SENATE BILL 394

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

Introduced and read first time: January 24, 2022
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted with floor amendments
Read second time: March 4, 2022

CHAPTER ______

1. AN ACT concerning

   Statewide Targeted Overdose Prevention (STOP) Act of 2022

FOR the purpose of authorizing certain emergency medical services providers to dispense offer naloxone opioid overdose reversal drugs approved by the federal Food and Drug Administration 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 offer naloxone opioid overdose reversal drugs approved by the federal Food and Drug Administration to certain individuals under certain circumstances; altering the Overdose Response Program administered by the Maryland Department of Health to include the provision of all opioid overdose reversal drugs approved by the federal Food and Drug Administration; requiring the Maryland Department of Health to purchase and provide naloxone opioid overdose reversal drugs approved by the federal Food and Drug Administration to certain providers, subject to a certain limitation; authorizing certain entities to provide naloxone opioid overdose reversal drugs approved by the federal Food and Drug Administration only under certain circumstances; prohibiting a cause of action from arising against businesses and business owners related to the provision of naloxone opioid overdose reversal drugs approved by the federal Food and Drug Administration to employees and patrons of the business; and generally relating to the dispensing offering of naloxone opioid overdose reversal drugs approved by the federal Food and Drug Administration.

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.
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 and 13–3103(d)
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)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 13–3104, 13–3108, 13–3108 13–3101 through 13–3109 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 Offer naloxone an opioid overdose
reversal drug approved by the federal Food and Drug Administration**
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 HOUSING AND COMMUNITY DEVELOPMENT 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 7.01.10.01.
(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 REGULATIONS ADOPTED BY THE DEPARTMENT.

(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 OFFER NALOXONE OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, 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.

(C) ON OR BEFORE JUNE 30, 2023, EACH OPIOID TREATMENT PROGRAM AND EACH INTENSIVE OUTPATIENT TREATMENT PROGRAM SHALL HAVE A PROTOCOL TO OFFER NALOXONE AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, FREE OF CHARGE, WHEN AN INDIVIDUAL RECEIVES SERVICES FROM THE OPIOID TREATMENT PROGRAM OR INTENSIVE OUTPATIENT TREATMENT PROGRAM.

(D) ON OR BEFORE JUNE 30, 2024:

(1) STATE AND LOCAL CORRECTIONAL FACILITIES SHALL HAVE A PROTOCOL TO OFFER NALOXONE AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, FREE OF CHARGE, TO SENTENCED INDIVIDUALS WHO HAVE AN OPIOID USE DISORDER OR WHO ARE AT RISK OF EXPERIENCING A DRUG OVERDOSE BEFORE THE INDIVIDUAL’S RELEASE; AND

(2) THE DIVISION OF PAROLE AND PROBATION SHALL HAVE A PROTOCOL TO OFFER NALOXONE AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, FREE OF CHARGE, TO
INDIVIDUALS UNDER SUPERVISION WHO HAVE AN OPIOID USE DISORDER OR ARE AT RISK OF EXPERIENCING A DRUG OVERDOSE.

(e) The Secretary may adopt regulations to carry out this section.

13–3101.

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

(b) "Pharmacist” has the meaning stated in § 12–101 of the Health Occupations Article.

(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.

(d) “Program” means the Overdose Response Program.

(e) “Standing order” means a written instruction for the prescribing and dispensing of \textit{naloxone} AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION in accordance with § 13–3106 of this subtitle.

13–3102.

The Overdose Response Program is a program administered by the Department for the purpose of providing a means of authorizing certain individuals to administer \textit{naloxone} AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available.

13–3103.

(a) The Department shall adopt regulations necessary for the administration of the Program.

(b) The Department may:

(1) Collect fees necessary for the administration of the Program;

(2) Authorize private or public entities to conduct education and training on opioid overdose recognition and response that include:
(i) Education on recognizing the signs and symptoms of an opioid overdose;

(ii) Training on responding to an opioid overdose, including the administration of [naloxone] OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION; and

(iii) Access to [naloxone] OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION and the necessary supplies for the administration of the [naloxone] OPIOID OVERDOSE REVERSAL DRUGS;

(3) Develop guidance regarding the content of educational training programs conducted by private or public entities; and

(4) Collect and report data on the operation and results of the programs.

(c) An individual is not required to obtain training and education on opioid overdose recognition and response from a private or public entity under subsection (b) of this section in order for a pharmacist to dispense [naloxone] AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION to the individual.

(D) (1) SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET, THE DEPARTMENT SHALL PURCHASE AND PROVIDE NALOXONE OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, AT NO COST, TO THE PROVIDERS WHO ARE REQUIRED TO OFFER NALOXONE OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION UNDER § 8–408 OR § 19–310.3 OF THIS ARTICLE.

(2) AN ENTITY REQUIRED TO OFFER NALOXONE AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION UNDER § 8–408 OR § 19–310.3 OF THIS ARTICLE MAY PROVIDE THE NALOXONE AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION ONLY IF THE NALOXONE OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION IS PROVIDED BY THE DEPARTMENT.

13–3104.

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] AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION to any individual in accordance with this subtitle.
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13–3105.

(a) An individual may receive from any licensed health care provider with
prescribing authority a prescription for [naloxone] AN OPIOID OVERDOSE REVERSAL
DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION and the
necessary supplies for the administration of [naloxone] THE OPIOID OVERDOSE
REVERSAL DRUG.

(b) An individual for whom [naloxone] AN OPIOID OVERDOSE REVERSAL DRUG
APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION is prescribed and
dispensed in accordance with this subtitle may:

(1) Possess THE prescribed [naloxone] OPIOID OVERDOSE REVERSAL
DRUG and the necessary supplies for the administration of [naloxone] THE OPIOID
OVERDOSE REVERSAL DRUG; and

(2) In an emergency situation when medical services are not immediately
available, administer [naloxone] THE OPIOID OVERDOSE REVERSAL DRUG to an
individual experiencing or believed by the individual to be experiencing an opioid overdose.

13–3106.

(a) A licensed health care provider with prescribing authority may prescribe and
dispense [naloxone] AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE
FEDERAL FOOD AND DRUG ADMINISTRATION to an individual who:

(1) Is believed by the licensed health care provider to be at risk of
experiencing an opioid overdose; or

(2) Is in a position to assist an individual at risk of experiencing an opioid
overdose.

(b) (1) A licensed health care provider with prescribing authority may
prescribe and dispense [naloxone] OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY
THE FEDERAL FOOD AND DRUG ADMINISTRATION by issuing a standing order if the
licensed health care provider:

(i) Is employed by the Department or a local health department; or

(ii) Has a written agreement with an authorized private or public
entity under § 13–3104 of this subtitle.

(2) A licensed health care provider with prescribing authority who issues a
standing order under paragraph (1) of this subsection may delegate the dispensing of
[naloxone] OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD
AND DRUG ADMINISTRATION to an employee or a volunteer of an authorized private or public entity in accordance with a written agreement under § 13–3104 of this subtitle.

(3) Any licensed health care provider who has dispensing authority also may dispense [naloxone] AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION to any individual in accordance with a standing order issued by a licensed health care provider with prescribing authority in accordance with this subsection.

(c) A pharmacist may dispense [naloxone] OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION in accordance with a therapy management contract under Title 12, Subtitle 6A of the Health Occupations Article.

13–3107.

(a) An individual who, in accordance with this subtitle, is administering [naloxone] AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION to an individual experiencing or believed by the individual to be experiencing an opioid overdose may not be considered to be practicing:

(1) Medicine for the purposes of Title 14 of the Health Occupations Article;

or

(2) Registered nursing for the purposes of Title 8 of the Health Occupations Article.

(b) An employee or volunteer of a private or public entity who, in accordance with this subtitle, provides [naloxone] AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION to an individual who has received education and training in opioid overdose recognition and response in accordance with a standing order may not be considered to be practicing:

(1) Medicine for the purposes of Title 14 of the Health Occupations Article;

(2) Registered nursing for the purposes of Title 8 of the Health Occupations Article; or

(3) Pharmacy for the purposes of Title 12 of the Health Occupations Article.

(c) A licensed health care provider who prescribes or dispenses [naloxone] OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION in accordance with this subtitle may not be subject to any disciplinary action by the appropriate licensing health occupations board under the Health Occupations Article solely for the act of prescribing or dispensing [naloxone] OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION.
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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 AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION 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 AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION and the necessary paraphernalia for the administration of naloxone THE OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION to an individual under § 13–3104 or § 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 OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION AVAILABLE TO THE EMPLOYEES OR PATRONS OF THE BUSINESS ALONG WITH THE NECESSARY PARAPHERNALIA FOR ADMINISTRATION OF NALOXONE THE OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION TO AN INDIVIDUAL UNDER § 13–3104 OR § 13–3106 OF THIS SUBTITLE.
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** **OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION** to an individual who is experiencing or believed by the individual to be experiencing an opioid overdose.

A person who dispenses **naloxone** **AN OPIOID OVERDOSE REVERSAL DRUG** **APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION** in accordance with this subtitle is exempt from any laws that require a person to maintain a permit to dispense prescription drugs.

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.

The protocol may include:

1. 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. Prescribing **naloxone** **OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION** for the patient; AND

On or before June 30, 2024, shall require dispensing [naloxone] **OPIOID OVERDOSE REVERSAL DRUGS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION**, free of charge, to a patient who received treatment for a substance use disorder, opioid use disorder, or nonfatal drug overdose event.

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.