

Department of Legislative Services  
Maryland General Assembly  
2017 Session

FISCAL AND POLICY NOTE  
First Reader

House Bill 661 (Delegates Impallaria and Lisanti)  
Health and Government Operations

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Public Health - Suspected Overdoses - Reporting Requirement

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This bill requires a physician, pharmacist, dentist, or nurse who treats an individual for a suspected overdose of a Schedule I controlled dangerous substance (CDS), or the individual in charge of the hospital that treats the individual, to notify the county sheriff or the county police for the county in which the suspected overdose occurred, or the Department of State Police (DSP), of the suspected overdose within 48 hours after the individual is treated. The bill also specifies the information that must be included in the report. A person who fails to make the required report is guilty of a misdemeanor and on conviction is subject to a fine of up to \$25.

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Fiscal Summary

**State Effect:** Potential minimal increase in general fund revenues due to the bill's penalty provision for those cases heard in the District Court. Enforcement can be handled with existing resources.

**Local Effect:** Enforcement can be handled with existing resources. Revenues are not affected.

**Small Business Effect:** Minimal.

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Analysis

**Current Law:** Under the Health-General Article, a physician, pharmacist, dentist, or nurse who treats an individual for an injury caused by a gunshot, or the individual in charge of the hospital that does so, must notify the county sheriff, county police, or DSP as soon as practicable. Similar notification is also required for injuries caused by a moving,

unanchored water vessel and, in specified counties, for injuries caused by an automobile accident or lethal weapon. A person who fails to make the required report is guilty of a misdemeanor, subject to a fine of up to \$25.

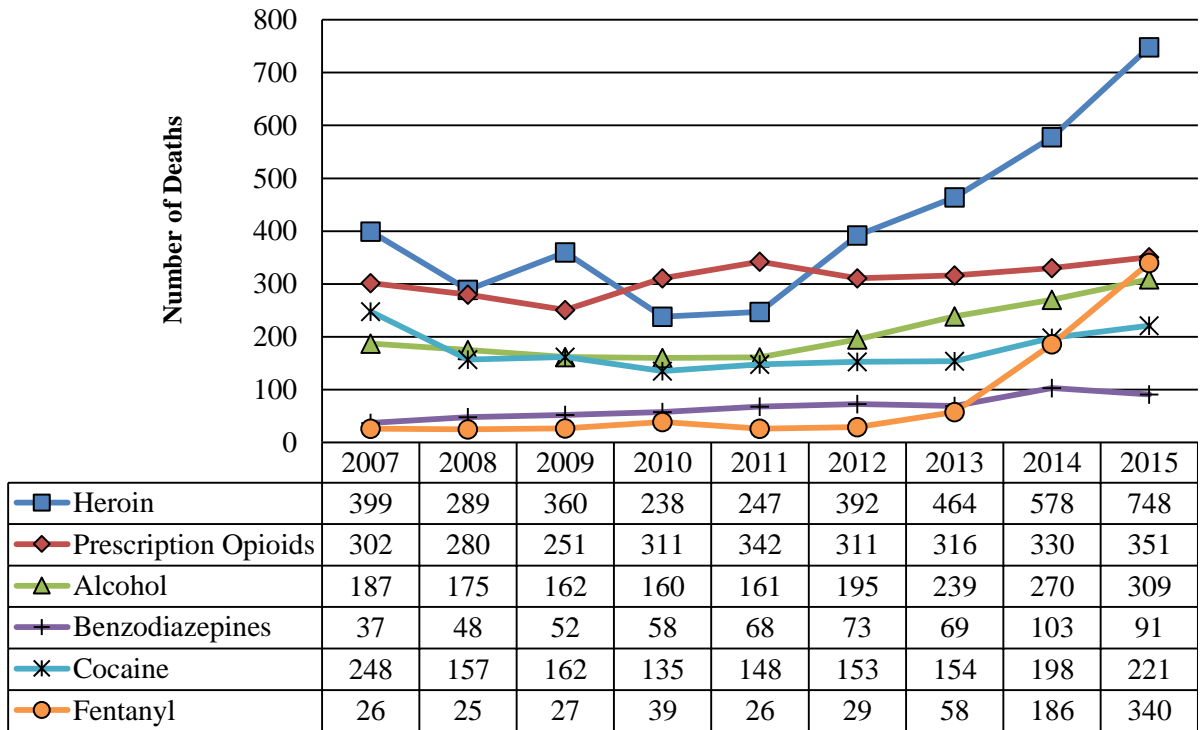
CDS are listed on one of five schedules (Schedules I through V) in the Criminal Law Article depending on their potential for abuse and acceptance for medical use. Schedule I substances include opium derivatives, such as heroin.

**Background:** According to DHMH's 2016 report, *Drug and Alcohol-Related Intoxication Deaths in Maryland*, drug- and alcohol-related intoxication deaths in Maryland increased for the fifth year in a row, totaling 1,259 deaths in 2015 – a 21% increase since 2014 and an all-time high. Of all intoxication deaths, 1,089 deaths (86%) were opioid-related, including deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl. Opioid-related deaths increased by 23% between 2014 and 2015 and have more than doubled since 2010. Heroin- and fentanyl-related deaths have risen particularly sharply. The number of heroin-related deaths increased by 29% between 2014 and 2015 and has more than tripled between 2010 and 2015. The number of fentanyl-related deaths increased by 83% between 2014 and 2015 and has increased nearly twelvefold since 2012. **Exhibit 1** shows trends in drug- and alcohol-related intoxication deaths in Maryland from 2007 through 2015.

Preliminary data from DHMH indicates that the number of intoxication deaths increased at an even steeper rate in 2016, with 1,468 deaths from January through September 2016 compared to 904 deaths during the same period in 2015 (a 62% increase). Additionally, for January through September 2016, the number of heroin-related deaths increased 72% and the number of fentanyl-related deaths increased nearly fourfold compared to the same period in 2015.

Additionally, the number of heroin-related emergency department visits in Maryland more than quadrupled between 2010 and 2014, escalating from 346 to 1,564 over that five-year period.

**Exhibit 1**  
**Total Number of Drug- and Alcohol-related Intoxication Deaths**  
**By Selected Substances in Maryland**  
**2007-2015**



Source: Department of Health and Mental Hygiene

**Additional Information**

**Prior Introductions:** HB 15 of 2016, a similar bill with application only in Harford County, was withdrawn after a hearing in the House Health and Government Operations Committee.

**Cross File:** None.

**Information Source(s):** Maryland Association of County Health Officers; Baltimore City; Kent, Montgomery, Washington, and Worcester counties; Department of Health and Mental Hygiene; Department of State Police; Department of Legislative Services

**Fiscal Note History:** First Reader - February 19, 2017  
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Analysis by: Sasika Subramaniam

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510