

# HOUSE BILL 1094

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By: **Delegate Lopez**

Introduced and read first time: February 7, 2024

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Overdose Prevention Site Pilot Program**

3 FOR the purpose of authorizing a community–based organization to establish an overdose  
4 prevention site pilot program with the approval of the Maryland Department of  
5 Health and in consultation with the local health department; requiring a program to  
6 acquire gas chromatograph mass spectrometer machines for drug sample testing;  
7 requiring the Secretary of Health to provide to a program a grant equal to the costs  
8 incurred by a program to acquire gas chromatograph mass spectrometer machines;  
9 prohibiting certain persons, under certain circumstances, from being subject to  
10 certain actions, including arrest and prosecution, or to the seizure or forfeiture of  
11 certain real or personal property; expanding uses for the Opioid Restitution Fund;  
12 and generally relating to overdose prevention site pilot programs.

13 BY adding to

14 Article – Health – General  
15 Section 24–2401 through 24–2406 to be under the new subtitle “Subtitle 24.  
16 Overdose Prevention Site Pilot Program”  
17 Annotated Code of Maryland  
18 (2023 Replacement Volume)

19 BY repealing and reenacting, without amendments,

20 Article – State Finance and Procurement  
21 Section 7–331(a)  
22 Annotated Code of Maryland  
23 (2021 Replacement Volume and 2023 Supplement)

24 BY repealing and reenacting, with amendments,

25 Article – State Finance and Procurement  
26 Section 7–331(f)  
27 Annotated Code of Maryland  
28 (2021 Replacement Volume and 2023 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

3 **Article – Health – General**

4 **SUBTITLE 24. OVERDOSE PREVENTION SITE PILOT PROGRAM.**

5 **24–2401.**

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

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

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

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

14 (2) “COMMUNITY–BASED ORGANIZATION” INCLUDES:

15 (I) A HOSPITAL;

16 (II) A CLINIC;

17 (III) A SUBSTANCE ABUSE TREATMENT CENTER;

18 (IV) A MEDICAL OFFICE;

19 (V) A FEDERALLY QUALIFIED HEALTH CENTER;

20 (VI) A MENTAL HEALTH FACILITY;

21 (VII) A LOCAL HEALTH DEPARTMENT; AND

22 (VIII) A FAITH–BASED ORGANIZATION.

23 (C) “PROGRAM” MEANS AN OVERDOSE PREVENTION SITE PILOT PROGRAM.

24 **24–2402.**

1 (A) A COMMUNITY-BASED ORGANIZATION MAY ESTABLISH AN OVERDOSE  
2 PREVENTION SITE PILOT PROGRAM WITH THE APPROVAL OF THE DEPARTMENT, IN  
3 CONSULTATION WITH THE LOCAL HEALTH DEPARTMENT.

4 (B) THE DEPARTMENT SHALL APPROVE THE PARTICIPATION OF A  
5 COMMUNITY-BASED ORGANIZATION TO OPERATE A PROGRAM.

6 (C) THE DEPARTMENT, IN CONSULTATION WITH THE LOCAL HEALTH  
7 DEPARTMENT, SHALL MAKE ITS DETERMINATION OF WHETHER TO APPROVE AN  
8 APPLICATION SUBMITTED UNDER THIS SECTION BASED ON THE ABILITY OF THE  
9 COMMUNITY-BASED ORGANIZATION TO SATISFY THE REQUIREMENTS OF §  
10 24-2403 OF THIS SUBTITLE.

11 (D) THE DEPARTMENT, IN CONSULTATION WITH THE LOCAL HEALTH  
12 DEPARTMENT, SHALL:

13 (1) APPROVE OR DENY AN APPLICATION OF A COMMUNITY-BASED  
14 ORGANIZATION WITHIN 45 DAYS AFTER THE DAY ON WHICH THE APPLICATION IS  
15 RECEIVED; AND

16 (2) PROVIDE A WRITTEN EXPLANATION OF THE DEPARTMENT'S  
17 DETERMINATION TO THE COMMUNITY-BASED ORGANIZATION.

18 24-2403.

19 A PROGRAM SHALL:

20 (1) ACQUIRE GAS CHROMATOGRAPH MASS SPECTROMETER  
21 MACHINES FOR DRUG SAMPLE TESTING BY A COMMUNITY-BASED ORGANIZATION TO  
22 IDENTIFY THE PRESENCE OF SYNTHETIC OPIOIDS, NONOPIOID SEDATIVES,  
23 TRANQUILIZERS, OR ANY OTHER CONTAMINANTS; AND

24 (2) PROVIDE A LOCATION SUPERVISED BY HEALTH CARE  
25 PROFESSIONALS OR OTHER TRAINED STAFF WHERE DRUG USERS CAN:

26 (I) DELIVER PRE-OBTAINED DRUGS TO HEALTH CARE  
27 PROFESSIONALS OR OTHER TRAINED STAFF FOR DRUG SAMPLE TESTING; AND

28 (II) RECEIVE DRUG SAMPLE TESTING RESULTS OF THE  
29 PRE-OBTAINED DRUGS DELIVERED UNDER ITEM (I) OF THIS ITEM.

30 24-2404.

1 THE SECRETARY SHALL PROVIDE A GRANT TO A PROGRAM FOR THE  
2 ACQUISITION OF GAS CHROMATOGRAPH MASS SPECTROMETER MACHINES UNDER §  
3 24-2403 OF THIS SUBTITLE FROM THE OPIOID RESTITUTION FUND ESTABLISHED  
4 UNDER § 7-331 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

5 24-2405.

6 (A) THE FOLLOWING PERSONS ACTING IN ACCORDANCE WITH THE  
7 PROVISIONS OF THIS SUBTITLE MAY NOT BE SUBJECT TO ARREST, PROSECUTION,  
8 OR ANY CIVIL OR ADMINISTRATIVE PENALTY, INCLUDING A CIVIL PENALTY OR  
9 DISCIPLINARY ACTION BY A PROFESSIONAL LICENSING BOARD, OR BE DENIED ANY  
10 RIGHT OR PRIVILEGE FOR INVOLVEMENT IN THE OPERATION OR USE OF SERVICES  
11 OF A PROGRAM:

12 (1) AN INDIVIDUAL WHO USES THE SERVICES OF A PROGRAM;

13 (2) A STAFF MEMBER OF A PROGRAM, INCLUDING A HEALTH CARE  
14 PROFESSIONAL, A MANAGER, AN EMPLOYEE, OR A VOLUNTEER; OR

15 (3) A PROPERTY OWNER WHO OWNS THE FACILITY AT WHICH A  
16 PROGRAM IS LOCATED AND OPERATES.

17 (B) (1) A PROPERTY OWNER, A MANAGER, AN EMPLOYEE, A VOLUNTEER,  
18 OR AN INDIVIDUAL USING THE SERVICES OF A PROGRAM AND ACTING IN  
19 ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE MAY NOT BE SUBJECT  
20 UNDER STATE OR LOCAL LAW TO THE SEIZURE OR FORFEITURE OF ANY REAL OR  
21 PERSONAL PROPERTY USED IN CONNECTION WITH A PROGRAM.

22 (2) A PROPERTY OWNER, A MANAGER, AN EMPLOYEE, A VOLUNTEER,  
23 OR AN INDIVIDUAL USING THE SERVICES OF A PROGRAM IS NOT IMMUNE FROM  
24 CRIMINAL PROSECUTION FOR ANY ACTIVITIES NOT AUTHORIZED OR APPROVED BY  
25 A PROGRAM.

26 24-2406.

27 ON OR BEFORE DECEMBER 1 EACH YEAR, EACH PROGRAM SHALL SUBMIT TO  
28 THE DEPARTMENT AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE  
29 GOVERNMENT ARTICLE, THE JOINT COMMITTEE ON BEHAVIORAL HEALTH AND  
30 OPIOID USE DISORDERS, THE SENATE FINANCE COMMITTEE, AND THE HOUSE  
31 HEALTH AND GOVERNMENT OPERATIONS COMMITTEE A REPORT THAT INCLUDES  
32 THE FOLLOWING INFORMATION:

33 (1) THE NEEDS OF AND THE IMPLEMENTATION OF PROCEDURES TO

1 **BEST INTEGRATE A PROGRAM INTO COMMUNITIES;**

2 **(2) ACTIONS A PROGRAM HAS TAKEN OR WILL TAKE TO INCREASE**  
3 **PUBLIC AWARENESS REGARDING THE PURPOSE OF A PROGRAM;**

4 **(3) THE IMPACT OF A PROGRAM IN REDUCING HEALTH CARE COSTS**  
5 **DUE TO OVERDOSE; AND**

6 **(4) THE IMPACT ACCESS TO ADDITIONAL GAS CHROMATOGRAPH**  
7 **MASS SPECTROMETER MACHINES WILL MAKE TO A PROGRAM.**

8 **Article – State Finance and Procurement**

9 7–331.

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

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

12 (1) programs, services, supports, and resources for evidence–based  
13 substance use disorder prevention, treatment, recovery, or harm reduction that have the  
14 purpose of:

15 (i) improving access to medications proven to prevent or reverse an  
16 overdose;

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

20 (iii) increasing access to medications that support recovery from  
21 substance use disorders;

22 (iv) expanding the Heroin Coordinator Program, including for  
23 administrative expenses;

24 (v) expanding access to crisis beds and residential treatment  
25 services for adults and minors;

26 (vi) expanding and establishing safe stations, mobile crisis response  
27 systems, and crisis stabilization centers;

28 (vii) supporting the behavioral health crisis hotline;

29 (viii) organizing primary and secondary school education campaigns  
30 to prevent opioid use, including for administrative expenses;

1 (ix) enforcing the laws regarding opioid prescriptions and sales,  
2 including for administrative expenses;

3 (x) research regarding and training for substance use treatment and  
4 overdose prevention, including for administrative expenses; and

5 (xi) supporting and expanding other evidence-based interventions  
6 for overdose prevention and substance use treatment;

7 (2) evidence-informed substance use disorder prevention, treatment  
8 recovery, or harm reduction pilot programs or demonstration studies that are not  
9 evidence-based if the Opioid Restitution Fund Advisory Council, established under §  
10 7.5-902 of the Health – General Article:

11 (i) determines that emerging evidence supports the distribution of  
12 money for the pilot program or that there is a reasonable basis for funding the  
13 demonstration study with the expectation of creating an evidence-based program; and

14 (ii) approves the use of money for the pilot program or demonstration  
15 study; [and]

16 (3) evaluations of the effectiveness and outcomes reporting for substance  
17 use disorder abatement infrastructure, programs, services, supports, and resources for  
18 which money from the Fund was used, including evaluations of the impact on access to  
19 harm reduction services or treatment for substance use disorders and the reduction in  
20 drug-related mortality; AND

21 **(4) GRANTS TO BE PROVIDED TO OVERDOSE PREVENTION SITE PILOT**  
22 **PROGRAMS FOR THE ACQUISITION OF GAS CHROMATOGRAPH MASS SPECTROMETER**  
23 **MACHINES UNDER § 24-2403 OF THE HEALTH – GENERAL ARTICLE.**

24 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
25 1, 2024. It shall remain effective for a period of 4 years and, at the end of June 30, 2028,  
26 this Act, with no further action required by the General Assembly, shall be abrogated and  
27 of no further force and effect.