

# SENATE BILL 394

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CF HB 408

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By: **The President (By Request – Administration) and Senators Bailey, Carozza, Cassilly, Corderman, Eckardt, Edwards, Elfreth, Hershey, Hester, Hough, Jennings, Ready, Salling, Simonaire, and West**

Introduced and read first time: January 24, 2022

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Statewide Targeted Overdose Prevention (STOP) Act of 2022**

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

11 BY repealing and reenacting, with amendments,  
12 Article – Education  
13 Section 13–516(f)  
14 Annotated Code of Maryland  
15 (2018 Replacement Volume and 2021 Supplement)

16 BY adding to  
17 Article – Health – General  
18 Section 8–408  
19 Annotated Code of Maryland  
20 (2019 Replacement Volume and 2021 Supplement)

21 BY repealing and reenacting, without amendments,  
22 Article – Health – General  
23 Section 13–3101(a) and (c)  
24 Annotated Code of Maryland  
25 (2019 Replacement Volume and 2021 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,  
 2 Article – Health – General  
 3 Section 13–3104, 13–3108, and 19–310.3  
 4 Annotated Code of Maryland  
 5 (2019 Replacement Volume and 2021 Supplement)

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

8 **Article – Education**

9 13–516.

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

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

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

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

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

21 [3.] **4.** Provide emergency medical transport;

22 (ii) An emergency medical dispatcher may:

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

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

27 (iii) An emergency medical responder:

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

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

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

3   **Article – Health – General**

4 **8–408.**

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

7                   **(2) “COMMUNITY SERVICES PROGRAM” INCLUDES:**

8                                   **(I) A HOMELESS SERVICES PROGRAM;**

9                                   **(II) AN INTENSIVE OUTPATIENT PROGRAM;**

10                                  **(III) AN OPIOID TREATMENT PROGRAM; AND**

11                                  **(IV) A REENTRY PROGRAM.**

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

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

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

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

28           **(B) ON OR BEFORE JUNE 30, 2024, A COMMUNITY SERVICES PROGRAM**  
29 **THAT PROVIDES SERVICES TO INDIVIDUALS WHO HAVE A SUBSTANCE USE DISORDER**  
30 **OR AN OPIOID USE DISORDER OR ARE AT RISK OF EXPERIENCING A DRUG OVERDOSE**

1 **SHALL HAVE A PROTOCOL TO DISPENSE OR MAKE AVAILABLE NALOXONE, FREE OF**  
2 **CHARGE, TO THOSE INDIVIDUALS WHO HAVE AN OPIOID USE DISORDER OR ARE AT**  
3 **RISK OF EXPERIENCING A DRUG OVERDOSE WHEN THE INDIVIDUAL RECEIVES**  
4 **SERVICES FROM THE COMMUNITY SERVICES PROGRAM.**

5 13–3101.

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

7 (c) “Private or public entity” means a health care provider, local health  
8 department, community–based organization, substance abuse treatment organization, or  
9 other person that addresses medical or social issues related to drug addiction.

10 13–3104.

11 (A) An authorized private or public entity shall enter into a written agreement  
12 with a licensed health care provider with prescribing authority to establish protocols for  
13 the prescribing and dispensing of naloxone to any individual in accordance with this  
14 subtitle.

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

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

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

24 13–3108.

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

28 (b) A cause of action may not arise against any licensed health care provider with  
29 prescribing authority or pharmacist for any act or omission when the health care provider  
30 with prescribing authority or pharmacist in good faith prescribes or dispenses naloxone and  
31 the necessary paraphernalia for the administration of naloxone to an individual under §  
32 13–3106 of this subtitle.

1           **(C) A CAUSE OF ACTION MAY NOT ARISE AGAINST ANY BUSINESS OR**  
2 **BUSINESS OWNER FOR ANY ACT OR OMISSION WHEN THE BUSINESS OR BUSINESS**  
3 **OWNER IN GOOD FAITH MAKES NALOXONE AVAILABLE TO THE EMPLOYEES OR**  
4 **PATRONS OF THE BUSINESS ALONG WITH THE NECESSARY PARAPHERNALIA FOR**  
5 **ADMINISTRATION OF NALOXONE TO AN INDIVIDUAL UNDER § 13-3104 OR § 13-3106**  
6 **OF THIS SUBTITLE.**

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

9                   (1)     Obtain education and training from an authorized private or public  
10 entity under this subtitle, and an individual may not be held civilly liable for failing to  
11 obtain education and training from an authorized private or public entity under this  
12 subtitle; or

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

15 19-310.3.

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

19           (b)     The protocol [may include]:

20                   (1)     **MAY INCLUDE:**

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

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

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

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

32                   (2)     On or before December 1, 2018, the Maryland Hospital Association  
33 shall submit a report to the Department and, in accordance with § 2-1257 of the State  
34 Government Article, to the Senate Finance Committee, the House Health and Government

1 Operations Committee, and the Joint Committee on Behavioral Health and Substance Use  
2 Disorders on each hospital's discharge protocol as submitted to the Maryland Hospital  
3 Association under paragraph (1) of this subsection.

4 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
5 1, 2022.