

Department of Legislative Services  
Maryland General Assembly  
2018 Session

FISCAL AND POLICY NOTE  
First Reader

Senate Bill 309  
Finance

(The President)(By Request - Administration)

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Health - Reporting of Overdose Information

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This Administration bill authorizes an emergency medical services (EMS) provider or law enforcement officer who treats and releases, or transports to a medical facility, an individual experiencing a suspected or actual overdose to report the incident using an appropriate information technology platform, including the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) overdose detection mapping application program (ODMAP). **The bill takes effect July 1, 2018.**

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Fiscal Summary

**State Effect:** The bill's requirements can likely be absorbed within existing budgeted resources, as discussed below. Revenues are not affected.

**Local Effect:** The bill's requirements can likely be absorbed within existing budgeted resources, as discussed below. Revenues are not affected.

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

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Analysis

**Bill Summary:** An overdose incident report from an EMS provider or law enforcement officer must include the following information: (1) the date and time of the overdose; (2) the approximate address where the victim was found or where the overdose occurred; (3) whether an opioid overdose reversal drug was administered; and (4) whether the overdose was fatal or nonfatal.

If an EMS provider or law enforcement officer reports an overdose, the provider or officer must make best efforts to submit the report within 24 hours after responding to the incident.

Upon receipt of a patient care report that indicates an overdose, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) must report specified information to an appropriate information technology platform, including ODMAP.

Overdose incidents reported by an EMS provider or by MIEMSS may not be used for criminal investigations or prosecutions. Further, an EMS provider or law enforcement officer who in good faith submits an overdose incident report is immune from civil or criminal liability for making the report.

**Current Law/Background:** In January 2018, Governor Lawrence J. Hogan announced a package of proposed legislation targeting the State’s growing opioid crisis. This bill is part of that package. The Administration advises that the bill is intended to enable first responders to track overdose information and allocate resources, including naloxone administrations, in near real time so as to respond to particularly potent opioids in specific areas. According to the Administration, 26 other states and nearly 300 agencies already use the technology specified in the bill to track overdose deaths.

The Washington/Baltimore HIDTA developed ODMAP in 2016. ODMAP links first responders to a mapping tool that tracks overdoses, alerts public safety and health officials to potential spikes in overdoses, and allows analysis of overdose patterns across jurisdictions. ODMAP is a mobile tool that can be used on any mobile device or data terminal connected to an agency system. Since its launch, first responders have reported almost 800 overdose incidents, which resulted in 12 “spike” alerts. Additionally, 42 agreements for participation have been reached with federal, state, and local public safety, health, and policy groups, including the federal Substance Abuse and Mental Health Services Administration and the U.S. Centers for Disease Control and Prevention. More information on ODMAP can be found on its [website](#).

MIEMSS advises that it currently works with the Maryland Department of Health and the Governor’s Opioid Operational Command Center to produce weekly reports on naloxone administrations by EMS providers. The reports include such information as (1) the date of the incident; (2) the geographic region in which it occurred; (3) the EMS provider’s primary and secondary impression of the patient’s clinical issue; and (4) the patient’s response to the administration of naloxone. Reports also include information as to the number of patients who refused EMS provider transport following naloxone administration.

According to MIEMSS, between July 25, 2017, and January 22, 2018, a total of 6,565 patients were administered naloxone by EMS providers; of these, 1,652 refused

subsequent transportation by ambulance to a hospital. During this period, the average weekly refusal rate for hospital transportation following administration of naloxone was 25%.

For more information on the State's opioid crisis, please refer to the **Appendix – Opioid Crisis**.

**State Expenditures:** The bill authorizes, but does not require, EMS providers and law enforcement officers to report specified information relating to overdose incidents. Some State agencies already report the bill's specified information. For example, the Department of Public Safety and Correctional Services advises that it already tracks overdose information and reports this information to HIDTA. The Maryland Department of Transportation similarly advises that Maryland Transportation Authority (MDTA) police also report some of this information (in fiscal 2017, MDTA received 108 calls related to overdose incidents). To the extent other State agencies do not already report such information and choose to do so under the bill, general fund expenditures may increase minimally.

The bill *requires* MIEMSS to report specified information upon receipt of a patient care report that indicates an overdose. MIEMSS advises that, as it already tracks specified information relating to the administration of naloxone, the bill's requirements result in minimal additional staff time. Thus, DLS advises that any additional costs for MIEMSS to comply with the bill can likely be absorbed within existing budgeted resources.

**Local Expenditures:** As noted above, the bill authorizes, but does not require, EMS providers and law enforcement officers to report specified information relating to overdose incidents. Some local law enforcement and EMS providers advise that they already track and report the bill's specified information. For example, the St. Mary's County Sheriff's Office, the City of Salisbury Police Department, and Queen Anne's County Emergency Services all advise that they report overdose incident information to HIDTA. To the extent other local agencies do not already report such information and choose to do so under the bill, expenditures may increase minimally.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** HB 359 (The Speaker)(By Request - Administration) - Health and Government Operations.

**Information Source(s):** *2016 Annual Report for the Washington/Baltimore High Intensity Drug Trafficking Area*; Maryland Institute for Emergency Medical Services Systems; Baltimore, Carroll, Montgomery, Queen Anne's, and St. Mary's counties; cities of Salisbury and Westminster; towns of Bel Air and Leonardtown; Judiciary (Administrative Office of the Courts); University System of Maryland; Department of General Services; Maryland Department of Health; Department of Natural Resources; Department of Public Safety and Correctional Services; Department of State Police; Maryland Department of Transportation; Department of Legislative Services

**Fiscal Note History:** First Reader - February 6, 2018

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## Appendix – Opioid Crisis

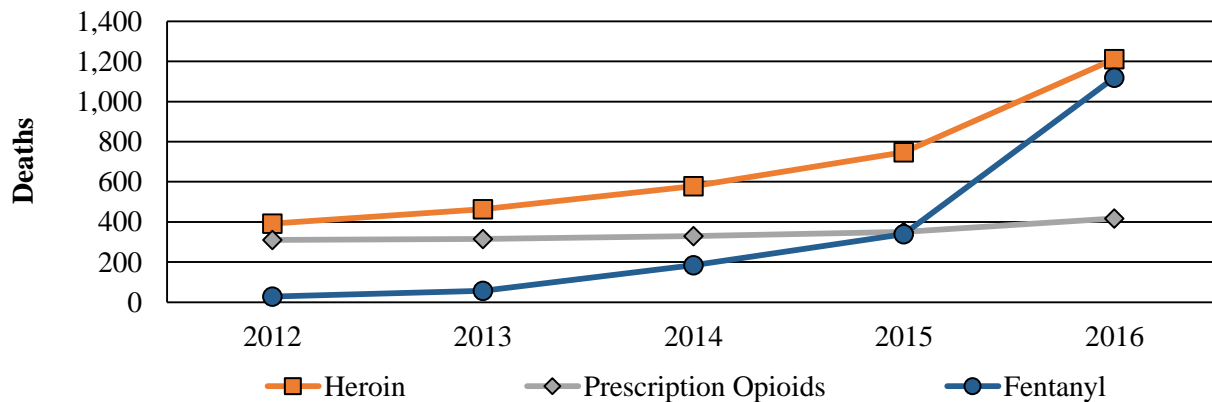
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### *Opioid Overdose Deaths*

The rate of opioid-related deaths continues to rise at an alarming rate. As seen in **Exhibit 1**, between 2015 and 2016, prescription opioid-related deaths in Maryland increased by 19% (from 351 to 418), heroin-related deaths increased by 62% (from 748 to 1,212), and fentanyl-related deaths increased by 229% (from 340 to 1,119). Between January and June 2017, there were 799 deaths related to fentanyl, a 70% increase over the same time period for 2016, and 46 deaths related to carfentanil, a drug used as an elephant tranquilizer, a substance which first appeared as a cause of death in April 2017.

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**Exhibit 1**  
**Total Number of Drug-related Intoxication Deaths**  
**By Selected Substances in Maryland**  
**2012-2016**



Source: Maryland Department of Health

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### *Federal Actions to Address the Opioid Crisis*

In 2016, the Comprehensive Addiction and Recovery Act authorized over \$181 million annually, and the 21st Century Cures Act (CURES Act) authorized up to \$970 million to be distributed through the State Targeted Response to the Opioid Crisis Grants. The grants are to be used by states to increase access to treatment and reduce unmet treatment needs and opioid-related overdose deaths. In 2017, Maryland received a two-year, \$20 million grant for the prevention and treatment of opioid abuse. In March 2017, President Donald J. Trump signed an executive order establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis. The commission issued

a final report in November 2017, with 56 recommendations, including a recommendation for federal block grant funding for state activities relating to opioids and substance use disorders. The full report can be found here: <https://www.whitehouse.gov/ondcp/presidents-commission>

### *Maryland Actions to Address the Opioid Crisis*

The General Assembly passed several comprehensive acts during the 2017 session to address the State's opioid crisis, which addressed prevention, treatment, overdose response, and prescribing guidelines.

Chapters 571 and 572 of 2017, the Heroin and Opioid Prevention Effort and Treatment Act, among other things, require (1) the Behavioral Health Administration to establish crisis treatment centers that provide individuals in a substance use disorder crisis with access to clinical staff, requiring at least one center be established by June 1, 2018; (2) the Maryland Department of Health (MDH) to establish and operate a toll-free health crisis hotline; (3) certain health care facilities and systems to make available to patients the services of health care providers who are trained and authorized under federal law to prescribe opioid addiction treatment medications, including buprenorphine; (4) each hospital, by January 1, 2018, to have a protocol for discharging a patient who was treated for a drug overdose or identified as having a substance use disorder; (5) the Governor's proposed budget for fiscal 2019 through 2021 to include specified rate adjustments for community behavioral health providers; (6) the Department of Public Safety and Correctional Services and MDH to develop a plan to increase the provision of substance use disorder treatment, including medication assisted treatment, in prisons and jails; (7) the authorization of the provision of naloxone through a standing order and that MDH establish guidelines to co-prescribe naloxone to high-risk individuals; and (8) the expansion of private insurance coverage for opioid use disorders by prohibiting certain carriers from applying a pre-authorization requirement for a prescription drug when used for treatment of an opioid use disorder and that contains methadone, buprenorphine, or naltrexone.

Chapters 573 and 574 of 2017, the Heroin and Opioid Education and Community Action Act (Start Talking Maryland Act), require (1) the State Board of Education to expand an existing program in public schools to encompass drug addiction and prevention education that specifically includes instruction related to heroin and opioid addiction and prevention and information relating to the lethal effect of fentanyl; (2) each local board of education to establish a policy requiring each public school to obtain and store naloxone and other overdose-reversing medication to be used in an emergency situation; (3) each local board of education or local health department to hire a sufficient number of community action officials or develop and implement a program that provides community relations and education functions that coordinate forums and conduct public relations efforts; and (4) specified institutions of higher education in Maryland to establish a policy that

addresses heroin and opioid addiction and prevention, including awareness training for incoming students, obtaining and storing naloxone, and campus police training.

Chapter 570 of 2017 requires a health care provider, on treatment for pain and based on the provider's clinical judgment, to prescribe the lowest effective dose of an opioid and a quantity that is no greater than that needed for the expected duration of pain severe enough to require an opioid that is a controlled dangerous substance (CDS). The Act establishes that the quantity limitations do not apply to opioids prescribed to treat a substance-related disorder; pain associated with a cancer diagnosis; pain experienced while the patient is receiving end-of-life, hospice, or palliative care services; or chronic pain. A violation of the Act is grounds for disciplinary action by the appropriate health occupations board.

In January 2017, Governor Lawrence J. Hogan issued an executive order establishing an Opioid Operational Command Center (OCC) to facilitate collaboration between State and local public health, human services, education, and public safety entities to combat the heroin and opioid crisis. OCC will (1) develop operational strategies to continue implementing the recommendations of the Governor's Heroin and Opioid Emergency Task Force; (2) collect, analyze, and facilitate the sharing of data relevant to the epidemic from State and local sources; (3) develop a memorandum of understanding among State and local agencies that provides for the sharing and collection of health and public safety information and data relating to the heroin and opioid epidemic; (4) assist and support local agencies in the creation of opioid intervention teams; and (5) coordinate the training of and provide resources for State and local agencies addressing the threat to the public health, security, and economic well-being of the State.

In March 2017, Maryland became the first state to declare a state of emergency for the opioid crisis, activating the Governor's emergency management authority and enabling increased and more rapid coordination between the State and local jurisdictions. In conjunction with the declaration, Governor Hogan included a supplemental budget appropriation of \$10 million, part of a \$50 million, five-year commitment to address the State's heroin and opioid epidemic.

In July 2017, \$22 million was appropriated for fiscal 2018, including \$10 million in CURES Act funding, to be used for prevention, treatment, and enforcement activities. Prevention efforts include distribution of opioid intervention teams for each jurisdiction, a public awareness campaign, funding to train community teams on overdose response and linking to treatment, a pilot program to create school-based teams for early identification of the problems related to substance use disorders, and distribution of opioid information to health care facilities and providers that offer treatment. Enforcement initiatives include funding to disrupt drug trafficking organizations for the heroin coordinator program and to increase MDH's regulatory oversight of CDS. Treatment funding will be used to expand treatment beds and implement a tracking system to identify available beds; improve access to naloxone; establish a 24-hour crisis center in Baltimore City; expand use of peer

recovery support specialists; expand Screening, Brief Intervention, and Referral to Treatment to hospitals and parole, probation, and correctional facilities; increase access to medication-assisted treatment; expand law enforcement diversion programs; and improve the State's crisis hotline.



**ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES**

**TITLE OF BILL: Health General - Overdose Data Reporting**

**BILL NUMBER: SB0309/HB0359**

**PREPARED BY: Melissa Ross**

**PART A. ECONOMIC IMPACT RATING**

This agency estimates that the proposed bill:

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**