## **HOUSE BILL 1155**

J1, J3 (4lr1499)

## ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by Delegates Stewart and Buckel, Buckel, Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Chisholm, Guzzone, Hill, Hutchinson, Kaiser, Kerr, Kipke, R. Lewis, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Szeliga, Taveras, White Holland, and Woods

Read and Examined by Proofreaders: Proofreader. Proofreader. Sealed with the Great Seal and presented to the Governor, for his approval this day of at o'clock, M. Speaker. CHAPTER AN ACT concerning Hospitals - Opioid Overdose - Medication-Assisted Treatment and Opioid-Related Emergency Medical Conditions - Treatment FOR the purpose of requiring hospitals to establish and maintain certain protocols and capacity related to the treatment of patients who are being treated for an opioid-related overdose or opioid-related emergency medical condition; requiring hospitals to connect make a referral for patients who are diagnosed with opioid use disorder or administered or prescribed medication-assisted treatment medication for opioid use disorder to an appropriate provider to voluntarily continue treatment in the community under certain circumstances and work with peer support professionals for a certain purpose; requiring the Governor to include in the annual budget bill for a certain fiscal year a certain appropriation from the Opioid

## EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 2 3	Restitution Fund for hospitals to provide training and resources to implement the requirements of this Act; and generally relating to hospitals and treatment for opioid use disorder and opioid—related emergency medical conditions.
4 5 6 7 8	BY adding to  Article – Health – General Section 19–308.10 Annotated Code of Maryland (2023 Replacement Volume)
9 10 11 12 13	BY repealing and reenacting, with amendments,  Article – State Finance and Procurement Section 7–331 Annotated Code of Maryland (2021 Replacement Volume and 2023 Supplement)
14 15	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
16	Article - Health - General
17	19–308.10.
18 19	(a) $\frac{\text{(1)}}{\text{(1)}}$ In this section the following words have the meanings indicated.
20 21	(2) "MEDICATION" MEANS, "MEDICATION FOR OPIOID USE DISORDER":
22 23	(1) MEANS A DRUG APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER; AND
24 25	(2) DOES NOT INCLUDE A DRUG ADMINISTERED TO MITIGATE OPIOID-RELATED OVERDOSE SYMPTOMS.
26 27 28 29	(3) "MEDICATION-ASSISTED TREATMENT" MEANS THE USE OF MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE DISORDER.
30 31 32	(4) "OPIOID USE DISORDER" MEANS A MEDICALLY DIAGNOSED PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES A SIGNIFICANT IMPAIRMENT OR DISTRESS.

- 1 (B) EACH HOSPITAL SHALL ESTABLISH AND MAINTAIN, AS PART OF ITS 2 EMERGENCY SERVICES, PROTOCOLS AND CAPACITY TO:
- 3 (1) PROVIDE TO A PATIENT BEFORE DISCHARGING THE PATIENT
- 4 APPROPRIATE, EVIDENCE-BASED INTERVENTIONS THAT REDUCE THE RISK OF
- 5 SUBSEQUENT HARM AND FATALITY FOLLOWING AN OPIOID-RELATED OVERDOSE OR
- 6 A VISIT FOR AN OPIOID-RELATED EMERGENCY MEDICAL CONDITION;
- 7 (2) Possess<del>, dispense, administer, and prescribe</del>
- 8 MEDICATION-ASSISTED TREATMENT, INCLUDING AT LEAST ONE FORMULATION OF
- 9 EACH U.S. FOOD AND DRUG ADMINISTRATION-APPROVED FULL OPIOID AGONIST
- 10 AND PARTIAL OPIOID AGONIST<del>, AND LONG ACTING OPIOID ANTAGONIST</del> USED FOR
- 11 THE TREATMENT OF OPIOID USE DISORDER; AND
- 12 (3) TREAT A PATIENT WHO PRESENTS IN A HOSPITAL EMERGENCY
- 13 DEPARTMENT FOR CARE AND TREATMENT OF AN OPIOID-RELATED OVERDOSE OR
- 14 OPIOID-RELATED EMERGENCY MEDICAL CONDITION WITH A MEDICATION FOR
- 15 OPIOID USE DISORDER IF THE TREATMENT:
- 16 (I) OCCURS AS RECOMMENDED BY THE TREATING HEALTH
- 17 CARE PRACTITIONER; AND
- 18 (II) IS VOLUNTARILY AGREED TO BY THE PATIENT.
- 19 **(C)** A PROTOCOL ESTABLISHED BY A HOSPITAL UNDER THIS SECTION SHALL 20 <del>COMPLY WITH</del> INCLUDE:
- 21 (1) APPLICABLE TRAINING AND WAIVER REQUIREMENTS
  22 ESTABLISHED BY THE FEDERAL DRUG ENFORCEMENT AGENCY: AND
- 23 (2) ANY REQUIREMENT BY THE DEPARTMENT REGARDING 24 PRESCRIBING OPIOID AGONIST TREATMENT;
- 25 (2) Uniform practices for screening and diagnosing
- 26 INDIVIDUALS WHO PRESENT WITH AN OPIOID-RELATED OVERDOSE OR
- 27 OPIOID-RELATED EMERGENCY MEDICAL CONDITION FOR AN OPIOID USE DISORDER
- 28 BASED ON THE CRITERIA IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND
- 29 STATISTICAL MANUAL OF MENTAL DISORDERS:
- 30 (3) Uniform practices for offering and administering
- 31 OPIOID AGONIST MEDICATION TO TREAT AN OPIOID-RELATED OVERDOSE OR
- 32 OPIOID USE DISORDER; AND

1	(4) UNIFORM PRACTICES TO IDENTIFY COMMUNITY-BASED
2	TREATMENT SERVICES THAT ARE APPROPRIATE FOR:
3	(I) TREATING OPIOID USE DISORDERS; AND
4	(II) Assisting patients to voluntarily access ongoing
5	COMMUNITY-BASED TREATMENT AT DISCHARGE.
6	(D) BEFORE DISCHARGING A PATIENT WHO IS <u>DIAGNOSED WITH AN OPIOID</u>
7	<u>USE DISORDER OR</u> ADMINISTERED OR PRESCRIBED <u>MEDICATION-ASSISTED</u>
8	TREATMENT MEDICATION FOR OPIOID USE DISORDER, A HOSPITAL SHALL CONNECT
9	THE PATIENT WITH AN APPROPRIATE PROVIDER OR FACILITY TO VOLUNTARILY
10	CONTINUE TREATMENT:
11	(1) Make a referral of the patient to an appropriate
12	PROVIDER OR FACILITY FOR A TIMELY APPOINTMENT, WHEN POSSIBLE, TO
13	VOLUNTARILY CONTINUE TREATMENT IN THE COMMUNITY; AND
- 1	
14	(2) WORK WITH PEER SUPPORT PROFESSIONALS, AS AVAILABLE, OR
15	OTHER RESOURCES TO ASSIST THE PATIENT IN ACCESSING THE IDENTIFIED
16	TREATMENT SERVICES.
17	Article - State Finance and Procurement
17 18	Article - State Finance and Procurement  7-331.
18	<del>7-331.</del>
18 19 20	7–331.  (a) In this section, "Fund" means the Opioid Restitution Fund.  (b) There is an Opioid Restitution Fund.
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18 19 20 21 22 23 24	7-331.  (a) In this section, "Fund" means the Opioid Restitution Fund.  (b) There is an Opioid Restitution Fund.  (c) The purpose of the Fund is to retain the amount of settlement revenues deposited to the Fund in accordance with subsection (e)(1) of this section.  (d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7-302 of this subtitle.
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1	(2) the interest earnings of the Fund.
2	(f) The Fund may be used only to provide funds for:
3 4 5	(1) programs, services, supports, and resources for evidence-based substance use disorder prevention, treatment, recovery, or harm reduction that have the purpose of:
6 7	(i) improving access to medications proven to prevent or reverse an overdose;
8 9 10	(ii) supporting peer support specialists and screening, brief intervention, and referral to treatment services for hospitals, correctional facilities, and other high-risk populations;
11 12	(iii) increasing access to medications that support recovery from substance use disorders;
13 14	(iv) expanding the Heroin Coordinator Program, including for administrative expenses;
15 16	(v) expanding access to crisis beds and residential treatment services for adults and minors;
17 18	(vi) expanding and establishing safe stations, mobile crisis response systems, and crisis stabilization centers;
19	(vii) supporting the behavioral health crisis hotline;
20 21	(viii) organizing primary and secondary school education campaigns to prevent opioid use, including for administrative expenses;
22 23	(ix) enforcing the laws regarding opioid prescriptions and sales, including for administrative expenses;
$\frac{24}{25}$	(x) research regarding and training for substance use treatment and overdose prevention, including for administrative expenses; and
26 27	(xi) supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment;
28 29 30 31	(2) evidence-informed substance use disorder prevention, treatment recovery, or harm reduction pilot programs or demonstration studies that are not evidence-based if the Opioid Restitution Fund Advisory Council, established under § 7.5–902 of the Health – General Article:

1	(i) determines that emerging evidence supports the distribution of
2	money for the pilot program or that there is a reasonable basis for funding the
3	demonstration study with the expectation of creating an evidence-based program; and
$\frac{4}{5}$	(ii) approves the use of money for the pilot program or demonstration study; and
J	
6	(3) evaluations of the effectiveness and outcomes reporting for substance
7	use disorder abatement infrastructure, programs, services, supports, and resources for
8	which money from the Fund was used, including evaluations of the impact on access to
9	harm reduction services or treatment for substance use disorders and the reduction in
10	drug-related mortality.
10	arag related mortality.
11	(g) (1) The State Treasurer shall invest the money of the Fund in the same
12	manner as other State money may be invested.
14	mainier as other state money may be invested.
13	(2) Any interest earnings of the Fund shall be credited to the Fund.
10	(2) This inverest earnings of the Fana shan be created to the Fana.
14	(h) (1) Expenditures from the Fund may be made only in accordance with the
15	State budget.
19	<del>state buuget.</del>
1.0	(9) FOR EIGGAL WEAR 2006, THE COVERNOR GHALL INCLUDE IN THE
16	(2) FOR FISCAL YEAR 2026, THE GOVERNOR SHALL INCLUDE IN THE
17	ANNUAL BUDGET BILL AN APPROPRIATION OF \$500,000 FROM THE FUND TO
18	PROVIDE TRAINING AND RESOURCES TO HOSPITALS TO IMPLEMENT THE
19	REQUIREMENTS OF § 19-308.10 OF THE HEALTH—GENERAL ARTICLE.
20	<del>[(2)] (3)</del> For settlement funds received in accordance with the final
21	distributor agreement of July 21, 2021, with McKesson Corporation, Amerisource Bergen
22	Corporation, and Cardinal Health Incorporated, as amended, the Janssen settlement
23	agreement of July 21, 2021, as amended, or any other opioid-related court or
24	administrative judgment or settlement agreement involving the State and one or more of
$\overline{25}$	its political subdivisions:
	The production of the producti
26	(i) appropriations from the Fund in the State budget shall be made
$\frac{27}{27}$	in accordance with the allocation and distribution of funds to the State and its political
28	subdivisions:
20	<del>subdivisions.</del>
29	1. as agreed on in the State-subdivision agreement of
	January 21, 2022, as amended; or
30	<del>vanuary 21, 2022, as amenueu, or</del>
31	2 manipad under any other enicid related court or
	2. required under any other opioid-related court or
32	administrative judgment or settlement agreement, or any similar agreement reached under
33	an opioid-related court or administrative judgment or settlement agreement, involving the
34	State and one or more of its political subdivisions; and

1	(ii) the Secretary of Health shall establish and administer a grant
2	program for the distribution of funds to political subdivisions of the State in accordance
3	<del>with:</del>
4	1. the State-subdivision agreement of January 21, 2022, as
5	amended; or
6	2. the requirements of any other opioid-related court or
7	administrative judgment or settlement agreement, or any similar agreement reached under
8	an opioid-related court or administrative judgment or settlement agreement, involving the
9	State and one or more of its political subdivisions.
4.0	
10	(3) (4) The Attorney General shall identify and designate the
11	controlling version of any agreement or amendment described under paragraph [(2)] (3) of
12	this subsection.
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.
10	or runding that otherwise would be appropriated for the programs and services.
1.0	(9) Expect as an effect in subsection (6) of this section memory arrested
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) subject to subsection [(h)(2)] (H)(3) of this section, at least twice
22	annually, consult with the Opioid Restitution Fund Advisory Council to identify
23	recommended appropriations from the Fund; and
0.4	(a)
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	<del>1.</del> <del>use;</del>
	11 455,
29	2. if applicable, jurisdiction; and
49	<del>2.</del> <del>It applicable, jui isulction, and</del>
20	9 1-1 1 1 1 1
30	3. budget program and subdivision;
31	(ii) the performance indicators and progress toward achieving the
32	goals and objectives developed under item (1) of this subsection; and

$\frac{1}{2}$	(iii) the recommended appropriations from the Fund identified in accordance with item (2) of this subsection.
3	SECTION 2. AND BE IT FURTHER ENACTED, That:
4 5 6	(a) The Maryland Department of Health shall study whether and how funding from the Opioid Restitution Fund can be used to provide training and resources to hospitals to implement Section 1 of the Act, including a recommended funding amount.
7 8 9	(b) On or before January 1, 2025, the Department shall report its findings and recommendations to the Senate Finance Committee and House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article.
10 11	SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect January 1, 2025.
12 13	SECTION 2. 4. 2. AND BE IT FURTHER ENACTED, That except as provided in Section 3 of this Act, this Act shall take effect October 1, 2024 January 1, 2025.
	Approved:
	Governor.
	Speaker of the House of Delegates.
	President of the Senate.