUTHORIZED UNDER PARAGRAPH (1) OF THIS SUBSECTION BASED ON THE POPULATION OF THE COUNTY, TO CIRCUIT COURTS, INCLUDING JUVENILE COURTS, AND THE DISTRICT COURT.”.

AMENDMENT NO. 3

On page 3, strike in their entirety lines 3 through 12, inclusive, and substitute:

“Article – Criminal Law

5-301.

(Over)

(a) (1) Except as otherwise provided in this section, a person shall be registered by the Department before the person manufactures, distributes, or dispenses a controlled dangerous substance in the State.

5-307.

(a) Subject to the notice and hearing provisions of § 5-308 of this subtitle, the Department may deny a registration to any applicant, suspend or revoke a registration, or refuse to renew a registration if the Department finds that the applicant or registrant:

(1) has materially falsified an application filed in accordance with or required by this title;

(2) has been convicted of a crime under federal law or the law of any state relating to a controlled dangerous substance;

(3) has **SURRENDERED FEDERAL REGISTRATION OR** had federal registration suspended or revoked and may no longer manufacture, distribute, or dispense a controlled dangerous substance; [or]

(4) has violated this title; **OR**

(5) **HAS FAILED TO MEET THE REQUIREMENTS FOR REGISTRATION UNDER THIS TITLE.**

(b) The Department may limit revocation or suspension of a registration to the particular controlled dangerous substance for which grounds for revocation or suspension exist.

(c) **THE DEPARTMENT MAY LIMIT AN INITIAL REGISTRATION OR THE RENEWAL OF A REGISTRATION TO THE PARTICULAR CONTROLLED DANGEROUS**

SUBSTANCE FOR WHICH GROUNDS FOR DENIAL OR REFUSAL TO ISSUE OR RENEW EXIST.”;

and after line 13, insert:

“5-901.

In this subtitle, “local team” means the multidisciplinary and multiagency drug overdose fatality review team established for a county.

5-903.

(a) The purpose of each local team is to prevent drug overdose deaths by:

(1) Promoting cooperation and coordination among agencies involved in investigations of drug overdose deaths or in providing services to surviving family members;

(2) Developing an understanding of the causes and incidence of drug overdose deaths in the county;

(3) Developing plans for and recommending changes within the agencies represented on the local team to prevent drug overdose deaths; and

(4) Advising the Department on changes to law, policy, or practice, including the use of devices that are programmed to dispense medications on a schedule or similar technology, to prevent drug overdose deaths.

(b) To achieve its purpose, each local team shall:

(1) In consultation with the Department, establish and implement a protocol for the local team;

(Over)

(2) Set as its goal the investigation of drug overdose deaths in accordance with national standards;

(3) Meet at least quarterly to review the status of drug overdose death cases AND INFORMATION ON NONFATAL OVERDOSES, recommend actions to improve coordination of services and investigations among member agencies, and recommend actions within the member agencies to prevent drug overdose deaths;

(4) Collect and maintain data as required by the Department; and

(5) Provide requested reports to the Department, including:

(i) Discussion of individual cases;

(ii) Steps taken to improve coordination of services and investigations;

(iii) Steps taken to implement changes recommended by the local team within member agencies; and

(iv) Recommendations on needed changes to State and local laws, policies, or practices to prevent drug overdose deaths.

(c) In addition to the duties specified in subsection (b) of this section, a local team may investigate the information and records of an individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality described in § 5-904 of this subtitle.

(a) On request of the chair of a local team and as necessary to carry out the purpose and duties of the local team, the local team shall be immediately provided with:

(1) Access to information and records, including information about physical health, mental health, and treatment for substance abuse, maintained by a health care provider for:

(i) An individual whose death OR NEAR FATALITY is being reviewed by the local team; or

(ii) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality; and

(2) Access to information and records maintained by a State or local government agency, including death certificates, law enforcement investigative information, medical examiner investigative information, parole and probation information and records, and information and records of a social services agency, if the agency provided services to:

(i) An individual whose death OR NEAR FATALITY is being reviewed by the local team;

(ii) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality; or

(iii) The family of an individual described in item (i) or (ii) of this item.

(b) Substance abuse treatment records requested or provided under this section are subject to any additional limitations on disclosure or redisclosure of a medical record developed in connection with the provision of substance abuse treatment services under State law or 42 U.S.C. § 290DD-2 and 42 C.F.R. Part 2.

(Over)

5-905.

(a) Meetings of local teams shall be closed to the public and are not subject to Title 3 of the General Provisions Article when the local teams are discussing individual cases of **OVERDOSE OR** drug overdose deaths.

(b) Except as provided in subsection (c) of this section, meetings of local teams shall be open to the public and are subject to Title 3 of the General Provisions Article when the local team is not discussing individual cases of **OVERDOSE OR** drug overdose deaths.

(c) (1) During a public meeting, information may not be disclosed that identifies:

(i) A deceased individual;

(II) AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;

~~[(ii)]~~ **(III)** A family member, guardian, or caretaker of a deceased individual **OR OF AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;** or

~~[(iii)]~~ **(IV)** An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality.

(2) During a public meeting, information may not be disclosed about the involvement of any agency with:

(i) A deceased individual;

(II) AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;

[(ii)] (III) A family member, guardian, or caretaker of a deceased individual OR OF AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE; or

[(iii)] (IV) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality.

(d) This section does not prohibit a local team from requesting the attendance at a team meeting of a person who has information relevant to the team’s exercise of its purpose and duties.

(e) A person who violates this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$500 or imprisonment not exceeding 90 days or both.”.

AMENDMENT NO. 4

On page 3, in line 17, after “A” insert “MENTAL HEALTH OR”; in line 22, strike “LOCATED” and substitute “:

(1) LOCATED”;

in line 23, after “STATE” insert “; AND

(2) ESTABLISHED ON OR BEFORE JUNE 1, 2018.

(C) THE ADMINISTRATION SHALL ESTABLISH THE CRISIS TREATMENT CENTERS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION IN A MANNER THAT IS CONSISTENT WITH THE STRATEGIC PLAN DEVELOPED BY THE BEHAVIORAL HEALTH ADVISORY COUNCIL, AS REQUIRED BY CHAPTERS 405 AND 406 OF THE ACTS OF THE GENERAL ASSEMBLY OF 2016.

(D) ON OR BEFORE SEPTEMBER 1, 2017, AND ON OR BEFORE SEPTEMBER 1 EACH YEAR THEREAFTER UNTIL THE ADMINISTRATION ESTABLISHES THE MINIMUM NUMBER OF CRISIS TREATMENT CENTERS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, THE ADMINISTRATION SHALL SUBMIT, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, A REPORT ON THE STATUS OF THE ESTABLISHMENT OF CRISIS TREATMENT CENTERS UNDER THIS SECTION TO THE JOINT COMMITTEE ON BEHAVIORAL HEALTH AND OPIOID USE DISORDERS”.

AMENDMENT NO. 5

On page 3, strike beginning with “USE” in line 26 down through “TO” in line 27.

On page 4, strike beginning with “IN” in line 1 down through “DISORDERS” in line 3 and substitute “BY:”

(1) CONDUCTING A COMPREHENSIVE EVIDENCE-BASED SCREENING FOR MENTAL HEALTH AND SUBSTANCE USE NEEDS, COGNITIVE OR INTELLECTUAL FUNCTIONING, INFECTIOUS DISEASE, AND ACUTE SOMATIC CONDITIONS;

(2) CONDUCTING A RISK ASSESSMENT FOR CALLERS EXPERIENCING AN OVERDOSE OR POTENTIALLY COMMITTING SUICIDE OR A HOMICIDE;

(3) CONNECTING CALLERS TO AN EMERGENCY RESPONSE SYSTEM WHEN INDICATED;

(4) REFERRING CALLERS FOR ONGOING CARE; AND

(5) FOLLOWING UP WITH CALLERS TO DETERMINE IF THE NEEDS OF CALLERS WERE MET;

and in line 29, strike “THE MIDDLE OF”.

AMENDMENT NO. 6

On page 5, after line 6, insert:

“8-407.

(A) THE DEPARTMENT SHALL IDENTIFY UP-TO-DATE, EVIDENCE-BASED, WRITTEN INFORMATION ABOUT OPIOID USE DISORDER THAT:

(1) HAS BEEN REVIEWED BY MEDICAL EXPERTS AND NATIONAL AND LOCAL ORGANIZATIONS SPECIALIZING IN THE TREATMENT OF OPIOID USE DISORDER;

(2) IS DESIGNED FOR USE BY HEALTH CARE PROVIDERS AND INDIVIDUALS WITH OPIOID USE DISORDER AND THEIR FAMILIES;

(3) IS CULTURALLY AND LINGUISTICALLY APPROPRIATE FOR POTENTIAL RECIPIENTS OF THE INFORMATION; AND

(4) INCLUDES INFORMATION ADDRESSING:

(I) THE SIGNS AND SYMPTOMS OF OPIOID USE DISORDER;

(II) THE RISKS ASSOCIATED WITH UNTREATED OPIOID USE DISORDER;

(Over)

(III) APPROPRIATE CLINICAL TREATMENT FOR OPIOID USE DISORDER, INCLUDING:

1. COUNSELING SERVICES; AND

2. ALL MEDICATIONS APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER;

(IV) APPROPRIATE USE OF OVERDOSE REVERSAL AGENTS;

(V) APPROPRIATE SUPPORT SERVICES, INCLUDING:

1. PEER FELLOWSHIP AND SUPPORT GROUPS, SUCH AS NARCOTICS ANONYMOUS AND ALCOHOLICS ANONYMOUS;

2. COMMUNITY-BASED SERVICES; AND

3. RESIDENTIAL OR RECOVERY HOUSING SERVICES;

AND

(VI) APPROPRIATE TREATMENTS FOR PAIN THAT MAY BE USED TO REDUCE OR REPLACE OPIOID MEDICATION TREATMENTS FOR CHRONIC PAIN.

(B) (1) THE DEPARTMENT SHALL PROVIDE THE INFORMATION IDENTIFIED BY THE DEPARTMENT UNDER SUBSECTION (A) OF THIS SECTION TO HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS THAT PROVIDE TREATMENT FOR OPIOID USE DISORDER.

(2) A HEALTH CARE FACILITY OR HEALTH CARE PROVIDER SHALL MAKE THE INFORMATION AVAILABLE TO EACH PATIENT TREATED BY THE FACILITY OR PROVIDER FOR OPIOID USE DISORDER.”;

in line 7, strike “BUPRENORPHINE” and substitute “**OPIOID ADDICTION TREATMENT**”; in line 17, strike “AT LEAST ONE”; in the same line, strike “PROVIDER” and substitute “**PROVIDERS**”; in the same line, strike “IS” and substitute “**ARE TRAINED AND**”; in line 18, strike “BUPRENORPHINE FOR EVERY 100 PATIENTS” and substitute “**OPIOID ADDICTION TREATMENT MEDICATIONS, INCLUDING BUPRENORPHINE-CONTAINING FORMULATIONS**”; and strike beginning with “FOR” in line 19 down through “YEAR.” in line 23 and substitute “**TO COMPLY WITH SUBSECTION (B) OF THIS SECTION, A HEALTH CARE FACILITY OR A HEALTH CARE SYSTEM MAY:**

(1) DIRECTLY EMPLOY, CONTRACT WITH, OR REFER A PATIENT TO A HEALTH CARE PROVIDER WHO IS TRAINED AND AUTHORIZED UNDER FEDERAL LAW TO PRESCRIBE OPIOID ADDICTION TREATMENT MEDICATIONS, INCLUDING BUPRENORPHINE-CONTAINING FORMULATIONS; OR

(2) DELIVER THE SERVICES IN PERSON OR, IF APPROPRIATE, THROUGH TELEHEALTH.

13-3101.

(a) In this subtitle the following words have the meanings indicated.

[(b) “Advanced practice nurse” has the meaning stated in § 8–101 of the Health Occupations Article.

(Over)

(c) “Certificate” means a certificate issued by a private or public entity to administer naloxone.

(d) “Licensed physician” has the meaning stated in § 14–101 of the Health Occupations Article.]

[(e)] (B) “Pharmacist” has the meaning stated in § 12–101 of the Health Occupations Article.

[(f)] (C) “Private or public entity” means a health care provider, local health department, community–based organization, substance abuse treatment organization, or other person that addresses medical or social issues related to drug addiction.

[(g)] (D) “Program” means [an] THE Overdose Response Program.

[(h)] (E) “Standing order” means a written instruction for the prescribing and dispensing of naloxone [to a certificate holder] in accordance with [§ 13-3108] § 13-3106 of this subtitle.

13–3102.

[An] THE Overdose Response Program is a program [overseen] ADMINISTERED by the Department for the purpose of providing a means of authorizing certain individuals to administer naloxone to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available.

13–3103.

(a) The Department shall adopt regulations necessary for the administration of the Program.

(b) The Department may:

(1) Collect fees necessary for the administration of the Program;

(2) [Authorize private or public entities to issue and renew certificates to persons meeting the requirements of this subtitle;

(3) (i) Authorize private or public entities to conduct [educational] EDUCATION AND training [programs described in § 13-3104 of this subtitle] ON OPIOID OVERDOSE RECOGNITION AND RESPONSE THAT INCLUDE:

(I) EDUCATION ON RECOGNIZING THE SIGNS AND SYMPTOMS OF AN OPIOID OVERDOSE;

(II) TRAINING ON RESPONDING TO AN OPIOID OVERDOSE, INCLUDING THE ADMINISTRATION OF NALOXONE; AND

(III) ACCESS TO NALOXONE AND THE NECESSARY SUPPLIES FOR THE ADMINISTRATION OF THE NALOXONE; [and]

[(ii)] (3) Develop guidance regarding the content of educational training programs conducted by private or public entities; and

(4) Collect and report data on the operation and results of the programs.

(C) AN INDIVIDUAL IS NOT REQUIRED TO OBTAIN TRAINING AND EDUCATION ON OPIOID OVERDOSE RECOGNITION AND RESPONSE FROM A PRIVATE OR PUBLIC ENTITY UNDER SUBSECTION (B) OF THIS SECTION IN ORDER FOR A PHARMACIST TO DISPENSE NALOXONE TO THE INDIVIDUAL.

[13-3104.

(Over)

(a) To qualify for a certificate, an individual shall meet the requirements of this section.

(b) The applicant shall be at least 18 years old.

(c) The applicant shall have, or reasonably expect to have, as a result of the individual's occupation or volunteer, family, or social status, the ability to assist an individual who is experiencing an opioid overdose.

(d) (1) The applicant shall successfully complete an educational training program offered by a private or public entity authorized by the Department.

(2) An educational training program required under this subsection shall:

(i) Be conducted by:

1. A licensed physician;

2. An advanced practice nurse;

3. A pharmacist; or

4. An employee or a volunteer of a private or public entity who is supervised in accordance with a written agreement between the private or public entity and a supervisory licensed physician, advanced practice nurse, or pharmacist that includes:

A. Procedures for providing patient overdose information;

B. Information as to how the employee or volunteer providing the information will be trained; and

C. Standards for documenting the provision of patient overdose information to patients; and

(ii) Include training in:

1. The recognition of the symptoms of opioid overdose;
2. The proper administration of naloxone;
3. The importance of contacting emergency medical services;
4. The care of an individual after the administration of naloxone; and
5. Any other topics required by the Department.]

13-3104.

AN AUTHORIZED PRIVATE OR PUBLIC ENTITY SHALL ENTER INTO A WRITTEN AGREEMENT WITH A LICENSED HEALTH CARE PROVIDER WITH PRESCRIBING AUTHORITY TO ESTABLISH PROTOCOLS FOR THE PRESCRIBING AND DISPENSING OF NALOXONE TO ANY INDIVIDUAL IN ACCORDANCE WITH THIS SUBTITLE.

[13-3105.

An applicant for a certificate shall submit an application to a private or public entity authorized by the Department on the form that the Department requires.]

[13-3106.

(a) A private or public entity authorized by the Department shall issue a certificate to any applicant who meets the requirements of this subtitle.

(b) Each certificate shall include:

(1) A statement that the holder is authorized to administer naloxone in accordance with this subtitle;

(2) The full name of the certificate holder; and

(3) A serial number.

(c) A replacement certificate may be issued to replace a lost, destroyed, or mutilated certificate.

(d) (1) The certificate shall be valid for 2 years and may be renewed.

(2) In order to renew a certificate, the certificate holder shall:

(i) Successfully complete a refresher training program conducted by an authorized private or public entity; or

(ii) Demonstrate proficiency to the private or public entity issuing certificates under this subtitle.]

[13-3107.] 13-3105.

(A) An individual [who is certified] may[:

(1) On presentment of a certificate,] receive from any licensed [physician or advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority a prescription for naloxone and the necessary supplies for the administration of naloxone[;].

(B) AN INDIVIDUAL FOR WHOM NALOXONE IS PRESCRIBED AND DISPENSED IN ACCORDANCE WITH THIS SUBTITLE MAY:

[(2)] (1) Possess prescribed naloxone and the necessary supplies for the administration of naloxone; and

[(3)] (2) In an emergency situation when medical services are not immediately available, administer naloxone to an individual experiencing or believed by the [certificate holder] INDIVIDUAL to be experiencing an opioid overdose.

[13-3108.] 13-3106.

(a) A licensed [physician or an advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority may prescribe and dispense naloxone to [a certificate holder] AN INDIVIDUAL WHO:

(1) IS BELIEVED BY THE LICENSED HEALTH CARE PROVIDER TO BE AT RISK OF EXPERIENCING AN OPIOID OVERDOSE; OR

(2) IS IN A POSITION TO ASSIST AN INDIVIDUAL AT RISK OF EXPERIENCING AN OPIOID OVERDOSE.

(Over)

[(b) A registered nurse may dispense naloxone to a certificate holder in a local health department if the registered nurse complies with:

(1) The formulary developed and approved under § 3-403(b) of this article; and

(2) The requirements established under § 8-512 of the Health Occupations Article.]

[(c) (B) (1) A licensed [physician or an advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority may prescribe and dispense naloxone [to a certificate holder] by issuing a standing order if the licensed [physician or advanced practice nurse] HEALTH CARE PROVIDER:

(i) Is employed by the Department or a local health department;
or

(ii) [Supervises or conducts an educational training program] HAS A WRITTEN AGREEMENT WITH AN AUTHORIZED PRIVATE OR PUBLIC ENTITY under [§ 13-3104(d)] § 13-3104 of this subtitle.

(2) A licensed [physician or an advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority who issues a standing order under paragraph (1) of this subsection may delegate [to the following persons the authority for] THE dispensing OF naloxone to [a certificate holder:

(i) A licensed registered nurse who:

1. Is employed by a local health department; and

2. Completes a training program approved by the Department; and

(ii) An] AN employee or a volunteer of [a] AN AUTHORIZED private or public entity [who is authorized to conduct an educational training program] in accordance with A WRITTEN AGREEMENT UNDER [§ 13-3104(d)] § 13-3104 of this subtitle.

(3) Any licensed health care provider who has dispensing authority also may dispense naloxone to [a certificate holder] ANY INDIVIDUAL in accordance with a standing order issued by a licensed [physician] HEALTH CARE PROVIDER WITH PRESCRIBING AUTHORITY IN ACCORDANCE WITH THIS SUBSECTION.

[(d) (1) Any licensed health care provider who has prescribing authority may prescribe naloxone to a patient who is believed by the licensed health care provider to be at risk of experiencing an opioid overdose or in a position to assist an individual at risk of experiencing an opioid overdose.

(2) A patient who receives a naloxone prescription under paragraph (1) of this subsection is not subject to the training requirements under § 13-3104(d) of this subtitle.]

[(e) (C) A pharmacist may dispense naloxone in accordance with a therapy management contract under Title 12, Subtitle 6A of the Health Occupations Article.

[13-3109.] 13-3107.

(a) [(1) A certificate holder] AN INDIVIDUAL who, in accordance with this subtitle, is administering naloxone to an individual experiencing or believed by the [certificate holder] INDIVIDUAL to be experiencing an opioid overdose may not be considered to be practicing:

(Over)

[(i)] (1) Medicine for the purposes of Title 14 of the Health Occupations Article; or

[(ii)] (2) Registered nursing for the purposes of Title 8 of the Health Occupations Article.

[(2)] (B) An employee or volunteer of a private or public entity who, in accordance with this subtitle, provides naloxone to [a certificate holder] AN INDIVIDUAL WHO HAS RECEIVED EDUCATION AND TRAINING IN OPIOID OVERDOSE RECOGNITION AND RESPONSE in accordance with a standing order may not be considered to be practicing:

(i) Medicine for the purposes of Title 14 of the Health Occupations Article;

(ii) Registered nursing for the purposes of Title 8 of the Health Occupations Article; or

(iii) Pharmacy for the purposes of Title 12 of the Health Occupations Article.

[(b) (1)] (C) A licensed [physician] HEALTH CARE PROVIDER who prescribes or dispenses naloxone [to a certificate holder in a manner consistent with the protocol established by the authorized private or public entity] IN ACCORDANCE WITH THIS SUBTITLE may not be subject to any disciplinary action BY THE APPROPRIATE LICENSING HEALTH OCCUPATIONS BOARD under [Title 14 of] the Health Occupations Article solely for the act of prescribing or dispensing naloxone [to the certificate holder].

[(2) An advanced practice nurse with prescribing authority who prescribes or dispenses naloxone to a certificate holder in a manner consistent with the protocol established by the authorized private or public entity may not be subject to any disciplinary action under Title 8 of the Health Occupations Article solely for the act of prescribing or dispensing naloxone to the certificate holder.]

[13-3110.] **13-3108.**

(a) An individual who administers naloxone to an individual who is or in good faith is believed to be experiencing an opioid overdose shall have immunity from liability under §§ 5-603 and 5-629 of the Courts and Judicial Proceedings Article.

(b) A cause of action may not arise against any licensed [physician, advanced practice nurse] **HEALTH CARE PROVIDER** with prescribing authority[,] or pharmacist for any act or omission when the [physician, advanced practice nurse] **HEALTH CARE PROVIDER** with prescribing authority[,] or pharmacist in good faith prescribes or dispenses naloxone and the necessary paraphernalia for the administration of naloxone to [a certificate holder or patient under § 13-3108] **AN INDIVIDUAL UNDER § 13-3106** of this subtitle.

(c) This subtitle may not be construed to create a duty on any individual to:

(1) Obtain [a certificate] **EDUCATION AND TRAINING FROM AN AUTHORIZED PRIVATE OR PUBLIC ENTITY** under this subtitle, and an individual may not be held civilly liable for failing to obtain [a certificate] **EDUCATION AND TRAINING FROM AN AUTHORIZED PRIVATE OR PUBLIC ENTITY** under this subtitle; or

(2) Administer naloxone to an individual who is experiencing or believed by the individual to be experiencing an opioid overdose.

[13-3111.] **13-3109.**

A person who dispenses naloxone in accordance with this subtitle is exempt from any laws that require a person to maintain a permit to dispense prescription drugs.

SUBTITLE 34. CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS.

13-3401.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “CO-PRESCRIBING” MEANS, WITH RESPECT TO AN OPIOID OVERDOSE REVERSAL DRUG, THE PRACTICE OF PRESCRIBING THE DRUG IN CONJUNCTION WITH AN OPIOID PRESCRIPTION FOR A PATIENT AT AN ELEVATED RISK OF OVERDOSE.

(C) “OPIOID OVERDOSE REVERSAL DRUG” MEANS NALOXONE OR A SIMILARLY ACTING AND EQUALLY SAFE DRUG THAT IS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF A KNOWN OR SUSPECTED OPIOID OVERDOSE.

13-3402.

(A) THE SECRETARY SHALL 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 BY LAW TO PRESCRIBE A MONITORED PRESCRIPTION DRUG, AS DEFINED IN § 21-2A-01 OF THIS ARTICLE.

(B) THE GUIDELINES ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION SHALL ADDRESS THE CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS FOR PATIENTS WHO ARE:

(1) AT AN ELEVATED RISK OF OVERDOSE; AND

(2) (I) RECEIVING OPIOID THERAPY FOR CHRONIC PAIN;

(II) RECEIVING A PRESCRIPTION FOR BENZODIAZEPINES;

OR

(III) BEING TREATED FOR OPIOID USE DISORDERS.”.

AMENDMENT NO. 7

On page 5, after line 23, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General”.

On page 6, strike in their entirety lines 3 through 5, inclusive; in line 6, strike “(4)” and substitute “(3)”; after line 12, insert:

“(C) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT A SUBSTANTIAL PORTION OF THE RATE ADJUSTMENT PROVIDED UNDER SUBSECTION (D) OF THIS SECTION BE USED TO:

(1) COMPENSATE DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND

(Over)

(2) IMPROVE THE QUALITY OF PROGRAMMING PROVIDED BY COMMUNITY PROVIDERS.;

in line 13, strike “(C)” and substitute “**(D)**”; strike beginning with “SUBJECT” in line 13 down through “(I)” in line 18; in line 19, after “2019” insert “**AND FISCAL YEAR 2020**”; in the same line, strike “, AND FOR EACH FISCAL YEAR THEREAFTER,”; strike beginning with “RATE” in line 19 down through “ON” in line 20 and substitute “**A 3.5% RATE INCREASE FOR COMMUNITY PROVIDERS OVER**”; in lines 23, 26, and 28, strike “1.”, “2.”, and “3.”, respectively, and substitute “**(I)**”, “**(II)**”, and “**(III)**”, respectively; after line 30, insert:

“(2) IF THE BEHAVIORIAL HEALTH ADMINISTRATION DOES NOT IMPLEMENT THE PAYMENT SYSTEM REQUIRED UNDER SUBSECTION (E) OF THIS SECTION FOR USE IN FISCAL YEAR 2021, THE GOVERNOR’S PROPOSED BUDGET FOR FISCAL YEAR 2021 SHALL INCLUDE A 3% RATE INCREASE FOR COMMUNITY PROVIDERS OVER THE FUNDING PROVIDED IN THE LEGISLATIVE APPROPRIATION FOR THE IMMEDIATELY PRECEDING FISCAL YEAR FOR EACH OF THE FOLLOWING:

(I) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM M00Q01.01 MEDICAID BEHAVIORAL HEALTH PROVIDER REIMBURSEMENT – MEDICAL CARE PROGRAMS ADMINISTRATION;

(II) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM M00L01.02 COMMUNITY SERVICES – BEHAVIORAL HEALTH ADMINISTRATION;
AND

(III) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND RECIPIENTS – BEHAVIORAL HEALTH ADMINISTRATION.;

and strike in their entirety lines 31 through 35, inclusive.

On page 7, strike beginning with “YEAR” in line 1 down through “THEREAFTER,” in line 2 and substitute “YEARS 2019 THROUGH 2021”; after line 4, insert:

“(E) (1) THE BEHAVIORAL HEALTH ADMINISTRATION AND THE MEDICAL CARE PROGRAMS ADMINISTRATION JOINTLY SHALL:

(I) CONDUCT AN INDEPENDENT COST-DRIVEN, RATE-SETTING STUDY TO SET COMMUNITY PROVIDER RATES FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES THAT INCLUDES A RATE ANALYSIS AND AN IMPACT STUDY THAT CONSIDERS THE ACTUAL COST OF PROVIDING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES;

(II) DEVELOP AND IMPLEMENT A PAYMENT SYSTEM INCORPORATING THE FINDINGS OF THE RATE-SETTING STUDY CONDUCTED UNDER ITEM (I) OF THIS PARAGRAPH, INCLUDING PROJECTED COSTS OF IMPLEMENTATION AND RECOMMENDATIONS TO ADDRESS ANY POTENTIAL SHORTFALL IN FUNDING; AND

(III) CONSULT WITH STAKEHOLDERS, INCLUDING COMMUNITY PROVIDERS AND INDIVIDUALS RECEIVING SERVICES, IN CONDUCTING THE RATE-SETTING STUDY AND DEVELOPING THE PAYMENT SYSTEM REQUIRED BY THIS PARAGRAPH.

(Over)

(2) THE ADMINISTRATION, ON OR BEFORE SEPTEMBER 30, 2019, SHALL COMPLETE THE STUDY REQUIRED UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION.

(3) THE ADMINISTRATION SHALL ADOPT REGULATIONS TO IMPLEMENT THE PAYMENT SYSTEM REQUIRED BY PARAGRAPH (1) OF THIS SUBSECTION.”;

in line 5, strike “(D)” and substitute “(F)”; in line 10, strike “OF REIMBURSEMENT”; in line 12, strike “SUBSECTION (C)(2)(II) OF” and substitute “SUBSECTION (D) OF”; after line 12, insert:

“(G) INCREASED FUNDING PROVIDED UNDER SUBSECTION (D) OF THIS SECTION MAY BE USED ONLY TO INCREASE THE RATES PAID TO:

(1) COMMUNITY PROVIDERS ACCREDITED BY A STATE-APPROVED ACCREDITING BODY AND LICENSED BY THE STATE; AND

(2) HEALTH CARE PROVIDERS WHO ARE ACTING WITHIN THE SCOPES OF PRACTICE OF THE HEALTH CARE PROVIDERS’ LICENSES OR CERTIFICATES AS SPECIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE.”;

in line 13, strike “(E)” and substitute “(H)”; in line 17, strike “REIMBURSEMENT”; and in the same line, strike “ADJUSTMENT” and substitute “ADJUSTMENTS AND THE PAYMENT SYSTEM”;

and after line 29, insert:

“SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General.

AMENDMENT NO. 8

On page 7, in line 33, after “OVERDOSE” insert “OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER”.

On page 8, in line 6, strike “A” and substitute “(1) BEGINNING IN 2018, A”; strike beginning with “INCLUDE” in line 6 down through “UNDER” in line 8 and substitute “SUBMIT TO THE MARYLAND HOSPITAL ASSOCIATION”; in line 10, after “OVERDOSE” insert “OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER”; and after line 10, insert:

“(2) ON OR BEFORE DECEMBER 1, 2018, THE MARYLAND HOSPITAL ASSOCIATION SHALL SUBMIT A REPORT TO THE DEPARTMENT AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE SENATE FINANCE COMMITTEE, THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, AND THE JOINT COMMITTEE ON BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDERS ON EACH HOSPITAL’S DISCHARGE PROTOCOL AS SUBMITTED TO THE MARYLAND HOSPITAL ASSOCIATION UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(D) (1) THE MARYLAND HOSPITAL ASSOCIATION SHALL CONDUCT A STUDY THAT:

(I) IDENTIFIES OPPORTUNITIES TO SUPPORT A COMPREHENSIVE TREATMENT CONTINUUM FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS IN HOSPITALS IN THE STATE, INCLUDING WITHDRAWAL MANAGEMENT; AND

(Over)

(II) INCLUDES AN ASSESSMENT OF THE BARRIERS TO PROVIDING AN EFFECTIVE AND EFFICIENT CONTINUUM OF CARE.

(2) ON OR BEFORE DECEMBER 1, 2017, THE MARYLAND HOSPITAL ASSOCIATION SHALL SUBMIT A REPORT TO THE DEPARTMENT AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE SENATE FINANCE COMMITTEE, THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, AND THE JOINT COMMITTEE ON BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDERS ON THE FINDINGS AND RECOMMENDATIONS FROM THE STUDY REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.”.

AMENDMENT NO. 9

On page 8, before line 11, insert:

“SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:”.

On pages 8 through 10, strike in their entirety the lines beginning with line 12 on page 8 through line 27 on page 10, inclusive, and substitute:

“15-850.

(A) (1) THIS SECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR SUBSTANCE USE DISORDER BENEFITS OR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE COVERAGE FOR SUBSTANCE USE DISORDER BENEFITS OR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR GROUP CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR SUBSTANCE USE DISORDER BENEFITS UNDER THE MEDICAL BENEFIT OR FOR PRESCRIPTION DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.

(B) AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A PRIOR AUTHORIZATION REQUIREMENT FOR A PRESCRIPTION DRUG:

(1) WHEN USED FOR TREATMENT OF AN OPIOID USE DISORDER;
AND

(2) THAT CONTAINS METHADONE, BUPRENORPHINE, OR NALTREXONE.”.

AMENDMENT NO. 10

On page 10, strike in their entirety lines 28 through 34, inclusive, and substitute:

“SECTION 5. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Insurance

15-851.

(Over)

(A) IN THIS SECTION, "OPIOID ANTAGONIST" MEANS:

(1) NALOXONE HYDROCHLORIDE; OR

(2) ANY OTHER SIMILARLY ACTING AND EQUALLY SAFE DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF A DRUG OVERDOSE.

(B) (1) THIS SECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR GROUP CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.

(C) AN ENTITY SUBJECT TO THIS SECTION THAT INCLUDES ON ITS FORMULARY AN OPIOID ANTAGONIST MAY APPLY A PRIOR AUTHORIZATION REQUIREMENT FOR AN OPIOID ANTAGONIST ONLY IF THE ENTITY PROVIDES

COVERAGE FOR AT LEAST ONE FORMULATION OF THE OPIOID ANTAGONIST WITHOUT A PRIOR AUTHORIZATION REQUIREMENT.

SECTION 6. AND BE IT FURTHER ENACTED, That, on or before December 1, 2019, the Department of Health and Mental Hygiene shall submit a report to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly that:

(1) details outcome measures that reasonably can be collected for each treatment modality offered by community providers for which the rate of reimbursement would be adjusted under § 16-201.3 of the Health – General Article, as enacted by Section 2 of this Act; and

(2) includes recommendations regarding how reimbursement rates can be tied to outcomes, such as:

(i) differential payment for implementation of, and adherence to, evidence-based and promising practices;

(ii) differential payment based on outcomes;

(iii) payments made to align incentives with the goals of the State’s all-payer model contract; and

(iv) any other financial payment system linking reimbursement to outcomes.

SECTION 7. AND BE IT FURTHER ENACTED, That the Secretary of Health and Mental Hygiene shall establish the guidelines required under § 13-3402(a) of the Health – General Article, as enacted by Section 1 of this Act, on or before December 1, 2017.”.

AMENDMENT NO. 11

On page 11, in line 1, strike “3.” and substitute “8.”; strike beginning with the second comma in line 1 down through the first “the” in line 2 and substitute “:

(a) The”;

in line 2, after “Services” insert “and each local jail and detention center”; strike beginning with the colon in line 3 down through “(1)” in line 4; in line 5, after “and” insert “each”; in the same line, strike “jails; and” and substitute “jail and detention center.”; after line 5, insert:

“(b) On or before November 1, 2017, each local jail and detention center shall submit the plan required under subsection (a) of this section to the Department of Public Safety and Correctional Services.”;

in line 6, strike “(2)” and substitute “(c) On or before December 1, 2017, the Department of Public Safety and Correctional Services shall”; and in the same line, strike “the plan” and substitute “a report that includes the plans required under subsection (a) of this section”.

AMENDMENT NO. 12

On page 11, after line 7, insert:

“SECTION 9. AND BE IT FURTHER ENACTED, That Section 4 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after the effective date of Section 4 of this Act.

SECTION 10. AND BE IT FURTHER ENACTED, That Section 5 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2018.”;

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in line 8, strike “4.” and substitute “11.”; in the same line, after “That” insert “Sections 1, 2, 3, 6, 7, 8, and 9 of”; and after line 9, insert:

“SECTION 12. AND BE IT FURTHER ENACTED, That Sections 5 and 10 of this Act shall take effect January 1, 2018.

SECTION 13. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a yea and nay vote supported by three-fifths of all the members elected to each of the two Houses of the General Assembly and, except as provided in Sections 11 and 12 of this Act, shall take effect from the date it is enacted.”.