

HOUSE BILL 1329

J1, C3, F5

EMERGENCY BILL

7lr3126
CF SB 967

By: Delegates Bromwell and Hayes, Hayes, Barron, Kipke, Reznik, Wilkins, Morhaim, Platt, Malone, Pena-Melnyk, B. Wilson, Folden, Frick, Angel, Cullison, Hill, Kelly, Metzgar, Miele, Morales, Morgan, Rosenberg, Saab, Sample-Hughes, Szeliga, West, and K. Young

Introduced and read first time: February 10, 2017

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 27, 2017

CHAPTER _____

1 AN ACT concerning

2 **Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017**

3 FOR the purpose of requiring ~~certain institutions of higher education to offer credits in~~
4 ~~substance use disorders, effective treatment for substance use disorders, and pain~~
5 ~~management~~ the State Court Administrator of the Administrative Office of the
6 Courts to assess certain drug court programs to make certain determinations;
7 declaring a certain intent of the General Assembly relating to certain funding for
8 certain drug court programs; authorizing the Department of Health and Mental
9 Hygiene to deny, suspend, revoke, or refuse to renew a certain registration if a
10 certain applicant or a certain registrant has surrendered a certain federal
11 registration or fails to meet certain requirements to obtain a certain registration;
12 authorizing the Department of Health and Mental Hygiene to limit the scope of a
13 certain initial registration or renewal of a certain registration; requiring a drug
14 overdose fatality review team to review information on nonfatal overdoses at a
15 certain meeting; requiring a certain local drug overdose fatality review team, at the
16 request of the chair of the local team, to be provided access to certain information
17 and records related to an individual whose near fatality is being reviewed by the
18 local team; prohibiting the disclosure of identifying information of or of involvement
19 of an agency with an individual who has experienced an overdose or of certain
20 individuals related to an individual who has experienced an overdose during a public
21 meeting of a certain local team; requiring the Behavioral Health Administration to
22 establish at least a certain number of certain crisis treatment centers that provide

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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



1 individuals who are ~~in a~~ in a mental health or substance use disorder crisis with
2 access to certain clinical staff; requiring that at least one crisis treatment center be
3 located in each geographical region of the State; requiring that at least one crisis
4 treatment center be established on or before a certain date; requiring the
5 Administration to establish the crisis treatment centers in a manner that is
6 consistent with a certain plan; requiring the Administration to submit a certain
7 report to a certain committee beginning on or before a certain date, and on or before
8 a certain date each year thereafter, until the Administration establishes a certain
9 number of crisis treatment centers; requiring the Department of Health and Mental
10 Hygiene to establish and operate a certain Health Crisis Hotline ~~using certain~~
11 ~~resources and technology;~~ requiring that the Health Crisis Hotline assist callers in
12 ~~identifying certain services for a certain purpose~~ a certain manner; requiring the
13 Department of Health and Mental Hygiene to collect and maintain certain
14 information to provide to callers on the Health Crisis Hotline; requiring the
15 Department of Health and Mental Hygiene to provide certain training for certain
16 staff who assist callers on the Health Crisis Hotline; requiring the Department of
17 Health and Mental Hygiene, to the extent practicable, to ensure that information
18 provided to callers on the Health Crisis Hotline is up to date and accurate; requiring
19 the Department of Health and Mental Hygiene to disseminate certain information
20 in a certain manner; requiring the Department of Health and Mental Hygiene to
21 identify certain information about opioid use disorder; requiring the Department of
22 Health and Mental Hygiene to provide certain information to certain health care
23 facilities and certain health care providers; requiring certain health care facilities
24 and certain health care providers to make certain information available to certain
25 patients; requiring certain health care facilities and health care systems to make
26 available to patients the services of at least a certain number of health care providers
27 who are trained and authorized under federal law to prescribe buprenorphine under
28 federal law for every certain number of patients opioid addiction treatment
29 medications; requiring authorizing the health care facilities and health care systems
30 to use a certain average number of certain patients for the purpose of calculating the
31 number of health care providers required under directly employ, contract with, or
32 refer a patient to a certain provider or to deliver certain services in a certain manner
33 to comply with a certain provision of this Act; requiring, except under certain
34 circumstances, the Department of Health and Mental Hygiene to adjust the rate of
35 reimbursement for certain community providers each fiscal year by the rate
36 adjustment included in a certain State budget; providing that the Overdose Response
37 Program is administered by the Department of Health and Mental Hygiene for a
38 certain purpose; repealing certain provisions of law relating to the qualifications for,
39 application for, and issuance of a certificate for completion of a certain educational
40 training program relating to an opioid overdose; authorizing the Department of
41 Health and Mental Hygiene to authorize certain entities to conduct certain education
42 and training on opioid overdose recognition and response; providing that an
43 individual is not required to obtain certain training and education in order for a
44 pharmacist to dispense naloxone to the individual; requiring an authorized private
45 or public entity to enter into a certain written agreement with a certain licensed
46 health care provider for a certain purpose; authorizing a certain individual to receive
47 from a certain health care provider a prescription for naloxone and certain related

1 supplies; authorizing certain individuals to possess and administer naloxone under
2 certain circumstances; authorizing a licensed health care provider with prescribing
3 authority to prescribe and dispense naloxone to a certain individual; authorizing a
4 licensed health care provider with prescribing authority to prescribe and dispense
5 naloxone by issuing a standing order under certain circumstances; authorizing a
6 certain licensed health care provider who issues a certain standing order to delegate
7 the dispensing of naloxone to a certain employee or a certain volunteer under certain
8 circumstances; prohibiting certain individuals who administer naloxone to a certain
9 individual from being considered to be practicing medicine or registered nursing;
10 prohibiting an employee or a volunteer of a certain entity who provides naloxone to
11 a certain individual from being considered to be practicing medicine, registered
12 nursing, or pharmacy; prohibiting a certain health care provider who prescribes or
13 dispenses naloxone in a certain manner from being subject to certain disciplinary
14 action; prohibiting a certain cause of action from arising against a certain health
15 care provider or pharmacist under certain circumstances; providing for the
16 construction of certain provisions of law; requiring the Secretary of Health and
17 Mental Hygiene to establish certain guidelines for the co-prescribing of opioid
18 overdose reversal drugs that are applicable to all licensed health care providers in
19 the State who are authorized to prescribe monitored prescription drugs; requiring
20 the guidelines to address the co-prescribing of opioid overdose reversal drugs for
21 certain patients; requiring the Secretary to establish the guidelines on or before a
22 certain date; requiring that the Governor's proposed budget for a certain fiscal year,
23 years ~~and for each fiscal year thereafter,~~ include certain rate adjustments increases
24 for certain community providers based on over the funding provided in certain
25 legislative appropriations; requiring that a certain rate of adjustment equal the
26 average annual percentage change in a certain Consumer Price Index for a certain
27 period; requiring the Behavioral Health Administration and the Medical Care
28 Programs Administration jointly to conduct a certain study, develop and implement
29 a certain payment system, and consult with stakeholders in conducting a certain
30 study and developing a certain payment system; requiring the Behavioral Health
31 Administration to complete a certain study on or before a certain date; requiring the
32 Behavioral Health Administration to adopt certain regulations; requiring, under
33 certain circumstances, managed care organizations to pay a certain rate for a certain
34 time period for services provided by community providers and to adjust the rate of
35 reimbursement for community providers each fiscal year by at least a certain
36 amount; requiring that increased funding provided under certain provisions of this
37 Act may be used only to increase the rates being paid to certain community providers
38 and certain health care providers; requiring the Department of Health and Mental
39 Hygiene to submit a certain report on the impact of certain rate adjustments and a
40 certain payment system to the Governor and the General Assembly on or before a
41 certain date each year, beginning on or before a certain date; requiring, on or before
42 a certain date, the Department of Health and Mental Hygiene to submit a certain
43 interim report to the Governor and the General Assembly; authorizing the
44 Department of Health and Mental Hygiene to require certain community providers
45 to submit certain information to the Department of Health and Mental Hygiene in
46 the form and manner required by the Department of Health and Mental Hygiene;
47 stating the intent of the General Assembly; requiring, on or before a certain date,

1 each hospital to have a certain protocol for discharging a patient who was treated by
 2 the hospital for a drug overdose or was identified as having a substance use disorder;
 3 requiring, beginning in a certain year, a hospital to include certain services in its
 4 annual community benefit report to the Health Services Cost Review Commission
 5 submit the hospital's protocol to the Maryland Hospital Association; requiring the
 6 Maryland Hospital Association to conduct a certain study and submit certain reports
 7 to the Department of Health and Mental Hygiene and certain committees of the
 8 General Assembly on or before certain dates; ~~altering certain coverage requirements~~
 9 ~~applicable to certain health benefit plans for the diagnosis and treatment of mental~~
 10 ~~illness and emotional, drug use, and alcohol use disorders; altering certain~~
 11 ~~definitions; defining certain terms; providing for the application of certain provisions~~
 12 ~~of this Act; authorizing certain insurers, nonprofit health service plans, and health~~
 13 ~~maintenance organizations to apply a prior authorization requirement for opioid~~
 14 ~~antagonist drug products only under certain circumstances; requiring the State~~
 15 ~~Department of Education, in collaboration with stakeholders and on or before a~~
 16 ~~certain date, to develop a plan to establish certain regional recovery schools and~~
 17 ~~report its findings and recommendations to the General Assembly; requiring the~~
 18 ~~Department of Health and Mental Hygiene to submit a report that details certain~~
 19 ~~outcome measures and includes certain recommendations to the Governor and the~~
 20 ~~General Assembly on or before a certain date; requiring the Department of Public~~
 21 ~~Safety and Correctional Services and each local jail and detention center, in~~
 22 ~~collaboration with the Department of Health and Mental Hygiene and stakeholders,~~
 23 ~~on or before a certain date, to develop a certain plan and submit the plan and any~~
 24 ~~recommendations to the General Assembly; requiring, on or before a certain date,~~
 25 ~~certain jails and detention centers to submit a certain plan to the Department of~~
 26 ~~Public Safety and Correctional Services; requiring, on or before a certain date, the~~
 27 ~~Department of Public Safety and Correctional Services to submit a certain report to~~
 28 ~~the General Assembly; requiring, on or before certain dates, the Department of~~
 29 ~~Health and Mental Hygiene to submit certain reports to certain committees of the~~
 30 ~~General Assembly; altering certain definitions; defining certain terms; making~~
 31 ~~certain conforming changes; providing for a delayed effective date for certain~~
 32 ~~provisions of this Act; making this Act an emergency measure; and generally relating~~
 33 ~~to the treatment of and education regarding mental health and substance use~~
 34 ~~disorders.~~

35 ~~BY adding to~~

36 ~~Article – Education~~

37 ~~Section 15–121~~

38 ~~Annotated Code of Maryland~~

39 ~~(2014 Replacement Volume and 2016 Supplement)~~

40 BY repealing and reenacting, without amendments,

41 Article – Courts and Judicial Proceedings

42 Section 13–101(a)

43 Annotated Code of Maryland

44 (2013 Replacement Volume and 2016 Supplement)

- 1 BY adding to
2 Article – Courts and Judicial Proceedings
3 Section 13–101.1
4 Annotated Code of Maryland
5 (2013 Replacement Volume and 2016 Supplement)
- 6 BY repealing and reenacting, without amendments,
7 Article – Criminal Law
8 Section 5–301(a)(1)
9 Annotated Code of Maryland
10 (2012 Replacement Volume and 2016 Supplement)
- 11 BY repealing and reenacting, with amendments,
12 Article – Criminal Law
13 Section 5–307
14 Annotated Code of Maryland
15 (2012 Replacement Volume and 2016 Supplement)
- 16 BY repealing and reenacting, without amendments,
17 Article – Health – General
18 Section 5–901
19 Annotated Code of Maryland
20 (2015 Replacement Volume and 2016 Supplement)
- 21 BY repealing and reenacting, with amendments,
22 Article – Health – General
23 Section 5–903 through 5–905, 13–3101 through 13–3103, and 13–3107 through
24 13–3111
25 Annotated Code of Maryland
26 (2015 Replacement Volume and 2016 Supplement)
- 27 BY repealing
28 Article – Health – General
29 Section 13–3104 through 13–3106
30 Annotated Code of Maryland
31 (2015 Replacement Volume and 2016 Supplement)
- 32 BY adding to
33 Article – Health – General
34 Section 7.5–207; 7.5–501 to be under the new subtitle “Subtitle 5. Health Crisis
35 Hotline”; 8–407; 8–1101 to be under the new subtitle “Subtitle 11. Availability
36 of ~~Buprenorphine~~ Opioid Addiction Treatment Prescribers”; 13–3104;
37 13–3401 and 13–3402 to be under the new subtitle “Subtitle 34.
38 Co-Prescribing of Opioid Overdose Reversal Drugs”; and 16–201.3 and
39 19–310.3
40 Annotated Code of Maryland
41 (2015 Replacement Volume and 2016 Supplement)

~~BY repealing and reenacting, with amendments,
 Article – Insurance
 Section 15–802
 Annotated Code of Maryland
 (2011 Replacement Volume and 2016 Supplement)~~

BY adding to
 Article – Insurance
 Section 15–850
 Annotated Code of Maryland
 (2011 Replacement Volume and 2016 Supplement)

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

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.

~~Article – Education~~

1 ~~15-121.~~

2 ~~(A) THIS SECTION APPLIES ONLY TO AN INSTITUTION OF HIGHER~~
3 ~~EDUCATION THAT AWARDS A DEGREE THAT AN INDIVIDUAL MAY USE TO MEET THE~~
4 ~~EDUCATIONAL REQUIREMENTS FOR LICENSURE UNDER THE HEALTH~~
5 ~~OCCUPATIONS ARTICLE AS A PHYSICIAN, REGISTERED NURSE, DENTIST, PHYSICIAN~~
6 ~~ASSISTANT, OR PODIATRIST.~~

7 ~~(B) AN INSTITUTION OF HIGHER EDUCATION SUBJECT TO THIS SECTION~~
8 ~~SHALL OFFER CREDITS IN SUBSTANCE USE DISORDERS, EFFECTIVE TREATMENT~~
9 ~~FOR SUBSTANCE USE DISORDERS, AND PAIN MANAGEMENT.~~

10 Article – Criminal Law

11 5-301.

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

15 5-307.

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

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

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

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

26 (4) has violated this title; OR

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

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

1 (C) THE DEPARTMENT MAY LIMIT AN INITIAL REGISTRATION OR THE
2 RENEWAL OF A REGISTRATION TO THE PARTICULAR CONTROLLED DANGEROUS
3 SUBSTANCE FOR WHICH GROUNDS FOR DENIAL OR REFUSAL TO ISSUE OR RENEW
4 EXIST.

5 Article – Health – General

6 5–901.

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

9 5–903.

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

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

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

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

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

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

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

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

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

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

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

- 1 (i) Discussion of individual cases;
- 2 (ii) Steps taken to improve coordination of services and
3 investigations;
- 4 (iii) Steps taken to implement changes recommended by the local
5 team within member agencies; and
- 6 (iv) Recommendations on needed changes to State and local laws,
7 policies, or practices to prevent drug overdose deaths.

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

12 5–904.

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

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

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

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

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

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

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

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

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

5 5-905.

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

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

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

14 **(i)** A deceased individual;

15 **(II)** **AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;**

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

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

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

22 **(i)** A deceased individual;

23 **(II)** **AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;**

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

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

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

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

3 **7.5-207.**

4 (A) **SUBJECT TO SUBSECTION (B) OF THIS SECTION, THE ADMINISTRATION**
5 **SHALL ESTABLISH ~~AT LEAST 10~~ CRISIS TREATMENT CENTERS THAT PROVIDE**
6 **INDIVIDUALS WHO ARE IN A MENTAL HEALTH OR SUBSTANCE USE DISORDER CRISIS**
7 **WITH ACCESS TO CLINICAL STAFF WHO:**

8 (1) **PERFORM ASSESSMENTS AND LEVEL OF CARE DETERMINATIONS**
9 **24 HOURS A DAY AND 7 DAYS A WEEK; AND**

10 (2) **CONNECT THE INDIVIDUALS TO CARE IMMEDIATELY.**

11 (B) **AT LEAST ONE CRISIS TREATMENT CENTER SHALL BE ~~LOCATED IN EACH~~**
12 **GEOGRAPHICAL REGION OF THE STATE ESTABLISHED ON OR BEFORE JUNE 1, 2018.**

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

18 (D) **ON OR BEFORE SEPTEMBER 1, 2017, AND ON OR BEFORE SEPTEMBER 1**
19 **EACH YEAR THEREAFTER UNTIL THE ADMINISTRATION ESTABLISHES THE MINIMUM**
20 **NUMBER OF CRISIS TREATMENT CENTERS REQUIRED UNDER SUBSECTION (A) OF**
21 **THIS SECTION, THE ADMINISTRATION SHALL SUBMIT, IN ACCORDANCE WITH §**
22 **2-1246 OF THE STATE GOVERNMENT ARTICLE, A REPORT ON THE STATUS OF THE**
23 **ESTABLISHMENT OF CRISIS TREATMENT CENTERS UNDER THIS SECTION TO THE**
24 **JOINT COMMITTEE ON BEHAVIORAL HEALTH AND OPIOID USE DISORDERS.**

25 **SUBTITLE 5. HEALTH CRISIS HOTLINE.**

26 **7.5-501.**

27 (A) **THE DEPARTMENT, AS FUNDING IS AVAILABLE, SHALL ~~USE EXISTING~~**
28 **RESOURCES AND ~~DEPARTMENT TECHNOLOGY TO~~ ESTABLISH AND OPERATE A**
29 **TOLL-FREE HEALTH CRISIS HOTLINE 24 HOURS A DAY AND 7 DAYS A WEEK.**

30 (B) **THE HEALTH CRISIS HOTLINE SHALL ASSIST CALLERS ~~IN IDENTIFYING~~**
31 **APPROPRIATE SERVICES TO ADDRESS SUBSTANCE USE AND MENTAL HEALTH**
32 **DISORDERS BY:**

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

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

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

8 **(4) REFERRING CALLERS FOR ONGOING CARE; AND**

9 **(5) FOLLOWING UP WITH CALLERS TO DETERMINE IF THE NEEDS OF**
10 **CALLERS WERE MET.**

11 **(c) THE DEPARTMENT SHALL COLLECT AND MAINTAIN THE FOLLOWING**
12 **INFORMATION TO PROVIDE TO CALLERS ON THE HEALTH CRISIS HOTLINE:**

13 **(1) THE NAMES, TELEPHONE NUMBERS, AND ADDRESSES OF:**

14 **(i) RESIDENTIAL, INPATIENT, AND OUTPATIENT SUBSTANCE**
15 **USE DISORDER AND MENTAL HEALTH PROGRAMS, INCLUDING INFORMATION ON**
16 **PRIVATE PROGRAMS AND PROGRAMS ADMINISTERED BY LOCAL HEALTH**
17 **DEPARTMENTS AND OTHER PUBLIC ENTITIES; AND**

18 **(ii) HOSPITALS, INCLUDING HOSPITAL EMERGENCY ROOMS,**
19 **AND OTHER FACILITIES THAT PROVIDE DETOXIFICATION SERVICES;**

20 **(2) THE LEVELS OF CARE PROVIDED BY THE PROGRAMS, HOSPITALS,**
21 **AND FACILITIES IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION; AND**

22 **(3) WHETHER THE PROGRAMS, HOSPITALS, AND FACILITIES**
23 **IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION:**

24 **(i) ACCEPT PAYMENT FOR SERVICES FROM A THIRD-PARTY**
25 **PAYOR, INCLUDING MEDICARE, MEDICAID, AND PRIVATE INSURANCE; AND**

26 **(ii) PROVIDE SERVICES:**

27 **1. THAT ARE SPECIFIC TO PREGNANT WOMEN;**

28 **2. THAT ARE GENDER SPECIFIC;**

29 **3. FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS;**

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

3 **(IV) APPROPRIATE USE OF OVERDOSE REVERSAL AGENTS;**

4 **(V) APPROPRIATE SUPPORT SERVICES, INCLUDING:**

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

7 **2. COMMUNITY-BASED SERVICES; AND**

8 **3. RESIDENTIAL OR RECOVERY HOUSING SERVICES;**

9 **AND**

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

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

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

19 **SUBTITLE 11. AVAILABILITY OF ~~BUPRENORPHINE~~ OPIOID ADDICTION**
 20 **TREATMENT PRESCRIBERS.**

21 **8-1101.**

22 **(A) (1) IN THIS SECTION, “HEALTH THE FOLLOWING WORDS HAVE THE**
 23 **MEANINGS INDICATED.**

24 **(2) “HEALTH CARE FACILITY” MEANS:**

25 ~~**(1)**~~ **(I) A HOSPITAL;**

26 ~~**(2)**~~ **(II) A FEDERALLY QUALIFIED HEALTH CENTER;**

27 ~~**(3)**~~ **(III) ~~A COMMUNITY HEALTH CENTER~~ AN OUTPATIENT MENTAL**
 28 **HEALTH CLINIC;**

1 ~~(4) (IV) A BEHAVIORAL HEALTH TREATMENT SERVICES PROVIDER~~
2 AN OUTPATIENT OR RESIDENTIAL ADDICTION TREATMENT PROVIDER; AND

3 ~~(5) (V) A LOCAL HEALTH DEPARTMENT.~~

4 **(3) “OPIOID ADDICTION TREATMENT MEDICATION” MEANS A**
5 **MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR**
6 **THE TREATMENT OF OPIOID USE DISORDERS.**

7 **(B) EACH HEALTH CARE FACILITY THAT IS NOT PART OF A HEALTH CARE**
8 **SYSTEM AND EACH HEALTH CARE SYSTEM SHALL MAKE AVAILABLE TO PATIENTS**
9 **THE SERVICES OF AT LEAST ONE HEALTH CARE PROVIDER WHO IS ARE**
10 **TRAINED AND AUTHORIZED UNDER FEDERAL LAW TO PRESCRIBE BUPRENORPHINE**
11 **FOR EVERY 100 PATIENTS OPIOID ADDICTION TREATMENT MEDICATIONS,**
12 **INCLUDING BUPRENORPHINE-CONTAINING FORMULATIONS.**

13 ~~(C) FOR THE PURPOSE OF CALCULATING THE NUMBER OF HEALTH CARE~~
14 ~~PROVIDERS REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, THE HEALTH~~
15 ~~CARE FACILITY OR HEALTH CARE SYSTEM SHALL USE THE AVERAGE NUMBER OF~~
16 ~~PATIENTS PROVIDED HEALTH CARE SERVICES PER DAY IN THE IMMEDIATELY~~
17 ~~PRECEDING CALENDAR YEAR. TO COMPLY WITH SUBSECTION (B) OF THIS SECTION,~~
18 **A HEALTH CARE FACILITY OR A HEALTH CARE SYSTEM MAY:**

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

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

25 13-3101.

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

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

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

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

1 [(e)] (B) "Pharmacist" has the meaning stated in § 12-101 of the Health
2 Occupations Article.

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

6 [(g)] (D) "Program" means [an] THE Overdose Response Program.

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

10 13-3102.

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

15 13-3103.

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

18 (b) The Department may:

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

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

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

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

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

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

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

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

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

8 [13-3104.

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

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

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

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

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

18 (i) Be conducted by:

19 1. A licensed physician;

20 2. An advanced practice nurse;

21 3. A pharmacist; or

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

26 A. Procedures for providing patient overdose information;

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

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

1 (ii) Include training in:

2 1. The recognition of the symptoms of opioid overdose;

3 2. The proper administration of naloxone;

4 3. The importance of contacting emergency medical services;

5 4. The care of an individual after the administration of
6 naloxone; and

7 5. Any other topics required by the Department.]

8 **13-3104.**

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

13 **[13-3105.**

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

16 **[13-3106.**

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

19 (b) Each certificate shall include:

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

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

23 (3) A serial number.

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

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

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

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

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

5 [13-3107.] 13-3105.

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

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

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

12 [(2)] (1) Possess prescribed naloxone and the necessary supplies for the
13 administration of naloxone; and

14 [(3)] (2) In an emergency situation when medical services are not
15 immediately available, administer naloxone to an individual experiencing or believed by
16 the [certificate holder] INDIVIDUAL to be experiencing an opioid overdose.

17 [13-3108.] 13-3106.

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

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

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

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

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

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

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

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

6 (ii) [Supervises or conducts an educational training program] HAS
7 A WRITTEN AGREEMENT WITH AN AUTHORIZED PRIVATE OR PUBLIC ENTITY under [§
8 13-3104(d)] § 13-3104 of this subtitle.

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

13 (i) A licensed registered nurse who:

14 1. Is employed by a local health department; and

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

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

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

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

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

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

1 [13-3109.] 13-3107.

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

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

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

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

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

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

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

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

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

32 [13-3110.] 13-3108.

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

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

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

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

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

18 [13–3111.] 13–3109.

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

21 **SUBTITLE 34. CO–PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS.**

22 **13–3401.**

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

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

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

33 **13–3402.**

1 (A) THE SECRETARY SHALL ESTABLISH GUIDELINES FOR THE
 2 CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS THAT ARE APPLICABLE
 3 TO ALL LICENSED HEALTH CARE PROVIDERS IN THE STATE WHO ARE AUTHORIZED
 4 BY LAW TO PRESCRIBE A MONITORED PRESCRIPTION DRUG, AS DEFINED IN §
 5 21-2A-01 OF THIS ARTICLE.

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

9 (1) AT AN ELEVATED RISK OF OVERDOSE; AND

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

11 (II) RECEIVING A PRESCRIPTION FOR BENZODIAZEPINES; OR

12 (III) BEING TREATED FOR OPIOID USE DISORDERS.

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

15 Article – Health – General

16 16-201.3.

17 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
 18 INDICATED.

19 (2) “COMMUNITY PROVIDER” MEANS A COMMUNITY-BASED AGENCY
 20 OR PROGRAM FUNDED BY THE BEHAVIORAL HEALTH ADMINISTRATION OR THE
 21 MEDICAL CARE PROGRAMS ADMINISTRATION TO SERVE INDIVIDUALS WITH
 22 MENTAL DISORDERS, SUBSTANCE-RELATED DISORDERS, OR A COMBINATION OF
 23 THESE DISORDERS.

24 ~~(3) “CONSUMER PRICE INDEX” MEANS THE CONSUMER PRICE INDEX~~
 25 ~~FOR ALL URBAN CONSUMERS FOR MEDICAL CARE FOR THE~~
 26 ~~WASHINGTON-BALTIMORE REGION.~~

27 ~~(4)~~ (3) “RATE” MEANS THE REIMBURSEMENT RATE PAID BY THE
 28 DEPARTMENT TO A COMMUNITY PROVIDER FROM THE STATE GENERAL FUND,
 29 MARYLAND MEDICAL ASSISTANCE PROGRAM FUNDS, OTHER STATE OR FEDERAL
 30 FUNDS, OR A COMBINATION OF THESE FUNDS.

1 (B) THIS SECTION DOES NOT APPLY TO REIMBURSEMENT FOR ANY SERVICE
 2 PROVIDED BY A COMMUNITY PROVIDER WHOSE RATES ARE REGULATED BY THE
 3 HEALTH SERVICES COST REVIEW COMMISSION.

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

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

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

11 ~~(C) (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND~~
 12 ~~EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, THE DEPARTMENT~~
 13 ~~SHALL ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY PROVIDERS EACH~~
 14 ~~FISCAL YEAR BY THE RATE ADJUSTMENT INCLUDED IN THE STATE BUDGET FOR~~
 15 ~~THAT FISCAL YEAR.~~

16 ~~(2) (1)~~ THE GOVERNOR'S PROPOSED BUDGET FOR FISCAL YEAR
 17 ~~2019 AND FISCAL YEAR 2020, AND FOR EACH FISCAL YEAR THEREAFTER,~~ SHALL
 18 ~~INCLUDE RATE ADJUSTMENTS FOR COMMUNITY PROVIDERS BASED ON A 3.5% RATE~~
 19 ~~INCREASE FOR COMMUNITY PROVIDERS OVER THE FUNDING PROVIDED IN THE~~
 20 ~~LEGISLATIVE APPROPRIATION FOR THE IMMEDIATELY PRECEDING FISCAL YEAR~~
 21 ~~FOR EACH OF THE FOLLOWING:~~

22 ~~1.~~ (I) OBJECT 08 CONTRACTUAL SERVICES IN
 23 PROGRAM M00Q01.10 MEDICAID BEHAVIORAL HEALTH PROVIDER
 24 REIMBURSEMENT – MEDICAL CARE PROGRAMS ADMINISTRATION;

25 ~~2.~~ (II) OBJECT 08 CONTRACTUAL SERVICES IN
 26 PROGRAM M00L01.02 COMMUNITY SERVICES – BEHAVIORAL HEALTH
 27 ADMINISTRATION; AND

28 ~~3.~~ (III) OBJECT 08 CONTRACTUAL SERVICES IN
 29 PROGRAM M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND
 30 RECIPIENTS – BEHAVIORAL HEALTH ADMINISTRATION.

31 (2) IF THE BEHAVIORAL HEALTH ADMINISTRATION DOES NOT
 32 IMPLEMENT THE PAYMENT SYSTEM REQUIRED UNDER SUBSECTION (E) OF THIS
 33 SECTION FOR USE IN FISCAL YEAR 2021, THE GOVERNOR'S PROPOSED BUDGET FOR
 34 FISCAL YEAR 2021 SHALL INCLUDE A 3% RATE INCREASE FOR COMMUNITY

1 PROVIDERS OVER THE FUNDING PROVIDED IN THE LEGISLATIVE APPROPRIATION
2 FOR THE IMMEDIATELY PRECEDING FISCAL YEAR FOR EACH OF THE FOLLOWING:

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

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

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

11 ~~(H) A RATE ADJUSTMENT REQUIRED TO BE INCLUDED IN THE~~
12 ~~GOVERNOR'S PROPOSED BUDGET UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH~~
13 ~~SHALL EQUAL THE AVERAGE ANNUAL PERCENTAGE CHANGE IN THE CONSUMER~~
14 ~~PRICE INDEX FOR THE 3-YEAR PERIOD ENDING IN JULY OF THE IMMEDIATELY~~
15 ~~PRECEDING FISCAL YEAR.~~

16 (3) ~~THE GOVERNOR'S PROPOSED BUDGET FOR FISCAL YEAR 2019,~~
17 ~~AND FOR EACH FISCAL YEAR THEREAFTER, YEARS 2019 THROUGH 2021~~ FOR
18 COMMUNITY PROVIDERS SHALL BE PRESENTED IN THE SAME MANNER, INCLUDING
19 OBJECT AND PROGRAM INFORMATION, AS IN THE FISCAL YEAR 2018 BUDGET.

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

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

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

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

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

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

7 ~~(D)~~ (F) IF SERVICES OF COMMUNITY PROVIDERS ARE PROVIDED
 8 THROUGH MANAGED CARE ORGANIZATIONS, THE MANAGED CARE ORGANIZATIONS
 9 SHALL:

10 (1) PAY THE RATE IN EFFECT DURING THE IMMEDIATELY PRECEDING
 11 FISCAL YEAR FOR THE FIRST FISCAL YEAR THE MANAGED CARE ORGANIZATIONS
 12 PROVIDE THE SERVICES; AND

13 (2) ADJUST THE RATE ~~OF REIMBURSEMENT~~ FOR COMMUNITY
 14 PROVIDERS EACH FISCAL YEAR BY AT LEAST THE SAME AMOUNT THAT OTHERWISE
 15 WOULD HAVE BEEN REQUIRED UNDER ~~SUBSECTION (C)(2)(II) OF~~ SUBSECTION (D) OF
 16 THIS SECTION.

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

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

21 (2) HEALTH CARE PROVIDERS WHO ARE ACTING WITHIN THE SCOPES
 22 OF PRACTICE OF THE HEALTH CARE PROVIDERS' LICENSES OR CERTIFICATES AS
 23 SPECIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE.

24 ~~(E)~~ (H) (1) ON OR BEFORE DECEMBER 1, 2018, THE DEPARTMENT
 25 SHALL SUBMIT AN INTERIM REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH
 26 § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE
 27 DELIVERY SYSTEM THROUGH WHICH COMMUNITY-BASED BEHAVIORAL HEALTH
 28 SERVICES SHOULD BE PROVIDED AND ANY PRELIMINARY RECOMMENDATIONS
 29 REGARDING THE PAYMENT SYSTEM REQUIRED UNDER THIS SECTION.

30 (2) ON OR BEFORE DECEMBER 1, 2019, AND ON OR BEFORE
 31 DECEMBER 1 EACH YEAR THEREAFTER, THE DEPARTMENT SHALL SUBMIT A
 32 REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE
 33 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE IMPACT OF THE
 34 REIMBURSEMENT RATE ~~ADJUSTMENT~~ ADJUSTMENTS AND THE PAYMENT SYSTEM

1 REQUIRED UNDER THIS SECTION ON COMMUNITY PROVIDERS, INCLUDING THE
2 IMPACT ON:

3 (I) THE WAGES AND SALARIES PAID AND THE BENEFITS
4 PROVIDED TO DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY
5 COMMUNITY PROVIDERS;

6 (II) THE TENURE AND TURNOVER OF DIRECT CARE STAFF AND
7 LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND

8 (III) THE ABILITY OF COMMUNITY PROVIDERS TO RECRUIT
9 QUALIFIED DIRECT CARE STAFF AND LICENSED CLINICIANS.

10 ~~(2)~~ (3) THE DEPARTMENT MAY REQUIRE A COMMUNITY PROVIDER
11 TO SUBMIT, IN THE FORM AND MANNER REQUIRED BY THE DEPARTMENT,
12 INFORMATION THAT THE DEPARTMENT CONSIDERS NECESSARY FOR COMPLETION
13 OF THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

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

16 Article – Health – General

17 **19-310.3.**

18 (A) ON OR BEFORE JANUARY 1, 2018, EACH HOSPITAL SHALL HAVE A
19 PROTOCOL FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR
20 A DRUG OVERDOSE OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER.

21 (B) THE PROTOCOL MAY INCLUDE:

22 (1) COORDINATION WITH PEER RECOVERY COUNSELORS WHO CAN
23 CONDUCT A SCREENING, A BRIEF INTERVENTION, AND REFERRAL TO TREATMENT
24 AND CONNECTION OF THE PATIENT WITH COMMUNITY SERVICES; AND

25 (2) PRESCRIBING NALOXONE FOR THE PATIENT.

26 (C) (1) ~~A BEGINNING IN 2018, A HOSPITAL SHALL INCLUDE IN ITS~~
27 ~~ANNUAL COMMUNITY BENEFIT REPORT TO THE HEALTH SERVICES COST REVIEW~~
28 ~~COMMISSION UNDER § 19-303 OF THIS SUBTITLE THE SERVICES PROVIDED UNDER~~
29 SUBMIT TO THE MARYLAND HOSPITAL ASSOCIATION THE HOSPITAL'S PROTOCOL
30 FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR A DRUG
31 OVERDOSE OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER.

1 ~~(i) for a group or blanket plan, has the meaning stated in § 15-1401~~
2 ~~of this title; and~~

3 ~~(ii) for an individual plan, has the meaning stated in § 15-1301 of~~
4 ~~this title.~~

5 ~~(6) "Managed care system" means a system of cost containment methods~~
6 ~~that a carrier uses to review and preauthorize a treatment plan developed by a health care~~
7 ~~provider for a covered individual in order to control utilization, quality, and claims.~~

8 ~~(7) "Partial hospitalization" means the provision of medically directed~~
9 ~~intensive or intermediate short-term treatment:~~

10 ~~(i) to an insured, subscriber, or member;~~

11 ~~(ii) in a licensed or certified facility or program;~~

12 ~~(iii) for mental illness, emotional disorders, drug [abuse] MISUSE, or~~
13 ~~alcohol [abuse] MISUSE; and~~

14 ~~(iv) for a period of less than 24 hours but more than 4 hours in a day.~~

15 ~~(8) "Small employer" has the meaning stated in § 31-101 of this article.~~

16 ~~(b) With the exception of small employer grandfathered health plan coverage, this~~
17 ~~section applies to each individual, group, and blanket health benefit plan that is delivered~~
18 ~~or issued for delivery in the State by an insurer, a nonprofit health service plan, or a health~~
19 ~~maintenance organization.~~

20 ~~(e) A health benefit plan subject to this section shall provide at least the following~~
21 ~~benefits for the diagnosis and treatment of a mental illness, emotional disorder, drug~~
22 ~~[abuse] USE disorder, or alcohol [abuse] USE disorder:~~

23 ~~(1) inpatient benefits for services provided in a licensed or certified facility,~~
24 ~~including hospital inpatient AND RESIDENTIAL TREATMENT CENTER benefits;~~

25 ~~(2) partial hospitalization benefits; and~~

26 ~~(3) outpatient AND INTENSIVE OUTPATIENT benefits, including all office~~
27 ~~visits, DIAGNOSTIC EVALUATION, OPIOID TREATMENT SERVICES, MEDICATION~~
28 ~~EVALUATION AND MANAGEMENT, and psychological and neuropsychological testing for~~
29 ~~diagnostic purposes.~~

30 ~~(d) (1) The benefits under this section are required only for expenses arising~~
31 ~~from the treatment of mental illnesses, emotional disorders, drug [abuse] MISUSE, or~~
32 ~~alcohol [abuse] MISUSE if, in the professional judgment of health care providers:~~

1 (i) ~~the mental illness, emotional disorder, drug [abuse] MISUSE, or~~
2 ~~alcohol [abuse] MISUSE is treatable; and~~

3 (ii) ~~the treatment is medically necessary.~~

4 (2) ~~The benefits required under this section:~~

5 (i) ~~shall be provided as one set of benefits covering mental illnesses,~~
6 ~~emotional disorders, drug [abuse] MISUSE, and alcohol [abuse] MISUSE;~~

7 (ii) ~~shall comply with 45 C.F.R. § 146.136(a) through (d) AND 29~~
8 ~~C.F.R. § 2590.712(A) THROUGH (C);~~

9 (iii) ~~subject to paragraph (3) of this subsection, may be delivered~~
10 ~~under a managed care system; and~~

11 (iv) ~~for partial hospitalization under subsection (e)(2) of this section,~~
12 ~~may not be less than 60 days.~~

13 (3) ~~The benefits required under this section may be delivered under a~~
14 ~~managed care system only if the benefits for physical illnesses covered under the health~~
15 ~~benefit plan are delivered under a managed care system.~~

16 (4) ~~The processes, strategies, evidentiary standards, or other factors used~~
17 ~~to manage the benefits required under this section must be comparable as written and in~~
18 ~~operation to, and applied no more stringently than, the processes, strategies, evidentiary~~
19 ~~standards, or other factors used to manage the benefits for physical illnesses covered under~~
20 ~~the health benefit plan.~~

21 (5) ~~An insurer, nonprofit health service plan, or health maintenance~~
22 ~~organization may not charge a copayment for [methadone maintenance] AN OPIOID~~
23 ~~treatment SERVICE that is greater than 50% of the daily cost for [methadone maintenance]~~
24 ~~THE OPIOID treatment SERVICE.~~

25 (e) ~~An entity that issues or delivers a health benefit plan subject to this section~~
26 ~~shall provide on its Web site and annually in print to its insureds or members:~~

27 (1) ~~notice about the benefits required under this section and the federal~~
28 ~~Mental Health Parity and Addiction Equity Act; and~~

29 (2) ~~notice that the insured or member may contact the Administration for~~
30 ~~further information about the benefits.~~

31 (f) ~~An entity that issues or delivers a health benefit plan subject to this section~~
32 ~~shall:~~

1 DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE
 2 REQUIREMENTS OF THIS SECTION.

3 (C) AN ENTITY SUBJECT TO THIS SECTION THAT INCLUDES ON ITS
 4 FORMULARY AN OPIOID ANTAGONIST MAY APPLY A PRIOR AUTHORIZATION
 5 REQUIREMENT FOR AN OPIOID ANTAGONIST ONLY IF THE ENTITY PROVIDES
 6 COVERAGE FOR AT LEAST ONE FORMULATION OF THE OPIOID ANTAGONIST
 7 WITHOUT A PRIOR AUTHORIZATION REQUIREMENT.

8 SECTION 5. AND BE IT FURTHER ENACTED, That, on or before December 1,
 9 2019, the Department of Health and Mental Hygiene shall submit a report to the Governor
 10 and, in accordance with § 2–1246 of the State Government Article, the General Assembly
 11 that:

12 (1) details outcome measures that reasonably can be collected for each
 13 treatment modality offered by community providers for which the rate of reimbursement
 14 would be adjusted under § 16–201.3 of the Health – General Article, as enacted by Section
 15 2 of this Act; and

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

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

20 (ii) differential payment based on outcomes;

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

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

25 SECTION 6. AND BE IT FURTHER ENACTED, That the Secretary of Health and
 26 Mental Hygiene shall establish the guidelines required under § 13–3402(a) of the Health –
 27 General Article, as enacted by Section 1 of this Act, on or before December 1, 2017.

28 SECTION ~~3~~ 7. AND BE IT FURTHER ENACTED, That, ~~on or before December 1,~~
 29 ~~2017, the:~~

30 (a) The Department of Public Safety and Correctional Services and each local jail
 31 and detention center, in collaboration with the Department of Health and Mental Hygiene
 32 and stakeholders, shall:

1 ~~(1)~~ develop a plan to increase the provision of substance use disorder
2 treatment, including medication-assisted treatment, in State prisons and each local jail;
3 ~~and jail and detention center.~~

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

7 ~~(2)~~ (c) On or before December 1, 2017, the Department of Public Safety and
8 Correctional Services shall submit the plan a report that includes the plans required under
9 subsection (a) of this section and any recommendations to the General Assembly in
10 accordance with § 2-1246 of the State Government Article.

11 SECTION 8. AND BE IT FURTHER ENACTED, That, on or before January 1, 2018,
12 the Department of Health and Mental Hygiene, in consultation with the Governor's Office
13 of Crime Control and Prevention and interested stakeholders, shall report to the Senate
14 Finance Committee, the Senate Judicial Proceedings Committee, the House Health and
15 Government Operations Committee, and the House Judiciary Committee on new,
16 innovative, evidence-based programs and methods to better manage the State's substance
17 abuse and opioid crisis.

18 SECTION 9. AND BE IT FURTHER ENACTED, That Section 4 of this Act shall
19 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the
20 State on or after January 1, 2018.

21 SECTION 4= 10. AND BE IT FURTHER ENACTED, That Sections 1, 2, 3, 5, 6, 7,
22 and 8 of this Act shall take effect June 1, 2017.

23 SECTION 11. AND BE IT FURTHER ENACTED, That:

24 (1) it is the intent of the General Assembly that the Department of Health
25 and Mental Hygiene use the \$10,000,000 in general funds included in Supplemental Budget
26 No. 2 in the Opioid Crisis Fund to prioritize the funding of services established under this
27 Act; and

28 (2) on or before January 1, 2018, the Department of Health and Mental
29 Hygiene, in accordance with § 2-1246 of the State Government Article, shall report to the
30 Senate Finance Committee, the Senate Education, Health, and Environmental Affairs
31 Committee, the Senate Budget and Taxation Committee, the House Health and
32 Government Operations Committee, and the House Appropriations Committee on how
33 funds were used and the criteria for the use of funds.

34 SECTION 12. AND BE IT FURTHER ENACTED, That Sections 4 and 9 of this Act
35 shall take effect January 1, 2018.

36 SECTION 13. AND BE IT FURTHER ENACTED, That this Act is an emergency
37 measure, is necessary for the immediate preservation of the public health or safety, has

1 been passed by a yea and nay vote supported by three-fifths of all the members elected to
2 each of the two Houses of the General Assembly and, except as provided in Section 12 of
3 this Act, shall take effect from the date it is enacted.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.