

# HOUSE BILL 1131

J1, F2

5lr2053

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By: **Delegates Vogel and Tomlinson**

Introduced and read first time: February 5, 2025

Assigned to: Health and Government Operations

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Committee Report: Favorable

House action: Adopted

Read second time: March 1, 2025

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Public Health – Buprenorphine – Training Grant Program and Workgroup**

3 FOR the purpose of establishing the Buprenorphine Training Grant Program to assist  
4 counties with offsetting the cost of training paramedics to administer buprenorphine;  
5 including the Program as an authorized use of funding from the Opioid Restitution  
6 Fund; requiring the Maryland Office of Overdose Response to convene a workgroup  
7 to study access to buprenorphine in the State; and generally relating to  
8 buprenorphine.

9 BY adding to

10 Article – Health – General

11 Section 13–5501 and 13–5502 to be under the new subtitle “Subtitle 55.  
12 Buprenorphine Training Grant Program”

13 Annotated Code of Maryland

14 (2023 Replacement Volume and 2024 Supplement)

15 BY repealing and reenacting, without amendments,

16 Article – State Finance and Procurement

17 Section 7–331(a) through (e)

18 Annotated Code of Maryland

19 (2021 Replacement Volume and 2024 Supplement)

20 BY repealing and reenacting, with amendments,

21 Article – State Finance and Procurement

22 Section 7–331(f)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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



1 Annotated Code of Maryland  
2 (2021 Replacement Volume and 2024 Supplement)

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

5 **Article – Health – General**

6 **SUBTITLE 55. BUPRENORPHINE TRAINING GRANT PROGRAM.**

7 **13–5501.**

8 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
9 INDICATED.

10 (B) “PARAMEDIC” HAS THE MEANING STATED IN § 13–516 OF THE  
11 EDUCATION ARTICLE.

12 (C) “PROGRAM” MEANS THE BUPRENORPHINE TRAINING GRANT  
13 PROGRAM.

14 **13–5502.**

15 (A) (1) THERE IS A BUPRENORPHINE TRAINING GRANT PROGRAM IN  
16 THE DEPARTMENT.

17 (2) THE PURPOSE OF THE PROGRAM IS TO ASSIST A COUNTY WITH  
18 OFFSETTING THE COST OF TRAINING PARAMEDICS TO ADMINISTER  
19 BUPRENORPHINE.

20 (B) A COUNTY MAY APPLY TO THE DEPARTMENT FOR A GRANT FROM THE  
21 PROGRAM.

22 (C) A COUNTY MAY USE A GRANT AWARDED UNDER THE PROGRAM ONLY  
23 FOR TRAINING PARAMEDICS TO ADMINISTER BUPRENORPHINE.

24 (D) THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AN  
25 APPROPRIATION OF AT LEAST \$50,000 FROM THE OPIOID RESTITUTION FUND FOR  
26 THE PROGRAM.

27 **Article – State Finance and Procurement**

28 **7–331.**

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

1 (b) There is an Opioid Restitution Fund.

2 (c) The purpose of the Fund is to retain the amount of settlement revenues  
3 deposited to the Fund in accordance with subsection (e)(1) of this section.

4 (d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7–302 of  
5 this subtitle.

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

8 (e) The Fund consists of:

9 (1) all revenues received by the State from any source resulting, directly or  
10 indirectly, from any judgment against, or settlement with, opioid manufacturers, opioid  
11 research associations, or any other person in the opioid industry relating to any claims  
12 made or prosecuted by the State to recover damages for violations of State law; and

13 (2) the interest earnings of the Fund.

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

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

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

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

24 (iii) increasing access to medications that support recovery from  
25 substance use disorders;

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

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

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

- 1 (vii) supporting the behavioral health crisis hotline;
- 2 (viii) organizing primary and secondary school education campaigns  
3 to prevent opioid use, including for administrative expenses;
- 4 (ix) enforcing the laws regarding opioid prescriptions and sales,  
5 including for administrative expenses;
- 6 (x) research regarding and training for substance use treatment and  
7 overdose prevention, including for administrative expenses; and
- 8 (xi) supporting and expanding other evidence-based interventions  
9 for overdose prevention and substance use treatment;
- 10 (2) supporting community-based nonprofit recovery organizations that  
11 provide nonclinical substance use recovery support services in the State;
- 12 (3) evidence-informed substance use disorder prevention, treatment  
13 recovery, or harm reduction pilot programs or demonstration studies that are not  
14 evidence-based if the Opioid Restitution Fund Advisory Council, established under §  
15 7.5-902 of the Health – General Article:
- 16 (i) determines that emerging evidence supports the distribution of  
17 money for the pilot program or that there is a reasonable basis for funding the  
18 demonstration study with the expectation of creating an evidence-based program; and
- 19 (ii) approves the use of money for the pilot program or demonstration  
20 study; [and]
- 21 (4) evaluations of the effectiveness and outcomes reporting for substance  
22 use disorder abatement infrastructure, programs, services, supports, and resources for  
23 which money from the Fund was used, including evaluations of the impact on access to  
24 harm reduction services or treatment for substance use disorders and the reduction in  
25 drug-related mortality; AND

26 **(5) THE BUPRENORPHINE TRAINING GRANT PROGRAM**  
27 **ESTABLISHED UNDER § 13-5502 OF THE HEALTH – GENERAL ARTICLE.**

28 **SECTION 2. AND BE IT FURTHER ENACTED, That:**

- 29 (a) The Maryland Office of Overdose Response shall convene a workgroup to  
30 study access to buprenorphine in the State.
- 31 (b) The workgroup shall include:
- 32 (1) one member of the Senate of Maryland, appointed by the President of  
33 the Senate;

1                   (2)    one member of the House of Delegates, appointed by the Speaker of the  
2 House; and

3                   (3)    representatives of:

4                   (i)     the Maryland Institute of Emergency Medical Services Systems;

5                   (ii)    the Behavioral Health Administration;

6                   (iii)  hospitals;

7                   (iv)   local behavioral health agencies; and

8                   (v)     the Maryland Association of Counties.

9           (c)    The workgroup shall examine:

10                   (1)    how buprenorphine services are offered in the State;

11                   (2)    the capacity of providers to provide buprenorphine;

12                   (3)    any geographic areas where significant gaps in buprenorphine services  
13 may exist;

14                   (4)    the feasibility of financial support for a long-term expansion of  
15 buprenorphine services;

16                   (5)    a plan for ongoing data collection for the purpose of the monitoring and  
17 improvement of buprenorphine services;

18                   (6)    how to effectively grow a hub-and-spoke model to ensure access to  
19 buprenorphine in the State; and

20                   (7)    any other strategies that would improve buprenorphine services in the  
21 State.

22           (d)    On or before December 31, 2025, the Maryland Office of Overdose Response  
23 shall submit a report on the findings and recommendations of the workgroup, including the  
24 need for any statutory changes, to the Governor and, in accordance with § 2–1257 of the  
25 State Government Article, the Senate Finance Committee and the House Health and  
26 Government Operations Committee.

27           SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take  
28 effect October 1, 2025. Section 1 of this Act shall remain in effect for a period of 5 years and,  
29 at the end of September 30, 2030, Section 1 of this Act, with no further action required by  
30 the General Assembly, shall be abrogated and of no further force and effect.

1           SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section  
2 3 of this Act, this Act shall take effect July 1, 2025. Section 2 of this Act shall remain  
3 effective for a period of 1 year and, at the end of June 30, 2026, Section 2 of this Act, with  
4 no further action required by the General Assembly, shall be abrogated and of no further  
5 force and effect.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.