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

Introduced and read first time: February 7, 2024 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments House action: Adopted Read second time: March 4, 2024

CHAPTER _____

1 AN ACT concerning

2Hospitals - Opioid Overdose - Medication-Assisted Treatment and3Opioid-Related Emergency Medical Conditions - Treatment

- 4 FOR the purpose of requiring hospitals to establish and maintain certain protocols and $\mathbf{5}$ capacity related to the treatment of patients who are being treated for an 6 opioid-related overdose or opioid-related emergency medical condition; requiring 7 hospitals to connect make a referral for patients who are diagnosed with opioid use 8 disorder or administered or prescribed medication-assisted treatment medication 9 for opioid use disorder to an appropriate provider to voluntarily continue treatment 10 in the community under certain circumstances and work with peer support professionals for a certain purpose; requiring the Governor to include in the annual 11 budget bill for a certain fiscal year a certain appropriation from the Opioid 1213 Restitution Fund for hospitals to provide training and resources to implement the 14requirements of this Act; and generally relating to hospitals and treatment for opioid 15use disorder and opioid-related emergency medical conditions.
- 16 BY adding to
- 17 Article Health General
- 18 Section 19–308.10
- 19 Annotated Code of Maryland
- 20 (2023 Replacement Volume)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

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

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



 $\mathbf{2}$ HOUSE BILL 1155 BY repealing and reenacting, with amendments, 1 $\mathbf{2}$ Article - State Finance and Procurement 3 Section 7-331 4 Annotated Code of Maryland (2021 Replacement Volume and 2023 Supplement) $\mathbf{5}$ SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, 6 $\overline{7}$ That the Laws of Maryland read as follows: 8 Article - Health - General 9 19-308.10. 10 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 11 INDICATED. 12(2) "MEDICATION" MEANS, "MEDICATION FOR OPIOID USE 13 DISORDER" MEANS A DRUG APPROVED BY THE U.S. FOOD AND DRUG 14(1) ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER; AND 15(2) 16 DOES NOT INCLUDE A DRUG ADMINISTERED TO MITIGATE 17 **OPIOID-RELATED OVERDOSE SYMPTOMS.** 18 (3) "Medication-assisted treatment" means the use of 19 **MEDICATION. IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH** 20THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE 21DISORDER. (4) 22"Opioid use disorder" means a medically diagnosed **PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES A SIGNIFICANT IMPAIRMENT** 2324OR DISTRESS. 25**(B)** EACH HOSPITAL SHALL ESTABLISH AND MAINTAIN, AS PART OF ITS 26**EMERGENCY SERVICES, PROTOCOLS AND CAPACITY TO:** 27(1) **PROVIDE TO A PATIENT BEFORE DISCHARGING THE PATIENT** 28APPROPRIATE, EVIDENCE-BASED INTERVENTIONS THAT REDUCE THE RISK OF 29SUBSEQUENT HARM AND FATALITY FOLLOWING AN OPIOID-RELATED OVERDOSE OR A VISIT FOR AN OPIOID-RELATED EMERGENCY MEDICAL CONDITION; 30 POSSESS, DISPENSE, ADMINISTER, AND PRESCRIBE 31 (2) **MEDICATION ASSISTED TREATMENT, INCLUDING** AT LEAST ONE FORMULATION OF 32 EACH U.S. FOOD AND DRUG ADMINISTRATION-APPROVED FULL OPIOID AGONIST 33

1	AND PARTIAL OPIOID AGONIST , AND LONG-ACTING OPIOID ANTAGONIST USED FOR
2	THE TREATMENT OF OPIOID USE DISORDER; AND
-	
3	(3) TREAT A PATIENT WHO PRESENTS IN A HOSPITAL EMERGENCY
4	DEPARTMENT FOR CARE AND TREATMENT OF AN OPIOID–RELATED OVERDOSE <u>OR</u>
5	OPIOID-RELATED EMERGENCY MEDICAL CONDITION WITH A MEDICATION FOR
6	<u>OPIOID USE DISORDER</u> IF THE TREATMENT:
7	(I) OCCURS AS RECOMMENDED BY THE TREATING HEALTH
8	
0	CARE PRACTITIONER; AND
9	(II) IS VOLUNTARILY AGREED TO BY THE PATIENT.
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10	(C) A PROTOCOL ESTABLISHED BY A HOSPITAL UNDER THIS SECTION SHALL
11	COMPLY WITH INCLUDE:
12	(1) Applicable training and waiver requirements
13	ESTABLISHED BY THE FEDERAL DRUG ENFORCEMENT AGENCY; AND
14	(2) ANY REQUIREMENT BY THE DEPARTMENT REGARDING
15	PRESCRIBING OPIOID AGONIST TREATMENT;
10	(2) UNIFORM DRACTIOES FOR SCREENING AND DIACNOSING
16	(2) UNIFORM PRACTICES FOR SCREENING AND DIAGNOSING
17	INDIVIDUALS WHO PRESENT WITH AN OPIOID-RELATED OVERDOSE OR
18 19	OPIOID-RELATED EMERGENCY MEDICAL CONDITION FOR AN OPIOID USE DISORDER BASED ON THE CRITERIA IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND
19 20	STATISTICAL MANUAL OF MENTAL DISORDERS;
20	STATISTICAL MANUAL OF MENTAL DISORDERS;
21	(3) UNIFORM PRACTICES FOR OFFERING AND ADMINISTERING
	OPIOID AGONIST MEDICATION TO TREAT AN OPIOID-RELATED OVERDOSE OR
23	OPIOID USE DISORDER; AND
24	(4) UNIFORM PRACTICES TO IDENTIFY COMMUNITY-BASED
25	TREATMENT SERVICES THAT ARE APPROPRIATE FOR:
26	(I) TREATING OPIOID USE DISORDERS; AND
27	(II) ASSISTING PATIENTS TO VOLUNTARILY ACCESS ONGOING
28	COMMUNITY-BASED TREATMENT AT DISCHARGE.
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29	(D) BEFORE DISCHARGING A PATIENT WHO IS <u>DIAGNOSED WITH AN OPIOID</u>
30	<u>USE DISORDER OR</u> ADMINISTERED OR PRESCRIBED <u>MEDICATION-ASSISTED</u>
31	TREATMENT MEDICATION FOR OPIOID USE DISORDER, A HOSPITAL SHALL CONNECT

	4 HOUSE BILL 1155
$\frac{1}{2}$	THE PATIENT WITH AN APPROPRIATE PROVIDER OR FACILITY TO VOLUNTARILY CONTINUE TREATMENT<u>:</u>
$egin{array}{c} 3 \\ 4 \\ 5 \end{array}$	(1) MAKE A REFERRAL OF THE PATIENT TO AN APPROPRIATE PROVIDER OR FACILITY FOR A TIMELY APPOINTMENT, WHEN POSSIBLE, TO VOLUNTARILY CONTINUE TREATMENT IN THE COMMUNITY; AND
6 7 8	(2) Work with peer support professionals, as available, or other resources to assist the patient in accessing the identified treatment services.
9	Article – State Finance and Procurement
10	7-331.
11	(a) In this section, "Fund" means the Opioid Restitution Fund.
12	(b) There is an Opioid Restitution Fund.
$\begin{array}{c} 13\\14\end{array}$	(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.
$\begin{array}{c} 15\\ 16\end{array}$	(d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7–302 of this subtitle.
17 18	(2) The State Treasurer shall hold the Fund separately, and the Comptroller shall account for the Fund.
19	(e) The Fund consists of:
$20 \\ 21 \\ 22 \\ 23$	(1) all revenues received by the State from any source resulting, directly or indirectly, from any judgment against, or settlement with, opioid manufacturers, opioid research associations, or any other person in the opioid industry relating to any claims made or prosecuted by the State to recover damages for violations of State law; and
24	(2) the interest earnings of the Fund.
25	(f) The Fund may be used only to provide funds for:
$26 \\ 27 \\ 28$	(1) programs, services, supports, and resources for evidence-based substance use disorder prevention, treatment, recovery, or harm reduction that have the purpose of:
29 30	(i) improving access to medications proven to prevent or reverse an overdose;

1	(ii)	supporting peer support specialists and screening, brief
2	intervention, and referr	al to treatment services for hospitals, correctional facilities, and
3	other high-risk populati	ons;
4	(iii)	increasing access to medications that support recovery from
5	substance use disorders:	
0	Bubblance use uportuers,	
6	(iv)	expanding the Heroin Coordinator Program, including for
7	administrative expenses	
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8		expanding access to crisis beds and residential treatment
9	services for adults and n	ninors;
10	(vi)	expanding and establishing safe stations, mobile crisis response
11	systems, and crisis stab i	
11	systems, and ensis stabl	
12	(vii)	supporting the behavioral health crisis hotline;
13	(viii)	organizing primary and secondary school education campaigns
14	to prevent opioid use, in	cluding for administrative expenses;
1 5	(\cdot)	e ·
15	(1X)	enforcing the laws regarding opioid prescriptions and sales,
16	including for administra	tive expenses;
17	(x)	research regarding and training for substance use treatment and
18		luding for administrative expenses; and
	······································	
19	(xi)	supporting and expanding other evidence-based interventions
20	for overdose prevention	and substance use treatment;
21		ence-informed substance use disorder prevention, treatment
22		uction pilot programs or demonstration studies that are not
23		Opioid Restitution Fund Advisory Council, established under §
24	7.5–902 of the Health –	General Article:
25	(i)	determines that emerging evidence supports the distribution of
26		rogram or that there is a reasonable basis for funding the
$\frac{1}{27}$		the expectation of creating an evidence-based program; and
	v	
28	(ii)	approves the use of money for the pilot program or demonstration
29	study; and	
20	(9) 1-	actions of the effectiveness and extremes reporting for sub-target
30 21		uations of the effectiveness and outcomes reporting for substance
31 29	use disorder abatement	infrastructure, programs, services, supports, and resources for
32		Fund was used, including evaluations of the impact on access to
33	Harm reduction services	or treatment for substance use disorders and the reduction in

drug-related mortality.

1	(g) (1) The State Treasurer shall invest the money of the Fund in the same
2	manner as other State money may be invested.
3	(2) Any interest earnings of the Fund shall be credited to the Fund.
4	(h) (1) Expenditures from the Fund may be made only in accordance with the
5	State budget.
6	(2) FOR FISCAL YEAR 2026, THE GOVERNOR SHALL INCLUDE IN THE
7	ANNUAL BUDGET BILL AN APPROPRIATION OF \$500,000 FROM THE FUND TO
8	PROVIDE TRAINING AND RESOURCES TO HOSPITALS TO IMPLEMENT THE
9	REQUIREMENTS OF § 19-308.10 OF THE HEALTH - GENERAL ARTICLE.
10	
10	[(2)] (3) For settlement funds received in accordance with the final
11	distributor agreement of July 21, 2021, with McKesson Corporation, Amerisource Bergen
12	Corporation, and Cardinal Health Incorporated, as amended, the Janssen settlement
13	agreement of July 21, 2021, as amended, or any other opioid-related court or
14	administrative judgment or settlement agreement involving the State and one or more of
15	its political subdivisions:
16	(i) appropriations from the Fund in the State hudget shall be made
	(i) appropriations from the Fund in the State budget shall be made
17	in accordance with the allocation and distribution of funds to the State and its political
18	subdivisions:
19	1. as agreed on in the State-subdivision agreement of
20	January 21, 2022, as amended; or
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21	2. required under any other opioid-related court or
22	administrative judgment or settlement agreement, or any similar agreement reached under
23	an opioid-related court or administrative judgment or settlement agreement, involving the
24	State and one or more of its political subdivisions; and
25	(ii) the Secretary of Health shall establish and administer a grant
26	program for the distribution of funds to political subdivisions of the State in accordance
27	with:
90	1 the State subdivision amount of January 21, 2022 as
28	1. the State-subdivision agreement of January 21, 2022, as
29	amended; or
30	2. the requirements of any other opioid-related court or
31	administrative judgment or settlement agreement, or any similar agreement reached under
32	an opioid-related court or administrative judgment or settlement agreement, involving the
33	State and one or more of its political subdivisions.
50	Start and one of more of no pointear subaryisions.

1	[(3)] (4) The Attorney General shall identify and designate the
2	controlling version of any agreement or amendment described under paragraph [(2)] (3) of
3	this subsection.
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4	(i) (1) Money expended from the Fund for the programs and services described
5	under subsection (f) of this section is supplemental to and is not intended to take the place
6	of funding that otherwise would be appropriated for the programs and services.
0	of funding that other where would be appropriated for the programs and services.
7	(2) Except as specified in subsection (f) of this section, money expended
8	from the Fund may not be used for administrative expenses.
U	from the fund may not be used for duministrative expenses.
9	(j) The Governor shall:
10	(1) develop key goals, key objectives, and key performance indicators
11	relating to substance use treatment and prevention efforts;
12	(2) subject to subsection [(h)(2)] (H)(3) of this section, at least twice
13	annually, consult with the Opioid Restitution Fund Advisory Council to identify
14	recommended appropriations from the Fund; and
15	(3) report on or before November 1 each year, in accordance with § 2–1257
16	of the State Government Article, to the General Assembly on:
17	(i) an accounting of total funds expended from the Fund in the
18	immediately preceding fiscal year, by:
19	1. use;
20	2. if applicable, jurisdiction; and
21	3. budget program and subdivision;
22	(ii) the performance indicators and progress toward achieving the
23	goals and objectives developed under item (1) of this subsection; and
24	(iii) the recommended appropriations from the Fund identified in
25	accordance with item (2) of this subsection.
26	<u>SECTION 2. AND BE IT FURTHER ENACTED, That:</u>
27	(a) The Maryland Department of Health shall study whether and how funding
28	from the Opioid Restitution Fund can be used to provide training and resources to hospitals
29	to implement Section 1 of the Act, including a recommended funding amount.
30	(b) On or before January 1, 2025, the Department shall report its findings and
31	recommendations to the Senate Finance Committee and House Health and Government
32	Operations Committee, in accordance with § 2–1257 of the State Government Article.

1SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take2effect January 1, 2025.

3 SECTION <u>2</u>, <u>4</u>. AND BE IT FURTHER ENACTED, That, except as provided in
4 Section 3 of this Act, this Act shall take effect October 1, 2024.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.