

Chapter 699

**(Senate Bill 594)**

AN ACT concerning

**Public Health – Use of Opioid Restitution Fund and Training Under the  
Overdose Response Program**

FOR the purpose of altering the training that the Maryland Department of Health is authorized to provide under the Overdose Response Program; clarifying that the use of the Opioid Restitution Fund is subject to certain restrictions; altering the authorized uses of the Opioid Restitution Fund; and generally relating to the Opioid Restitution Fund and the Overdose Response Program.

BY repealing and reenacting, without amendments,  
Article – Health – General  
Section 13–3101(a) and (d)  
Annotated Code of Maryland  
(2023 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, with amendments,  
Article – Health – General  
Section 13–3103(b)  
Annotated Code of Maryland  
(2023 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, without amendments,  
Article – State Finance and Procurement  
Section 7–331(a) through (e)  
Annotated Code of Maryland  
(2021 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, with amendments,  
Article – State Finance and Procurement  
Section 7–331(f)  
Annotated Code of Maryland  
(2021 Replacement Volume and 2024 Supplement)

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

**Article – Health – General**

13–3101.

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

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

13–3103.

- (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 opioid overdose reversal drugs approved by the federal Food and Drug Administration, **EMPHASIZING THE RESTORATION OF BREATHING, AVOIDING WITHDRAWAL, AND COMPASSIONATE POSTOVERDOSE SUPPORT AND CARE**; and

- (iii) Access to opioid overdose reversal drugs approved by the federal Food and Drug Administration and the necessary supplies for the administration of the 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.

#### **Article – State Finance and Procurement**

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.

- (2) The State Treasurer shall hold the Fund separately, and the Comptroller shall account for the Fund.

(e) The Fund consists of:

(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

(2) the interest earnings of the Fund.

(f) The Fund may be used only to provide funds for **THE PURPOSES SPECIFIED IN SETTLEMENT AGREEMENTS AND JUDGMENTS RELATING TO CLAIMS BY THE STATE AGAINST OPIOID MANUFACTURERS, OPIOID RESEARCH ASSOCIATIONS, OR ANY OTHER PERSON IN THE OPIOID INDUSTRY FOR VIOLATIONS OF STATE LAW, INCLUDING:**

(1) programs, services, supports, and resources for evidence-based substance use disorder prevention, treatment, recovery, or harm reduction ~~that have the purpose of;~~

~~(i) improving access to medications proven to prevent or reverse an overdose, including by supporting the initiative to co-locate naloxone with automated external defibrillators placed in public buildings under § 13-518 of the Education Article;~~

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

~~(iii) increasing access to medications that support recovery from substance use disorders; AND~~

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

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

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

~~(vii) supporting the behavioral health crisis hotline;~~

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

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

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

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

(2) supporting community-based nonprofit recovery organizations that provide nonclinical substance use recovery support services in the State;

(3) **ADDRESSING RACIAL DISPARITIES IN ACCESS TO PREVENTION, HARM REDUCTION, TREATMENT, AND RECOVERY SUPPORT SERVICES;**

**(4) ADDRESSING SOCIOECONOMIC DISPARITIES IN ACCESS TO PREVENTION, HARM REDUCTION, TREATMENT, AND RECOVERY SUPPORT SERVICES;**

**(5)** 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:

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

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

**[(4)] (5) (6)** evaluations of the effectiveness and outcomes reporting for substance use disorder abatement infrastructure, programs, services, supports, and resources for which money from the Fund was used, including evaluations of the impact on access to harm reduction services or treatment for substance use disorders and the reduction in drug-related mortality.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2025.

**Approved by the Governor, May 20, 2025.**