

# HOUSE BILL 699

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By: **Delegates Lehman, Amprey, Charles, Foley, Guyton, Henson, Johnson, R. Jones, R. Lewis, Ruth, Shetty, ~~and Terrasa~~ Terrasa, Pena-Melnyk, Bagnall, Belcastro, Hill, Kaiser, Kelly, Kerr, Landis, and K. Young**

Introduced and read first time: January 31, 2022

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 13, 2022

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 ~~Office of the Chief Medical Examiner~~ **Behavioral Health – Grief Counseling**  
3 **Services**

4 FOR the purpose of requiring the Office of the Chief Medical Examiner, ~~in coordination~~  
5 ~~with the Behavioral Health Administration, to establish a grief counseling services~~  
6 ~~program to include certain resources and materials on grief on the Office's website;~~  
7 authorizing the use of funds from the Opioid Restitution Fund to support the Office  
8 ~~of the Chief Medical Examiner~~ and Behavioral Health Administration in providing  
9 grief counseling services and resources on grief; requiring the University of  
10 Maryland School of Public Health, in consultation with certain entities, to convene a  
11 workgroup on programs for survivors of traumatic grief; and generally relating to  
12 ~~the Office of the Chief Medical Examiner and grief counseling services.~~

13 BY adding to

14 Article – Health – General

15 Section 5–311.1

16 Annotated Code of Maryland

17 (2019 Replacement Volume and 2021 Supplement)

18 BY repealing and reenacting, with amendments,

19 Article – State Finance and Procurement

20 Section 7–331

21 Annotated Code of Maryland

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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 (2021 Replacement Volume)

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

4 **Article – Health – General**

5 **5–311.1.**

6 ~~(A) THE OFFICE OF THE CHIEF MEDICAL EXAMINER, IN COORDINATION~~  
7 ~~WITH THE BEHAVIORAL HEALTH ADMINISTRATION, SHALL ESTABLISH A GRIEF~~  
8 ~~COUNSELING SERVICES PROGRAM.~~

9 ~~(B) THE PROGRAM ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION~~  
10 ~~SHALL:~~

11 (1) INCLUDE RESOURCES ON GRIEF AND LINKS TO GRIEF  
12 COUNSELING SERVICES ON THE OFFICE’S WEBSITE; AND

13 (2) INCLUDE RESOURCES AND EDUCATIONAL MATERIAL ON GRIEF  
14 RELATED TO SUICIDE AND SUBSTANCE USE OVERDOSE DEATHS ON THE OFFICE’S  
15 WEBSITE; AND

16 ~~(3) PROVIDE GRIEF COUNSELING SERVICES THROUGH THE~~  
17 ~~BEHAVIORAL HEALTH ADMINISTRATION TO INDIVIDUALS WHO HAVE EXPERIENCED~~  
18 ~~LOSS FROM SUICIDE OR SUBSTANCE USE OVERDOSE.~~

19 ~~(C) (1) THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL~~  
20 ~~AN APPROPRIATION TO THE PROGRAM REQUIRED TO BE ESTABLISHED UNDER~~  
21 ~~SUBSECTION (A) OF THIS SECTION.~~

22 ~~(2) THE GOVERNOR MAY USE FUNDS FROM THE OPIOID~~  
23 ~~RESTITUTION FUND, ESTABLISHED UNDER § 7-331 OF THE STATE FINANCE AND~~  
24 ~~PROCUREMENT ARTICLE, TO FUND THE PROGRAM REQUIRED TO BE ESTABLISHED~~  
25 ~~UNDER SUBSECTION (A) OF THIS SECTION.~~

26 **Article – State Finance and Procurement**

27 **7–331.**

28 (a) In this section, “Fund” means the Opioid Restitution Fund.

29 (b) There is an Opioid Restitution Fund.

1 (c) The purpose of the Fund is to retain the amount of settlement revenues  
2 deposited to the Fund in accordance with subsection (e)(1) of this section.

3 (d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7–302 of  
4 this subtitle.

5 (2) The State Treasurer shall hold the Fund separately, and the  
6 Comptroller shall account for the Fund.

7 (e) The Fund consists of:

8 (1) all revenues received by the State from any source resulting, directly or  
9 indirectly, from any judgment against, or settlement with, opioid manufacturers, opioid  
10 research associations, or any other person in the opioid industry relating to any claims  
11 made or prosecuted by the State to recover damages for violations of State law; and

12 (2) the interest earnings of the Fund.

13 (f) The Fund may be used only to provide funds for:

14 (1) improving access to medications proven to prevent or reverse an  
15 overdose;

16 (2) supporting peer support specialists and screening, brief intervention,  
17 and referral to treatment services for hospitals, correctional facilities, and other high-risk  
18 populations;

19 (3) increasing access to medications that support recovery from substance  
20 use disorders;

21 (4) expanding the Heroin Coordinator Program, including for  
22 administrative expenses;

23 (5) expanding access to crisis beds and residential treatment services;

24 (6) expanding and establishing safe stations, mobile crisis response  
25 systems, and crisis stabilization centers;

26 (7) supporting the Health Crisis Hotline;

27 (8) organizing primary and secondary school education campaigns to  
28 prevent opioid use, including for administrative expenses;

29 (9) enforcing the laws regarding opioid prescriptions and sales, including  
30 for administrative expenses;

1 (10) research regarding and training for substance use treatment and  
2 overdose prevention, including for administrative expenses; [and]

3 (11) supporting and expanding other evidence-based interventions for  
4 overdose prevention and substance use treatment; AND

5 **(12) SUPPORTING THE OFFICE OF THE CHIEF MEDICAL EXAMINER**  
6 **AND THE BEHAVIORAL HEALTH ADMINISTRATION IN PROVIDING GRIEF**  
7 **COUNSELING SERVICES AND RESOURCES ON GRIEF.**

8 (g) (1) The State Treasurer shall invest the money of the Fund in the same  
9 manner as other State money may be invested.

10 (2) Any interest earnings of the Fund shall be credited to the Fund.

11 (h) Expenditures from the Fund may be made only in accordance with the State  
12 budget.

13 (i) (1) Money expended from the Fund for the programs and services described  
14 under subsection (f) of this section is supplemental to and is not intended to take the place  
15 of funding that otherwise would be appropriated for the programs and services.

16 (2) Except as specified in subsection (f) of this section, money expended  
17 from the Fund may not be used for administrative expenses.

18 (j) The Governor shall:

19 (1) develop key goals, key objectives, and key performance indicators  
20 relating to substance use treatment and prevention efforts;

21 (2) at least once annually, consult with substance use treatment and  
22 prevention stakeholders, including consumers, providers, families, and advocates, to  
23 identify recommended appropriations from the Fund; and

24 (3) report on or before November 1 each year, in accordance with § 2-1257  
25 of the State Government Article, to the General Assembly on:

26 (i) an accounting of total funds expended from the Fund in the  
27 immediately preceding fiscal year, by:

- 28 1. use;
- 29 2. if applicable, jurisdiction; and
- 30 3. budget program and subdivision;

1 (ii) the performance indicators and progress toward achieving the  
2 goals and objectives developed under item (1) of this subsection; and

3 (iii) the recommended appropriations from the Fund identified in  
4 accordance with item (2) of this subsection.

5 SECTION 2. AND BE IT FURTHER ENACTED, That:

6 (a) The University of Maryland School of Public Health, in consultation with the  
7 Behavioral Health Administration and the Maryland Psychological Association, shall  
8 convene a workgroup on programs for survivors of traumatic grief.

9 (b) The workgroup shall consist of at least the following members:

10 (1) the Chief Medical Examiner, or the Chief Medical Examiner's designee;

11 (2) the Director of the Maryland Opioid Operational Command Center, or  
12 the Director's designee;

13 (3) the Chair of the Maryland Commission on Suicide Prevention, or the  
14 Chair's designee; and

15 (4) the following members selected by the University of Maryland School  
16 of Public Health, in consultation with the Behavioral Health Administration:

17 (i) one representative of a community-based bereavement program  
18 in the State;

19 (ii) one representative of a suicide and overdose prevention  
20 organization in the State;

21 (iii) one clinician who provides bereavement services related to  
22 traumatic loss from suicide or substance use overdose in the State;

23 (iv) one first responder who provides death notifications;

24 (v) one representative of a medical examiner-affiliated bereavement  
25 program in a community in the State different than the community represented by the  
26 member of the workgroup selected under item (i) of this item;

27 (vi) one resident of the State who is a survivor of traumatic loss from  
28 suicide or substance use overdose; and

29 (vii) one researcher or academic with expertise in bereavement,  
30 prevention, and intervention programs, community-based lens, and implementation  
31 science.

1           (c)    The members of the workgroup shall elect the chair of the workgroup by a  
2 majority vote at the first meeting.

3           (d)    The University of Maryland School of Public Health shall provide coordination  
4 for the workgroup.

5           (e)    A member of the workgroup:

6                   (1)    may not receive compensation as a member of the workgroup; but

7                   (2)    is entitled to reimbursement for expenses under the Standard State  
8 Travel Regulations, as provided in the State budget.

9           (f)    The University of Maryland School of Public Health shall develop meeting  
10 agendas for the workgroup with input from the workgroup members who:

11                   (1)    are residents of the State;

12                   (2)    are survivors of traumatic loss from suicide or substance use overdose,  
13 providers of bereavement services, or representatives of community-based bereavement  
14 services; and

15                   (3)    have solicited input from other members of the group the member was  
16 selected to represent.

17           (g)    (1)    The workgroup shall make recommendations for model programs for  
18 survivors of traumatic grief.

19                   (2)    In making the recommendations under paragraph (1) of this subsection,  
20 the workgroup:

21                           (i)    shall consider and make recommendations on the potential uses  
22 of the Opioid Restitution Fund established under § 7-331 of the Health – General Article,  
23 as amended by Section 1 of this Act, that may improve the reach and quality of traumatic  
24 bereavement care and postintervention efforts; and

25                           (ii)   may consider and make recommendations on the following issues  
26 and any other issues relevant to ensuring the provision of services for survivors of  
27 traumatic grief in the State:

28                                   1.    Office of the Chief Medical Examiner staffing levels,  
29 including compliance with existing staffing requirements;

30                                   2.    program evaluation data from medical  
31 examiner-affiliated bereavement programs in the State and across the country and  
32 national postintervention programs;

1                           3. data from any needs assessments conducted in the State  
2 that focused on survivors of traumatic grief and their interactions with the Office of the  
3 Chief Medical Examiner; and

4                           4. development and evaluation of potential pilot programs  
5 executed by the academic facilitator.

6           (h) On or before November 1, 2022, the workgroup shall report its findings and  
7 recommendations to the General Assembly in accordance with § 2-1257 of the State  
8 Government Article.

9           SECTION ~~2.~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
10 October 1, 2022.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.