HOUSE BILL 1155

J1, J3 CF SB 1071

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

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1 AN ACT concerning

2 Hospitals – Opioid Overdose - Medication-Assisted Treatment and 3 <u>Opioid-Related Emergency Medical Conditions – Treatment</u>

4 FOR the purpose of requiring hospitals to establish and maintain certain protocols and 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 12 13 Restitution Fund for hospitals to provide training and resources to implement the 14 requirements of this Act; and generally relating to hospitals and treatment for opioid 15 use 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.



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	2 HOUSE BILL 1199
1	BY repealing and reenacting, with amendments,
2	Article - State Finance and Procurement
3	Section 7-331
4	Annotated Code of Maryland
5	(2021 Replacement Volume and 2023 Supplement)
6	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
7	That the Laws of Maryland read as follows:
8	Article – Health – General
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9	19–308.10.
1.0	(1) (1) Try myrra anamyory myra nory ovymya vyodna yrany myra yrany
10	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
11	INDICATED.
12	(2) "Medication" means. "Medication for opioid use
13	(2) "MEDICATION" MEANS, "MEDICATION FOR OPIOID USE DISORDER":
19	DISORDER:
14	(1) MEANS A DRUG APPROVED BY THE U.S. FOOD AND DRUG
14 15	ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER; AND
10	ADMINISTRATION FOR THE TREATMENT OF OTTOID USE DISORDER, AND
16	(2) Does not include a drug administered to mitigate
17	OPIOID-RELATED OVERDOSE SYMPTOMS.
1.	OTTOID REMITED OVERLOODE STAIT TONIS.
18	(3) "Medication-assisted treatment" means the use of
19	MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH
$\frac{1}{20}$	THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE
21	DISORDER.
22	(4) "Opioid use disorder" means a medically diagnosed
23	PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES A SIGNIFICANT IMPAIRMENT
24	OR 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
28	APPROPRIATE, EVIDENCE-BASED INTERVENTIONS THAT REDUCE THE RISK OF
29	SUBSEQUENT HARM AND FATALITY FOLLOWING AN OPIOID-RELATED OVERDOSE OR
30	A VISIT FOR AN OPIOID-RELATED EMERGENCY MEDICAL CONDITION;
31	(2) Possess , dispense, administer, and prescribe
32	MEDICATION ASSISTED TREATMENT. INCLUDING AT LEAST ONE FORMULATION OF

EACH U.S. FOOD AND DRUG ADMINISTRATION-APPROVED FULL OPIOID AGONIST,

- 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 OR
- 5 OPIOID-RELATED EMERGENCY MEDICAL CONDITION WITH A MEDICATION FOR
- 6 OPIOID USE DISORDER IF THE TREATMENT:
- 7 (I) OCCURS AS RECOMMENDED BY THE TREATING HEALTH
- 8 CARE PRACTITIONER; AND
- 9 (II) IS VOLUNTARILY AGREED TO BY THE PATIENT.
- 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;
- 16 (2) Uniform practices for screening and diagnosing
- 17 INDIVIDUALS WHO PRESENT WITH AN OPIOID-RELATED OVERDOSE OR
- 18 OPIOID-RELATED EMERGENCY MEDICAL CONDITION FOR AN OPIOID USE DISORDER
- 19 BASED ON THE CRITERIA IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND
- 20 STATISTICAL MANUAL OF MENTAL DISORDERS:
- 21 (3) UNIFORM PRACTICES FOR OFFERING AND ADMINISTERING
- 22 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.
- 29 (D) BEFORE DISCHARGING A PATIENT WHO IS DIAGNOSED WITH AN OPIOID
- 30 USE DISORDER OR ADMINISTERED OR PRESCRIBED MEDICATION-ASSISTED
- 31 TREATMENT MEDICATION FOR OPIOID USE DISORDER, A HOSPITAL SHALL CONNECT

1 2	THE PATIENT WITH AN APPROPRIATE PROVIDER OR FACILITY TO VOLUNTARILY CONTINUE TREATMENT:
3 4	(1) Make a referral of the patient to an appropriate provider or facility for a timely appointment, when possible, to
5	VOLUNTARILY CONTINUE TREATMENT IN THE COMMUNITY; AND
6	(2) WORK WITH PEER SUPPORT PROFESSIONALS, AS AVAILABLE, OR
7	OTHER RESOURCES TO ASSIST THE PATIENT IN ACCESSING THE IDENTIFIED
8	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.
13	(c) The purpose of the Fund is to retain the amount of settlement revenues
14	deposited to the Fund in accordance with subsection (e)(1) of this section.
15	(d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7-302 of
16	this subtitle.
17	(2) The State Treasurer shall hold the Fund separately, and the
18	Comptroller shall account for the Fund.
19	(e) The Fund consists of:
20	(1) all revenues received by the State from any source resulting, directly or
21	indirectly, from any judgment against, or settlement with, opioid manufacturers, opioid
22	research associations, or any other person in the opioid industry relating to any claims
23	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	(1) programs, services, supports, and resources for evidence-based
27	substance use disorder prevention, treatment, recovery, or harm reduction that have the
28	purpose of:
29	(i) improving access to medications proven to prevent or reverse an
30	overdose;

1	(ii) supporting peer support specialists and screening, brief
2	intervention, and referral to treatment services for hospitals, correctional facilities, and
3	other high-risk populations;
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4	(iii) increasing access to medications that support recovery from
5	substance use disorders;
6	(iv) expanding the Heroin Coordinator Program, including for
7	administrative expenses;
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8	(v) expanding access to crisis beds and residential treatment
9	services for adults and minors;
0	(vi) expanding and establishing safe stations, mobile crisis response
1	systems, and crisis stabilization centers;
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12	(vii) supporting the behavioral health crisis hotline;
13	(viii) organizing primary and secondary school education campaigns
4	to prevent opioid use, including for administrative expenses;
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15	(ix) enforcing the laws regarding opioid prescriptions and sales
16	including for administrative expenses;
. 7	(v) research regarding and training for substance use treatment and
	(x) research regarding and training for substance use treatment and
18	overdose prevention, including for administrative expenses; and
9	(xi) supporting and expanding other evidence-based interventions
20	for overdose prevention and substance use treatment;
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21	(2) evidence-informed substance use disorder prevention, treatment
22	recovery, or harm reduction pilot programs or demonstration studies that are no
23	evidence-based if the 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	money for the pilot program or that there is a reasonable basis for funding the
27	demonstration study with the expectation of creating an evidence-based program; and
- •	domonostadion solid, while one one poolution of troubing and tribunite state of program, and
28	(ii) approves the use of money for the pilot program or demonstration
29	study; and
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30	(3) evaluations of the effectiveness and outcomes reporting for substance
31	use disorder abatement infrastructure, programs, services, supports, and resources for
32	which money from the 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
34	drug-related mortality.
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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 5	(h) (1) Expenditures from the Fund may be made only in accordance with the 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	(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 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
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:
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.

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

_		Governor.
I	Approved:	
	<u>Section 3 of this Act,</u> this Act shall take effect O	ctober 1, 2024.
	SECTION 2- 4. AND BE IT FURTHER	

President of the Senate.