

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Third Reader

Senate Bill 224

(Chair, Finance Committee)(By Request - Departmental -
Health)

Finance

Health and Government Operations

**Opioid-Associated Disease Prevention and Outreach Programs - Appeals and
Membership of Standing Advisory Committee**

This departmental bill alters the membership of the Standing Advisory Committee on Opioid-Associated Disease Prevention and Outreach Programs, replacing the Deputy Secretary for Public Health Services with the Secretary of Health (or the Secretary's designee). Accordingly, the bill shifts responsibility for chairing the advisory committee and handling appeals of an adverse decision to operate an opioid-associated disease prevention and outreach program from that deputy secretary to the Secretary (or the Secretary's designee). **The bill takes effect July 1, 2025.**

Fiscal Summary

State Effect: None. The bill is technical in nature and does not directly affect governmental finances.

Local Effect: None.

Small Business Effect: The Maryland Department of Health (MDH) has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services concurs with this assessment.

Analysis

Current Law: The December 2015 final report of the Heroin and Opioid Emergency Task Force included a recommendation for legislation authorizing any county in Maryland to

establish an opioid-associated disease prevention and outreach program. Chapter 348 of 2016 implemented that recommendation and established the advisory committee.

The advisory committee consists of at least 11 members, including its chair. Other members include specified individuals from academia, law enforcement, public health, and substance-related disorder treatment, as well as participants and family members. MDH may recommend additional members.

The advisory committee must provide technical assistance to each program on the development of its operating procedures, community outreach and education plan, and substance-related disorder treatment linkage protocols and make recommendations to a program on procedures or operations.

An opioid-associated disease prevention and outreach program must:

- secure program locations and equipment;
- allow participants to obtain and return hypodermic needles and syringes at any program location, if more than one location is available;
- have appropriate staff expertise in working with individuals who inject drugs;
- include adequate staff training;
- disseminate other means for curtailing the spread of HIV and viral hepatitis;
- link individuals to additional services, including substance-related disorder counseling, treatment, and recovery services; testing for specified diseases; reproductive health education and services; wound care; and overdose response program services;
- educate participants on the dangers of contracting HIV and viral hepatitis;
- provide overdose prevention education and access to naloxone or a referral to obtain naloxone;
- establish procedures for identifying program participants in accordance with specified confidentiality provisions;
- establish methods for identifying and authorizing staff members and volunteers who have access to hypodermic needles, syringes, and program records;
- develop a plan for data collection and program evaluation; and
- collect and report specified information to MDH at least annually.

MDH and a local health officer must jointly approve or deny an application for authorization to operate an opioid-associated disease prevention and outreach program. A local health department or community-based organization may appeal an adverse decision by MDH and a local health officer. MDH must grant or deny an appeal and provide a written explanation of the decision to the applicant within 60 days.

Background: In March 2024, MDH transferred the Center for Harm Reduction Services from the Prevention and Health Promotion Administration (PHPA), which is overseen by the Deputy Secretary for Public Health Services, to the Behavioral Health Administration (BHA), which is overseen by the Deputy Secretary for Behavioral Health. The transfer moved oversight of opioid-associated disease prevention and outreach programs from PHPA to BHA. MDH advises that the bill's transfer of responsibilities from the Deputy Secretary for Public Health Services to the Secretary (or the Secretary's designee) reflects this transfer and provides the Secretary with greater flexibility in assigning responsibilities.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 94 (Chair, Health and Government Operations Committee)(By Request - Departmental - Health) - Health and Government Operations.

Information Source(s): Maryland Association of County Health Officers; Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - January 17, 2025
rh/jc Third Reader - January 31, 2025

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ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES

BILL TITLE: Opioid-Associated Disease Prevention and Outreach Programs - Appeals and Membership of Standing Advisory Committee

BILL NUMBER: SB 224

PREPARED BY: Maryland Department of Health, Behavioral Health Administration

PART A. ECONOMIC IMPACT RATING

This agency estimates that the proposed bill:

X WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND
SMALL BUSINESS

OR

WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND
SMALL BUSINESSES

PART B. ECONOMIC IMPACT ANALYSIS

The change proposed in this bill is a technical change to the makeup of the Standing Advisory Committee on Opioid-Associated Disease Prevention and Outreach Programs. This change will have no economic impact.