

Chapter 886

(Senate Bill 1071)

AN ACT concerning

**Hospitals – Opioid Overdose – ~~Medication-Assisted Treatment~~ and
Opioid-Related Emergency Medical Conditions – Treatment**

FOR the purpose of requiring hospitals to establish and maintain certain protocols and capacity related to the treatment of patients who are being treated for an opioid-related overdose or opioid-related emergency medical condition; requiring hospitals to ~~connect~~ make a referral for patients who are diagnosed with opioid use disorder or administered or prescribed ~~medication-assisted treatment~~ medication for opioid use disorder to an appropriate provider to voluntarily continue treatment in the community under certain circumstances and work with peer support professionals for a certain purpose; ~~requiring the Governor to include in the annual budget bill for a certain fiscal year a certain appropriation from the Opioid Restitution Fund for hospitals to provide training and resources to implement the requirements of this Act~~; and generally relating to hospitals and treatment for opioid use disorder and opioid-related emergency medical conditions.

BY adding to
Article – Health – General
Section 19-308.10
Annotated Code of Maryland
(2023 Replacement Volume)

~~BY repealing and reenacting, with amendments,
Article – State Finance and Procurement
Section 7-331
Annotated Code of Maryland
(2021 Replacement Volume and 2023 Supplement)~~

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

Article – Health – General

19-308.10.

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

~~(2)~~ **“MEDICATION” MEANS, “MEDICATION FOR OPIOID USE DISORDER”:**

(1) MEANS A DRUG APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER; AND

(2) DOES NOT INCLUDE A DRUG ADMINISTERED TO MITIGATE OPIOID-RELATED OVERDOSE SYMPTOMS.

~~**(3) “MEDICATION ASSISTED TREATMENT” MEANS THE USE OF MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE DISORDER.**~~

~~**(4) “OPIOID USE DISORDER” MEANS A MEDICALLY DIAGNOSED PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES A SIGNIFICANT IMPAIRMENT OR DISTRESS.**~~

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

(1) PROVIDE TO A PATIENT BEFORE DISCHARGING THE PATIENT APPROPRIATE, EVIDENCE-BASED INTERVENTIONS THAT REDUCE THE RISK OF SUBSEQUENT HARM AND FATALITY FOLLOWING AN OPIOID-RELATED OVERDOSE OR A VISIT FOR AN OPIOID-RELATED EMERGENCY MEDICAL CONDITION;

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

(3) TREAT A PATIENT WHO PRESENTS IN A HOSPITAL EMERGENCY DEPARTMENT FOR CARE AND TREATMENT OF AN OPIOID-RELATED OVERDOSE OR OPIOID-RELATED EMERGENCY MEDICAL CONDITION WITH A MEDICATION FOR OPIOID USE DISORDER IF THE TREATMENT:

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

(II) IS VOLUNTARILY AGREED TO BY THE PATIENT.

(C) A PROTOCOL ESTABLISHED BY A HOSPITAL UNDER THIS SECTION SHALL ~~COMPLY WITH~~ INCLUDE:

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

~~(2) ANY REQUIREMENT BY THE DEPARTMENT REGARDING PRESCRIBING OPIOID AGONIST TREATMENT;~~

(2) UNIFORM PRACTICES FOR SCREENING AND DIAGNOSING INDIVIDUALS WHO PRESENT WITH AN OPIOID-RELATED OVERDOSE OR OPIOID-RELATED EMERGENCY MEDICAL CONDITION FOR AN OPIOID USE DISORDER BASED ON THE CRITERIA IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS;

(3) UNIFORM PRACTICES FOR OFFERING AND ADMINISTERING OPIOID AGONIST MEDICATION TO TREAT AN OPIOID-RELATED OVERDOSE OR OPIOID USE DISORDER; AND

(4) UNIFORM PRACTICES TO IDENTIFY COMMUNITY-BASED TREATMENT SERVICES THAT ARE APPROPRIATE FOR:

(I) TREATING OPIOID USE DISORDERS; AND

(II) ASSISTING PATIENTS TO VOLUNTARILY ACCESS ONGOING COMMUNITY-BASED TREATMENT AT DISCHARGE.

~~(D) BEFORE DISCHARGING A PATIENT WHO IS DIAGNOSED WITH AN OPIOID USE DISORDER OR ADMINISTERED OR PRESCRIBED MEDICATION-ASSISTED TREATMENT MEDICATION FOR OPIOID USE DISORDER, A HOSPITAL SHALL CONNECT THE PATIENT WITH AN APPROPRIATE PROVIDER OR FACILITY TO VOLUNTARILY CONTINUE TREATMENT;~~

(1) MAKE A REFERRAL OF THE PATIENT TO AN APPROPRIATE PROVIDER OR FACILITY FOR A TIMELY APPOINTMENT, WHEN POSSIBLE, TO VOLUNTARILY CONTINUE TREATMENT IN THE COMMUNITY; AND

(2) WORK WITH PEER SUPPORT PROFESSIONALS, AS AVAILABLE, OR OTHER RESOURCES TO ASSIST THE PATIENT IN ACCESSING THE IDENTIFIED TREATMENT SERVICES.

~~Article State Finance and Procurement~~

~~7-331.~~

~~(a) In this section, "Fund" means the Opioid Restitution Fund.~~

~~(b) There is an Opioid Restitution Fund.~~

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

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

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

~~(e) The Fund consists of:~~

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

~~(2) the interest earnings of the Fund.~~

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

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

~~(i) improving access to medications proven to prevent or reverse an overdose;~~

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

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

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

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

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

~~(vii) supporting the behavioral health crisis hotline;~~

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

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

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

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

~~(2) evidence-informed substance use disorder prevention, treatment recovery, or harm reduction pilot programs or demonstration studies that are not evidence-based if the Opioid Restitution Fund Advisory Council, established under § 7.5-902 of the Health General Article:~~

~~(i) determines that emerging evidence supports the distribution of money for the pilot program or that there is a reasonable basis for funding the demonstration study with the expectation of creating an evidence-based program; and~~

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

~~(3) evaluations of the effectiveness and outcomes reporting for substance use disorder abatement infrastructure, programs, services, supports, and resources for which money from the Fund was used, including evaluations of the impact on access to harm reduction services or treatment for substance use disorders and the reduction in drug-related mortality.~~

~~(g) (1) The State Treasurer shall invest the money of the Fund in the same manner as other State money may be invested.~~

~~(2) Any interest earnings of the Fund shall be credited to the Fund.~~

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

~~(2) FOR FISCAL YEAR 2026, THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION OF \$500,000 FROM THE FUND TO PROVIDE TRAINING AND RESOURCES TO HOSPITALS TO IMPLEMENT THE REQUIREMENTS OF § 19-308.10 OF THE HEALTH GENERAL ARTICLE.~~

~~[(2)](3) For settlement funds received in accordance with the final distributor agreement of July 21, 2021, with McKesson Corporation, Amerisource Bergen~~

~~Corporation, and Cardinal Health Incorporated, as amended, the Janssen settlement agreement of July 21, 2021, as amended, or any other opioid related court or administrative judgment or settlement agreement involving the State and one or more of its political subdivisions:~~

~~(i) appropriations from the Fund in the State budget shall be made in accordance with the allocation and distribution of funds to the State and its political subdivisions:~~

~~1. as agreed on in the State subdivision agreement of January 21, 2022, as amended; or~~

~~2. required under any other opioid related court or administrative judgment or settlement agreement, or any similar agreement reached under an opioid related court or administrative judgment or settlement agreement, involving the State and one or more of its political subdivisions; and~~

~~(ii) the Secretary of Health shall establish and administer a grant program for the distribution of funds to political subdivisions of the State in accordance with:~~

~~1. the State subdivision agreement of January 21, 2022, as amended; or~~

~~2. the requirements of any other opioid related court or administrative judgment or settlement agreement, or any similar agreement reached under an opioid related court or administrative judgment or settlement agreement, involving the State and one or more of its political subdivisions.~~

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

~~(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.~~

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

~~(j) The Governor shall:~~

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

~~(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~~

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

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

- ~~1. use;~~
- ~~2. if applicable, jurisdiction; and~~
- ~~3. budget program and subdivision;~~

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

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

~~SECTION 2. AND BE IT FURTHER ENACTED, That:~~

~~(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 this Act, including a recommended funding amount.~~

~~(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.~~

~~SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect January 1, 2025.~~

~~SECTION 2. ~~4.~~ 2. AND BE IT FURTHER ENACTED, That, ~~except as provided in Section 3 of this Act,~~ this Act shall take effect ~~October 1, 2024~~ January 1, 2025.~~

Approved by the Governor, May 16, 2024.