SENATE BILL 288

By: Senators Feldman, Manno, and Mathias
Introduced and read first time: January 22, 2018
Assigned to: Finance

A BILL ENTITLED

AN ACT concerning

Public Health – Overdose and Infectious Disease Prevention Supervised Drug Consumption Facility Program

FOR the purpose of authorizing the establishment of an Overdose and Infectious Disease Prevention Supervised Drug Consumption Facility Program by a community–based organization; requiring the Maryland Department of Health, in consultation with the local health department, to make a certain determination on a certain application based on certain criteria and within a certain period of time; requiring the Department, in consultation with the local health department, to provide a written explanation of a certain determination to a certain entity; requiring a Program to provide certain services, provide certain training, and establish a method of identifying certain staff; authorizing a Program to bill a certain insurance carrier under certain circumstances for certain services provided, accept donations, grants, and other financial assistance, apply for certain grants, coordinate with certain programs or organizations, and use certain facilities; prohibiting the location of a Program in certain areas; prohibiting certain persons, under certain circumstances, from being subject to arrest, prosecution, or certain penalties or from being denied any right or privilege for involvement in the operation or use of services of a Program; prohibiting certain persons, under certain circumstances, from being subject to the seizure or forfeiture of certain real or personal property under certain laws; providing that certain persons are not immune from criminal prosecution for certain activities; requiring a certain Program to submit a certain report that includes certain information to the Department and a certain committee on or before a certain date each year; defining certain terms; and generally relating to an Overdose and Infectious Disease Prevention Supervised Drug Consumption Facility Program.

BY adding to
Article – Health – General
Section 24–1501 through 24–1506 to be under the new subtitle “Subtitle 15. Overdose and Infectious Disease Prevention Supervised Drug Consumption Facility Program”

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
SENATE BILL 288

Annotated Code of Maryland
(2015 Replacement Volume and 2017 Supplement)

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

Article – Health – General

SUBTITLE 15. OVERDOSE AND INFECTIOUS DISEASE PREVENTION SUPERVISED
DRUG CONSUMPTION FACILITY PROGRAM.

24–1501.

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

(B) (1) “COMMUNITY–BASED ORGANIZATION” MEANS A PUBLIC OR
PRIVATE ORGANIZATION THAT:

(I) IS REPRESENTATIVE OF A COMMUNITY OR SIGNIFICANT
SEGMENTS OF A COMMUNITY; AND

(II) PROVIDES EDUCATIONAL, HEALTH, OR SOCIAL SERVICES
TO INDIVIDUALS IN THE COMMUNITY.

(2) “COMMUNITY–BASED ORGANIZATION” INCLUDES:

(I) HOSPITALS;

(II) CLINICS;

(III) SUBSTANCE ABUSE TREATMENT CENTERS;

(IV) MEDICAL OFFICES;

(V) FEDERALLY QUALIFIED HEALTH CENTERS;

(VI) MENTAL HEALTH FACILITIES; AND

(VII) LOCAL HEALTH DEPARTMENTS.

(C) “PROGRAM” MEANS AN OVERDOSE AND INFECTIOUS DISEASE
PREVENTION SUPERVISED DRUG CONSUMPTION FACILITY PROGRAM.
24–1502.

(A) A community–based organization may establish an overdose and infectious disease prevention supervised drug consumption facility program in one or more jurisdictions with the approval of the department, in consultation with the local health department.

(B) A community–based organization may apply to the department for approval of a program at any time, regardless of previous applications.

(C) The department, in consultation with the local health department, shall make its determination of whether to approve an application submitted under this section based on the ability of the community–based organization to satisfy the requirements of §§ 24–1503, 24–1504, and 24–1505 of this subtitle.

(D) The department, in consultation with the local health department, shall:

(1) Approve or deny an application of a community–based organization within 45 days after the day on which the application is received; and

(2) Provide a written explanation of the department’s determination to the community–based organization.

24–1503.

(A) A program shall:

(1) Provide a location supervised by health care professionals or other trained staff where drug users can consume preobtained drugs;

(2) Provide sterile injection supplies, collect used hypodermic needles and syringes, and provide secure hypodermic needle and syringe disposal services;

(3) Answer questions about safe injection practices;
(4) Administer first aid, if needed, monitor participants for potential overdose, and administer rescue medications, including naloxone;

(5) Provide access or referrals to services, including:

   (i) Substance abuse disorder counseling and treatment services;

   (ii) Testing for HIV, viral hepatitis, and sexually transmitted diseases;

   (iii) Reproductive health education and services; and

   (iv) Wound care;

(6) Educate participants on the risks of contracting HIV and viral hepatitis;

(7) Provide overdose prevention education and access to or referrals to obtain naloxone;

(8) Educate participants regarding proper disposal of hypodermic needles and syringes;

(9) Provide reasonable and adequate security of the program site and equipment;

(10) Establish a method of identifying program staff members who are authorized to access hypodermic needles and syringes and program records; and

(11) Train staff members to deliver services offered by the program.

(B) A program may:

(1) With the consent of the individual, bill the insurance carrier of an individual who uses the services of the program for the cost of covered services;

(2) Accept donations, grants, or other financial assistance;
(3) Apply for grants from the Department or any nonprofit or other private organization;

(4) Coordinate with any opioid–associated substance abuse prevention and outreach program or community–based organization; and

(5) Use a mobile facility to operate and provide services.

(C) A Program may not be located in an area that is zoned for residential uses.

24–1504.

(A) Any of the following persons acting in accordance with the provisions of this subtitle may not be subject to arrest, prosecution, or any civil or administrative penalty, including a civil penalty or disciplinary action by a professional licensing board, or be denied any right or privilege for involvement in the operation or use of services of the Program:

(1) An individual who uses services of a Program;

(2) A staff member of a Program, including a health care professional, a manager, an employee, or a volunteer; or

(3) A property owner who owns the facility at which a Program is located and operates.

(B) Any property owner, manager, employee, volunteer, or individual using the services of a Program and acting in accordance with the provisions of this subtitle may not be subject under State or local law to the seizure or forfeiture of any real or personal property used in connection with a Program.

24–1505.

Notwithstanding the provisions of § 24–1504 of this subtitle, a property owner, a manager, an employee, a volunteer, or an individual using the services of a Program is not immune from criminal prosecution for any activities not authorized or approved by the Program.
ON OR BEFORE DECEMBER 1 EACH YEAR, A PROGRAM ESTABLISHED UNDER THIS SUBTITLE SHALL SUBMIT TO THE DEPARTMENT AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE JOINT COMMITTEE ON BEHAVIORAL HEALTH AND OPIOID USE DISORDERS A REPORT THAT INCLUDES THE FOLLOWING INFORMATION:

(1) THE NUMBER OF PROGRAM PARTICIPANTS AND THE NUMBER OF TIMES A PARTICIPANT USED THE PROGRAM’S SERVICES;

(2) AGGREGATE INFORMATION REGARDING THE DEMOGRAPHIC PROFILE OF PROGRAM PARTICIPANTS;

(3) THE NUMBER OF:

   (I) HYPODERMIC NEEDLES AND SYRINGES DISTRIBUTED FOR USE ON–SITE; AND

   (II) OVERDOSES EXPERIENCED ON–SITE AND OVERDOSES REVERSED ON–SITE;

(4) THE NUMBER OF INDIVIDUALS WHO RECEIVED OVERDOSE CARE AND THE TYPE AND NUMBER OF RESCUE DRUGS USED; AND

(5) THE NUMBER OF INDIVIDUALS REFERRED BY THE PROGRAM TO OTHER SERVICES AND THE TYPE OF SERVICE TO WHICH THE INDIVIDUALS WERE REFERRED.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2018.