

HOUSE BILL 1155

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4lr1499
CF SB 1071

By: **Delegates Stewart and Buckel**

Introduced and read first time: February 7, 2024

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Hospitals – Opioid Overdose – Medication–Assisted Treatment**

3 FOR the purpose of requiring hospitals to establish and maintain certain protocols and
4 capacity related to the treatment of patients who are being treated for an
5 opioid–related overdose; requiring hospitals to connect patients who are
6 administered or prescribed medication–assisted treatment to an appropriate
7 provider to voluntarily continue treatment under certain circumstances; requiring
8 the Governor to include in the annual budget bill for a certain fiscal year a certain
9 appropriation from the Opioid Restitution Fund for hospitals to provide training and
10 resources to implement the requirements of this Act; and generally relating to
11 hospitals and treatment for opioid use disorder.

12 BY adding to

13 Article – Health – General
14 Section 19–308.10
15 Annotated Code of Maryland
16 (2023 Replacement Volume)

17 BY repealing and reenacting, with amendments,

18 Article – State Finance and Procurement
19 Section 7–331
20 Annotated Code of Maryland
21 (2021 Replacement Volume and 2023 Supplement)

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

24 **Article – Health – General**

25 **19–308.10.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
2 INDICATED.

3 (2) "MEDICATION" MEANS A DRUG APPROVED BY THE U.S. FOOD AND
4 DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER.

5 (3) "MEDICATION-ASSISTED TREATMENT" MEANS THE USE OF
6 MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH
7 THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE
8 DISORDER.

9 (4) "OPIOID USE DISORDER" MEANS A MEDICALLY DIAGNOSED
10 PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES A SIGNIFICANT IMPAIRMENT
11 OR DISTRESS.

12 (B) EACH HOSPITAL SHALL ESTABLISH AND MAINTAIN, AS PART OF ITS
13 EMERGENCY SERVICES, PROTOCOLS AND CAPACITY TO:

14 (1) PROVIDE TO A PATIENT BEFORE DISCHARGING THE PATIENT
15 APPROPRIATE, EVIDENCE-BASED INTERVENTIONS THAT REDUCE THE RISK OF
16 SUBSEQUENT HARM AND FATALITY FOLLOWING AN OPIOID-RELATED OVERDOSE;

17 (2) POSSESS, DISPENSE, ADMINISTER, AND PRESCRIBE
18 MEDICATION-ASSISTED TREATMENT, INCLUDING AT LEAST ONE FORMULATION OF
19 EACH U.S. FOOD AND DRUG ADMINISTRATION-APPROVED FULL OPIOID AGONIST,
20 PARTIAL OPIOID AGONIST, AND LONG-ACTING OPIOID ANTAGONIST USED FOR THE
21 TREATMENT OF OPIOID USE DISORDER; AND

22 (3) TREAT A PATIENT WHO PRESENTS IN A HOSPITAL EMERGENCY
23 DEPARTMENT FOR CARE AND TREATMENT OF AN OPIOID-RELATED OVERDOSE IF
24 THE TREATMENT:

25 (I) OCCURS AS RECOMMENDED BY THE TREATING HEALTH
26 CARE PRACTITIONER; AND

27 (II) IS VOLUNTARILY AGREED TO BY THE PATIENT.

28 (C) A PROTOCOL ESTABLISHED BY A HOSPITAL UNDER THIS SECTION SHALL
29 COMPLY WITH:

30 (1) APPLICABLE TRAINING AND WAIVER REQUIREMENTS
31 ESTABLISHED BY THE FEDERAL DRUG ENFORCEMENT AGENCY; AND

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;

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;

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

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

12 (vii) supporting the behavioral health crisis hotline;

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

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

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

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

21 (2) evidence-informed substance use disorder prevention, treatment
22 recovery, or harm reduction pilot programs or demonstration studies that are not
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

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

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.

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 (h) (1) Expenditures from the Fund may be made only in accordance with the
5 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.

1 ~~[(3)]~~ (4) The Attorney General shall identify and designate the
2 controlling version of any agreement or amendment described under paragraph ~~[(2)]~~ (3) of
3 this subsection.

4 (i) (1) Money expended from the Fund for the programs and services described
5 under subsection (f) of this section is supplemental to and is not intended to take the place
6 of funding that otherwise would be appropriated for the programs and services.

7 (2) Except as specified in subsection (f) of this section, money expended
8 from the Fund may not be used for administrative expenses.

9 (j) The Governor shall:

10 (1) develop key goals, key objectives, and key performance indicators
11 relating to substance use treatment and prevention efforts;

12 (2) subject to subsection ~~[(h)(2)]~~ (H)(3) of this section, at least twice
13 annually, consult with the Opioid Restitution Fund Advisory Council to identify
14 recommended appropriations from the Fund; and

15 (3) report on or before November 1 each year, in accordance with § 2-1257
16 of the State Government Article, to the General Assembly on:

17 (i) an accounting of total funds expended from the Fund in the
18 immediately preceding fiscal year, by:

- 19 1. use;
- 20 2. if applicable, jurisdiction; and
- 21 3. budget program and subdivision;

22 (ii) the performance indicators and progress toward achieving the
23 goals and objectives developed under item (1) of this subsection; and

24 (iii) the recommended appropriations from the Fund identified in
25 accordance with item (2) of this subsection.

26 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
27 October 1, 2024.