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4lr1663 CF HB 1155

#### By: Senator McKay

Introduced and read first time: February 2, 2024 Assigned to: Finance

Committee Report: Favorable with amendments Senate 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 <del>connect</del> make a referral for patients who are diagnosed with opioid use disorder or administered or prescribed medication-assisted treatment medication 8 for opioid use disorder to an appropriate provider to voluntarily continue treatment 9 10 in the community under certain circumstances and work with peer support 11 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 12 Restitution Fund for hospitals to provide training and resources to implement the 13requirements of this Act; and generally relating to hospitals and treatment for opioid 14 use disorder and opioid-related emergency medical conditions. 15

16 BY adding to

- 17 Article Health General
- 18 Section 19–308.10
- 19 Annotated Code of Maryland
- 20 (2023 Replacement Volume)
- 21 BY repealing and reenacting, with amendments,
- 22 Article State Finance and Procurement
- 23 Section 7–331

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.



	2 SENATE BILL 1071
$\frac{1}{2}$	Annotated Code of Maryland (2021 Replacement Volume and 2023 Supplement)
$\frac{3}{4}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
5	Article – Health – General
6	19-308.10.
7	(A) <del>(1)</del> In this section <del>the following words have the meanings</del>
8	<del>indicated.</del>
9	(2) "Medication" means, "Medication for opioid use
10	<u>DISORDER":</u>
11	(1) MEANS A DRUG APPROVED BY THE U.S. FOOD AND DRUG
12	Administration for the treatment of opioid use disorder; and
13	(2) DOES NOT INCLUDE A DRUG ADMINISTERED TO MITIGATE
14	OPIOID-RELATED OVERDOSE SYMPTOMS.
$15 \\ 16 \\ 17 \\ 18$	(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.
19	(4) "Opioid use disorder" means a medically diagnosed
20	problematic pattern of opioid use that causes a significant impairment
21	or distress.
$\frac{22}{23}$	(B) EACH HOSPITAL SHALL ESTABLISH AND MAINTAIN, AS PART OF ITS EMERGENCY SERVICES, PROTOCOLS AND CAPACITY TO:
24	(1) PROVIDE TO A PATIENT BEFORE DISCHARGING THE PATIENT
25	APPROPRIATE, EVIDENCE–BASED INTERVENTIONS THAT REDUCE THE RISK OF
26	SUBSEQUENT HARM AND FATALITY FOLLOWING AN OPIOID–RELATED OVERDOSE <u>OR</u>
27	<u>A VISIT FOR AN OPIOID–RELATED EMERGENCY MEDICAL CONDITION;</u>
28	(2) POSSESS <del>, DISPENSE, ADMINISTER, AND PRESCRIBE</del>
29	MEDICATION-ASSISTED TREATMENT, INCLUDING AT LEAST ONE FORMULATION OF
30	EACH U.S. FOOD AND DRUG ADMINISTRATION-APPROVED FULL OPIOID AGONIST <del>,</del>
31	AND PARTIAL OPIOID AGONIST <del>, AND LONG ACTING OPIOID ANTAGONIST</del> USED FOR
32	THE TREATMENT OF OPIOID USE DISORDER; AND

TREAT A PATIENT WHO PRESENTS IN A HOSPITAL EMERGENCY 1 (3)  $\mathbf{2}$ DEPARTMENT FOR CARE AND TREATMENT OF AN OPIOID-RELATED OVERDOSE OR 3 OPIOID-RELATED EMERGENCY MEDICAL CONDITION WITH A MEDICATION FOR 4 **OPIOID USE DISORDER IF THE TREATMENT:**  $\mathbf{5}$ **(I)** OCCURS AS RECOMMENDED BY THE TREATING HEALTH 6 **CARE PRACTITIONER; AND** 7 **(II)** IS VOLUNTARILY AGREED TO BY THE PATIENT. 8 **(C)** A PROTOCOL ESTABLISHED BY A HOSPITAL UNDER THIS SECTION SHALL 9 **COMPLY WITH** INCLUDE: 10 (1) APPLICABLE TRAINING AND WAIVER REQUIREMENTS ESTABLISHED BY THE FEDERAL DRUG ENFORCEMENT AGENCY; AND 11 12<del>(2)</del> ANY **REQUIREMENT BY** THE DEPARTMENT REGARDING 13 PRESCRIBING OPIOID AGONIST TREATMENT; 14(2) UNIFORM PRACTICES FOR SCREENING AND DIAGNOSING 15INDIVIDUALS WHO PRESENT WITH AN OPIOID-RELATED OVERDOSE OR **OPIOID-RELATED EMERGENCY MEDICAL CONDITION FOR AN OPIOID USE DISORDER** 16 17BASED ON THE CRITERIA IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS; 18 19 UNIFORM PRACTICES FOR OFFERING AND ADMINISTERING (3) 20OPIOID AGONIST MEDICATION TO TREAT AN OPIOID-RELATED OVERDOSE OR 21**OPIOID USE DISORDER; AND** 22(4) UNIFORM PRACTICES TO IDENTIFY COMMUNITY-BASED 23TREATMENT SERVICES THAT ARE APPROPRIATE FOR: 24**(I) TREATING OPIOID USE DISORDERS; AND** 25**(II)** ASSISTING PATIENTS TO VOLUNTARILY ACCESS ONGOING COMMUNITY-BASED TREATMENT AT DISCHARGE. 2627**(**D**) BEFORE DISCHARGING A PATIENT WHO IS DIAGNOSED WITH AN OPIOID** USE DISORDER OR ADMINISTERED OR PRESCRIBED MEDICATION-ASSISTED 2829TREATMENT MEDICATION FOR OPIOID USE DISORDER, A HOSPITAL SHALL CONNECT 30 THE PATIENT WITH AN APPROPRIATE PROVIDER OR FACILITY TO VOLUNTARILY 31**CONTINUE TREATMENT**:

$egin{array}{c} 1 \\ 2 \\ 3 \end{array}$	(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
$4 \\ 5 \\ 6$	(2) Work with peer support professionals, as available, or other resources to assist the patient in accessing the identified treatment services.
7	Article – State Finance and Procurement
8	<del>7–331.</del>
9	(a) In this section, "Fund" means the Opioid Restitution Fund.
10	(b) There is an Opioid Restitution Fund.
$\begin{array}{c} 11 \\ 12 \end{array}$	(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.
$\begin{array}{c} 13\\14 \end{array}$	(d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7–302 of this subtitle.
$\begin{array}{c} 15\\ 16 \end{array}$	(2) The State Treasurer shall hold the Fund separately, and the Comptroller shall account for the Fund.
17	(e) The Fund consists of:
18 19 20 21	(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
22	(2) the interest earnings of the Fund.
23	(f) The Fund may be used only to provide funds for:
24	(1) programs, services, supports, and resources for evidence-based
$25^{24}$	substance use disorder prevention, treatment, recovery, or harm reduction that have the
26	purpose of:
27	(i) improving access to medications proven to prevent or reverse an
$\frac{1}{28}$	overdose;
29	<del>(ii)</del> <del>supporting peer support specialists and screening, brief</del>
30	intervention, and referral to treatment services for hospitals, correctional facilities, and

31 other high-risk populations;

1	(iii) increasing access to medications that support recovery from
2	substance use disorders:
4	Substance use anoracis,
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3	(iv) expanding the Heroin Coordinator Program, including for
4	administrative expenses;
<b>5</b>	(v) expanding access to crisis beds and residential treatment
6	services for adults and minors:
0	<del>belvices for addits and minors,</del>
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7	(vi) expanding and establishing safe stations, mobile crisis response
8	systems, and crisis stabilization centers;
9	<del>(vii) supporting the behavioral health crisis hotline;</del>
U	(vii) supporting the senarioral health orisis hound,
10	
10	(viii) organizing primary and secondary school education campaigns
11	to prevent opioid use, including for administrative expenses;
12	(ix) enforcing the laws regarding opioid prescriptions and sales,
13	including for administrative expenses;
10	meruning for automobilative expenses,
14	(x) research regarding and training for substance use treatment and
15	<del>overdose prevention, including for administrative expenses; and</del>
16	(xi) supporting and expanding other evidence-based interventions
17	for overdose prevention and substance use treatment;
18	(2) evidence-informed substance use disorder prevention, treatment
19	recovery, or harm reduction pilot programs or demonstration studies that are not
20	evidence-based if the Opioid Restitution Fund Advisory Council, established under §
$\frac{1}{21}$	7.5–902 of the Health – General Article:
41	$\frac{1.0-0.02}{1.0-0.02} \text{ or the relation} = \text{General Arriticle.}$
a.c.	
22	(i) determines that emerging evidence supports the distribution of
23	money for the pilot program or that there is a reasonable basis for funding the
24	demonstration study with the expectation of creating an evidence-based program; and
	achienseration staag with the enpeetation of creating an evidence subca program, and
٥ <b>٢</b>	(:;) another set of more set for the milet means and an extraction
25	(ii) approves the use of money for the pilot program or demonstration
26	<del>study; and</del>
27	(3) evaluations of the effectiveness and outcomes reporting for substance
28	use disorder abatement infrastructure, programs, services, supports, and resources for
	which money from the Fund was used including evaluations of the impact of access to
29	which money from the Fund was used, including evaluations of the impact on access to
30	harm reduction services or treatment for substance use disorders and the reduction in
31	drug-related mortality.
32	(g) (1) The State Treasurer shall invest the money of the Fund in the same
33	manner as other State money may be invested.

1	(2) Any interest earnings of the Fund shall be credited to the Fund.
2	(h) (1) Expenditures from the Fund may be made only in accordance with the
3	State budget.
4	(2) For fiscal year 2026, the Governor shall include in the
<b>5</b>	ANNUAL BUDGET BILL AN APPROPRIATION OF \$500,000 FROM THE FUND TO
6	PROVIDE TRAINING AND RESOURCES TO HOSPITALS TO IMPLEMENT THE
$\overline{7}$	REQUIREMENTS OF § 19-308.10 OF THE HEALTH - GENERAL ARTICLE.
8	[(2)] (3) For settlement funds received in accordance with the final
9	distributor agreement of July 21, 2021, with McKesson Corporation, Amerisource Bergen
10	Corporation, and Cardinal Health Incorporated, as amended, the Janssen settlement
11	agreement of July 21, 2021, as amended, or any other opioid-related court or
12	administrative judgment or settlement agreement involving the State and one or more of
13	its political subdivisions:
14	(i) appropriations from the Fund in the State budget shall be made
15	in accordance with the allocation and distribution of funds to the State and its political
16	subdivisions:
17	<del>1.</del> as agreed on in the State-subdivision agreement of
18	January 21, 2022, as amended; or
10	banuary 21, 2022, as amenucu, or
19	2. required under any other opioid-related court or
20	administrative judgment or settlement agreement, or any similar agreement reached under
$\overline{21}$	an opioid-related court or administrative judgment or settlement agreement, involving the
22	State and one or more of its political subdivisions; and
23	(ii) the Secretary of Health shall establish and administer a grant
24	program for the distribution of funds to political subdivisions of the State in accordance
25	with:
26	1. the State-subdivision agreement of January 21, 2022, as
27	<del>amended; or</del>
20	
28	2. the requirements of any other opioid-related court or
29 20	administrative judgment or settlement agreement, or any similar agreement reached under
30 31	an opioid-related court or administrative judgment or settlement agreement, involving the State and one or more of its political subdivisions.
υı	State and one of more of its pointlear suburvisions.
32	[(3)] (4) The Attorney General shall identify and designate the
33	controlling version of any agreement or amendment described under paragraph [(2)] (3) of
$\frac{33}{34}$	this subsection.
<u> </u>	

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

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

Approved:

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Governor.

President of the Senate.

Speaker of the House of Delegates.