A BILL ENTITLED

AN ACT concerning

Statewide Targeted Overdose Prevention (STOP) Act of 2022

FOR the purpose of authorizing certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team; requiring certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals under certain circumstances; prohibiting a cause of action from arising against businesses and business owners related to the provision of naloxone to employees and patrons of the business; and generally relating to the dispensing of naloxone.

BY repealing and reenacting, with amendments,

Article – Education
Section 13–516(f)
Annotated Code of Maryland
(2018 Replacement Volume and 2021 Supplement)

BY adding to

Article – Health – General
Section 8–408
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

BY repealing and reenacting, without amendments,

Article – Health – General
Section 13–3101(a) and (c)
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
HOUSE BILL 408

BY repealing and reenacting, with amendments,

Article – Health – General
Section 13–3104, 13–3108, and 19–310.3
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

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

Article – Education

13–516.

(f) (1) Subject to the rules, regulations, protocols, orders, and standards of the
EMS Board and subject to medical direction, while providing emergency medical services:

(i) A cardiac rescue technician, an emergency medical technician, or
a paramedic may:

1. Perform specified medical procedures as authorized by the
EMS Board;

2. Administer specified medications or intravenous
solutions; [and]

3. DISPENSE NALOXONE TO AN INDIVIDUAL WHO
RECEIVED TREATMENT FOR A NONFATAL DRUG OVERDOSE OR WAS EVALUATED BY
A CRISIS EVALUATION TEAM; AND

[3.] 4. Provide emergency medical transport;

(ii) An emergency medical dispatcher may:

1. Perform medical interrogation in order to determine the
type and level of response required at the scene of a medical emergency; and

2. Provide prearrival instructions including instructions in
cardiopulmonary resuscitation; and

(iii) An emergency medical responder:

1. May perform specified medical procedures as defined by
the EMS Board; and

2. May not be the primary emergency medical services
provider during emergency medical transport.

(2) Participation in emergency medical dispatch programs by jurisdictions is totally voluntary.

Article – Health – General

8–408.

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

(2) “COMMUNITY SERVICES PROGRAM” INCLUDES:

(I) A HOMELESS SERVICES PROGRAM;

(II) AN INTENSIVE OUTPATIENT PROGRAM;

(III) AN OPIOID TREATMENT PROGRAM; AND

(IV) A REENTRY PROGRAM.

(3) “HOMELESS SERVICES PROGRAM” MEANS A PROGRAM OPERATED BY THE DEPARTMENT OF HUMAN SERVICES THROUGH A LOCAL ADMINISTERING AGENCY OR SERVICE PROVIDER FOR THE PURPOSE OF PROVIDING SHELTER, FOOD, AND SERVICES TO HOMELESS FAMILY UNITS IN THE STATE IN ACCORDANCE WITH COMAR 7.01.19.01.

(4) “INTENSIVE OUTPATIENT PROGRAM” MEANS A TREATMENT PROGRAM THAT ADDRESSES SUBSTANCE USE DISORDERS OR OTHER DISORDERS THAT DO NOT REQUIRE DETOXIFICATION OR INPATIENT SUPERVISION AND ARE DESIGNATED BY THE AMERICAN SOCIETY OF ADDICTION MEDICINE AS A LEVEL 2.1 SETTING.

(5) “OPIOID TREATMENT PROGRAM” MEANS A PROGRAM APPROVED BY THE DEPARTMENT TO PROVIDE OPIOID MAINTENANCE THERAPY UNDER COMAR 10.47.02.11.

(6) “REENTRY PROGRAM” MEANS A PROGRAM ESTABLISHED BY A GOVERNMENT AGENCY OR COMMUNITY–BASED ORGANIZATION SERVING PREVIOUSLY INCARCERATED INDIVIDUALS RETURNING TO THEIR COMMUNITIES.

(B) ON OR BEFORE JUNE 30, 2024, A COMMUNITY SERVICES PROGRAM THAT PROVIDES SERVICES TO INDIVIDUALS WHO HAVE A SUBSTANCE USE DISORDER
OR AN OPIOID USE DISORDER OR ARE AT RISK OF EXPERIENCING A DRUG OVERDOSE SHALL HAVE A PROTOCOL TO DISPENSE OR MAKE AVAILABLE NALOXONE, FREE OF CHARGE, TO THOSE INDIVIDUALS WHO HAVE AN OPIOID USE DISORDER OR ARE AT RISK OF EXPERIENCING A DRUG OVERDOSE WHEN THE INDIVIDUAL RECEIVES SERVICES FROM THE COMMUNITY SERVICES PROGRAM.

13–3101.

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

(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.

13–3104.

(A) 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.

(B) ON OR BEFORE JUNE 30, 2024, THE PROTOCOLS ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION SHALL INCLUDE A REQUIREMENT THAT THE AUTHORIZED PRIVATE OR PUBLIC ENTITY MUST DISPENSE, FREE OF CHARGE, NALOXONE TO AN INDIVIDUAL WHO HAS AN OPIOID USE DISORDER OR IS AT RISK OF EXPERIENCING A DRUG OVERDOSE WHEN THE INDIVIDUAL:

(1) IS ENROLLED IN A PROGRAM OFFERED BY THE PRIVATE OR PUBLIC ENTITY; OR

(2) RECEIVES TREATMENT OR SERVICES FROM THE PRIVATE OR PUBLIC ENTITY.

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 Article.

(b) A cause of action may not arise against any licensed health care provider with prescribing authority or pharmacist for any act or omission when the 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 an individual under § 13–3106 of this subtitle.
(c) A cause of action may not arise against any business or business owner for any act or omission when the business or business owner in good faith makes naloxone available to the employees or patrons of the business along with the necessary paraphernalia for administration of naloxone to an individual under §13–3104 or §13–3106 of this subtitle.

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

(1) Obtain 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 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.

19–310.3.

(a) On or before January 1, 2018, each hospital shall have a protocol for discharging a patient who was treated by the hospital for a drug overdose or was identified as having a substance use disorder.

(b) The protocol [may include]:

(1) MAY INCLUDE:

(I) Coordination with peer recovery counselors who can conduct a screening, a brief intervention, and referral to treatment and connection of the patient with community services; and

[(2)] (II) Prescribing naloxone for the patient; AND

(2) ON OR BEFORE JUNE 30, 2024, SHALL REQUIRE DISPENSING NALOXONE, FREE OF CHARGE, TO A PATIENT WHO RECEIVED TREATMENT FOR A SUBSTANCE USE DISORDER, OPIOID USE DISORDER, OR NONFATAL DRUG OVERDOSE EVENT.

(c) (1) Beginning in 2018, a hospital shall submit to the Maryland Hospital Association the hospital’s protocol for discharging a patient who was treated by the hospital for a drug overdose or was identified as having a substance use disorder.

(2) On or before December 1, 2018, the Maryland Hospital Association shall submit a report to the Department and, in accordance with §2–1257 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.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2022.