

SENATE BILL 967

J1, C3, F5

EMERGENCY BILL

7lr3112
CF HB 1329

By: ~~Senator Klausmeier~~ Senators Klausmeier, Astle, Benson, Feldman, Hershey, Hough, Jennings, Mathias, Middleton, Miller, Oaks, Reilly, Rosapepe, and Simonaire

Introduced and read first time: February 3, 2017

Assigned to: Finance

Reassigned: Finance and Education, Health, and Environmental Affairs, February 10, 2017

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 23, 2017

CHAPTER _____

1 AN ACT concerning

2 **Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017**

3 FOR the purpose of requiring ~~certain institutions of higher education to offer credits in~~
4 ~~substance use disorders, effective treatment for substance use disorders, and pain~~
5 ~~management~~ the State Court Administrator of the Administrative Office of the
6 Courts to assess certain drug court programs to make certain determinations;
7 declaring a certain intent of the General Assembly relating to certain funding for
8 certain drug court programs; authorizing the Department of Health and Mental
9 Hygiene to deny, suspend, revoke, or refuse to renew a certain registration if a
10 certain applicant or a certain registrant has surrendered a certain federal
11 registration or fails to meet certain requirements to obtain a certain registration;
12 authorizing the Department of Health and Mental Hygiene to limit the scope of a
13 certain initial registration or renewal of a certain registration; requiring a drug
14 overdose fatality review team to review information on nonfatal overdoses at a
15 certain meeting; requiring a certain local drug overdose fatality review team, at the
16 request of the chair of the local team, to be provided access to certain information
17 and records related to an individual whose near fatality is being reviewed by the
18 local team; prohibiting the disclosure of identifying information of or of involvement
19 of an agency with an individual who has experienced an overdose or of certain
20 individuals related to an individual who has experienced an overdose during a public
21 meeting of a certain local team; requiring the Behavioral Health Administration to
22 establish at least a certain number of crisis treatment centers that provide

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 individuals who are in a mental health or substance use disorder crisis with access
2 to certain clinical staff; requiring that at least one crisis treatment center be located
3 in each geographical region of the State; requiring that at least one crisis treatment
4 center be established on or before a certain date; requiring the Administration to
5 establish the crisis treatment centers in a manner that is consistent with a certain
6 plan; requiring the Administration to submit a certain report to a certain committee
7 beginning on or before a certain date, and on or before a certain date each year
8 thereafter, until the Administration establishes a certain number of crisis treatment
9 centers; requiring the Department of Health and Mental Hygiene to establish and
10 operate a certain Health Crisis Hotline ~~using certain resources and technology;~~
11 requiring that the Health Crisis Hotline assist callers in ~~identifying certain services~~
12 ~~for a certain purpose~~ a certain manner; requiring the Department of Health and
13 Mental Hygiene to collect and maintain certain information to provide to callers on
14 the Health Crisis Hotline; requiring the Department of Health and Mental Hygiene
15 to provide certain training for certain staff who assist callers on the Health Crisis
16 Hotline; requiring the Department of Health and Mental Hygiene, to the extent
17 practicable, to ensure that information provided to callers on the Health Crisis
18 Hotline is up to date and accurate; requiring the Department of Health and Mental
19 Hygiene to disseminate certain information in a certain manner; requiring the
20 Department of Health and Mental Hygiene to identify certain information about
21 opioid use disorder; requiring the Department of Health and Mental Hygiene to
22 provide certain information to certain health care facilities and certain health care
23 providers; requiring certain health care facilities and certain health care providers
24 to make certain information available to certain patients; requiring certain health
25 care facilities and health care systems to make available to patients the services of
26 ~~at least a certain number of~~ health care providers who are trained and authorized
27 ~~under federal law to prescribe buprenorphine under federal law for every certain~~
28 ~~number of patients~~ opioid addiction treatment medications; requiring authorizing
29 the health care facilities and health care systems to ~~use a certain average number of~~
30 ~~certain patients for the purpose of calculating the number of health care providers~~
31 ~~required under~~ directly employ, contract with, or refer a patient to a certain provider
32 or to deliver certain services in a certain manner to comply with a certain provision
33 ~~of this Act; requiring, except under certain circumstances, the Department of Health~~
34 ~~and Mental Hygiene to adjust the rate of reimbursement for certain community~~
35 ~~providers each fiscal year by the rate adjustment included in a certain State budget;~~
36 providing that the Overdose Response Program is administered by the Department
37 of Health and Mental Hygiene for a certain purpose; repealing certain provisions of
38 law relating to the qualifications for, application for, and issuance of a certificate for
39 completion of a certain educational training program relating to an opioid overdose;
40 authorizing the Department of Health and Mental Hygiene to authorize certain
41 entities to conduct certain education and training on opioid overdose recognition and
42 response; providing that an individual is not required to obtain certain training and
43 education in order for a pharmacist to dispense naloxone to the individual; requiring
44 an authorized private or public entity to enter into a certain written agreement with
45 a certain licensed health care provider for a certain purpose; authorizing a certain
46 individual to receive from a certain health care provider a prescription for naloxone
47 and certain related supplies; authorizing certain individuals to possess and

1 administer naloxone under certain circumstances; authorizing a licensed health care
2 provider with prescribing authority to prescribe and dispense naloxone to a certain
3 individual; authorizing a licensed health care provider with prescribing authority to
4 prescribe and dispense naloxone by issuing a standing order under certain
5 circumstances; authorizing a certain licensed health care provider who issues a
6 certain standing order to delegate the dispensing of naloxone to a certain employee
7 or a certain volunteer under certain circumstances; prohibiting certain individuals
8 who administer naloxone to a certain individual from being considered to be
9 practicing medicine or registered nursing; prohibiting an employee or a volunteer of
10 a certain entity who provides naloxone to a certain individual from being considered
11 to be practicing medicine, registered nursing, or pharmacy; prohibiting a certain
12 health care provider who prescribes or dispenses naloxone in a certain manner from
13 being subject to certain disciplinary action; prohibiting a certain cause of action from
14 arising against a certain health care provider or pharmacist under certain
15 circumstances; providing for the construction of certain provisions of law; requiring
16 the Secretary of Health and Mental Hygiene to establish certain guidelines for the
17 co-prescribing of opioid overdose reversal drugs that are applicable to all licensed
18 health care providers in the State who are authorized to prescribe monitored
19 prescription drugs; requiring the guidelines to address the co-prescribing of opioid
20 overdose reversal drugs for certain patients; requiring the Secretary to establish the
21 guidelines on or before a certain date; requiring that the Governor's proposed budget
22 for a certain fiscal year, years and for each fiscal year thereafter, include certain rate
23 adjustments increases for certain community providers based on over the funding
24 provided in certain legislative appropriations; requiring that a certain rate of
25 adjustment equal the average annual percentage change in a certain Consumer Price
26 Index for a certain period; requiring the Behavioral Health Administration and the
27 Medical Care Programs Administration jointly to conduct a certain study, develop
28 and implement a certain payment system, and consult with stakeholders in
29 conducting a certain study and developing a certain payment system; requiring the
30 Behavioral Health Administration to complete a certain study on or before a certain
31 date; requiring the Behavioral Health Administration to adopt certain regulations;
32 requiring, under certain circumstances, managed care organizations to pay a certain
33 rate for a certain time period for services provided by community providers and to
34 adjust the rate of reimbursement for community providers each fiscal year by at least
35 a certain amount; requiring that increased funding provided under certain
36 provisions of this Act may be used only to increase the rates being paid to certain
37 community providers and certain health care providers; requiring the Department
38 of Health and Mental Hygiene to submit a certain report on the impact of certain
39 rate adjustments and a certain payment system to the Governor and the General
40 Assembly on or before a certain date each year, beginning on or before a certain date;
41 authorizing the Department of Health and Mental Hygiene to require certain
42 community providers to submit certain information to the Department of Health and
43 Mental Hygiene in the form and manner required by the Department of Health and
44 Mental Hygiene; stating the intent of the General Assembly; requiring, on or before
45 a certain date, each hospital to have a certain protocol for discharging a patient who
46 was treated by the hospital for a drug overdose or was identified as having a
47 substance use disorder; requiring, beginning in a certain year, a hospital to include

~~certain services in its annual community benefit report to the Health Services Cost Review Commission~~ submit the hospital's protocol to the Maryland Hospital Association; requiring the Maryland Hospital Association to conduct a certain study and submit certain reports to the Department of Health and Mental Hygiene and certain committees of the General Assembly on or before certain dates; ~~altering certain coverage requirements applicable to certain health benefit plans for the diagnosis and treatment of mental illness and emotional, drug use, and alcohol use disorders; altering certain definitions; defining certain terms; providing for the application of certain provisions of this Act; prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from applying a preauthorization requirement for certain drug products under certain circumstances; authorizing certain insurers, nonprofit health service plans, and health maintenance organizations to apply a prior authorization requirement for opioid antagonist drug products only under certain circumstances; requiring the State Department of Education, in collaboration with stakeholders and on or before a certain date, to develop a plan to establish certain regional recovery schools and report its findings and recommendations to the General Assembly; requiring the Department of Health and Mental Hygiene to submit a report that details certain outcome measures and includes certain recommendations to the Governor and the General Assembly on or before a certain date; requiring the Department of Public Safety and Correctional Services and each local jail and detention center, in collaboration with the Department of Health and Mental Hygiene and stakeholders, on or before a certain date, to develop a certain plan and submit the plan and any recommendations to the General Assembly; requiring, on or before a certain date, certain jails and detention centers to submit a certain plan to the Department of Public Safety and Correctional Services; requiring, on or before a certain date, the Department of Public Safety and Correctional Services to submit a certain report to the General Assembly; providing for the termination of certain provisions of this Act under certain circumstances; altering certain definitions; defining certain terms; making certain conforming changes; providing for a delayed effective date for certain provisions of this Act; making this Act an emergency measure; and generally relating to the treatment of and education regarding mental health and substance use disorders.~~

~~BY adding to~~

~~Article – Education~~

~~Section 15–121~~

~~Annotated Code of Maryland~~

~~(2014 Replacement Volume and 2016 Supplement)~~

BY repealing and reenacting, without amendments,

Article – Courts and Judicial Proceedings

Section 13–101(a)

Annotated Code of Maryland

(2013 Replacement Volume and 2016 Supplement)

BY adding to

Article – Courts and Judicial Proceedings
Section 13–101.1
Annotated Code of Maryland
(2013 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, without amendments,
Article – Criminal Law
Section 5–301(a)(1)
Annotated Code of Maryland
(2012 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, with amendments,
Article – Criminal Law
Section 5–307
Annotated Code of Maryland
(2012 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, without amendments,
Article – Health – General
Section 5–901
Annotated Code of Maryland
(2015 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 5–903 through 5–905, 13–3101 through 13–3103, and 13–3107 through
13–3111
Annotated Code of Maryland
(2015 Replacement Volume and 2016 Supplement)

BY repealing
Article – Health – General
Section 13–3104 through 13–3106
Annotated Code of Maryland
(2015 Replacement Volume and 2016 Supplement)

BY adding to
Article – Health – General
Section 7.5–207; 7.5–501 to be under the new subtitle “Subtitle 5. Health Crisis
Hotline”; 8–407; 8–1101 to be under the new subtitle “Subtitle 11. Availability
of ~~Buprenorphine~~ Opioid Addiction Treatment Prescribers”; 13–3104;
13–3401 and 13–3402 to be under the new subtitle “Subtitle 34.
Co-Prescribing of Opioid Overdose Reversal Drugs”; 16–201.3 and 19–310.3
Annotated Code of Maryland
(2015 Replacement Volume and 2016 Supplement)

~~BY repealing and reenacting, with amendments,~~

~~Article – Insurance~~
~~Section 15–802~~
~~Annotated Code of Maryland~~
~~(2011 Replacement Volume and 2016 Supplement)~~

BY adding to
Article – Insurance
Section 15–850 and 15–851
Annotated Code of Maryland
(2011 Replacement Volume and 2016 Supplement)

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

Article – Courts and Judicial Proceedings

13–101.

(a) There is an Administrative Office of the Courts, headed by the State Court Administrator. The Administrator is appointed by and holds office during the pleasure of the Chief Judge of the Court of Appeals of Maryland. The Administrator shall have the compensation provided in the State budget. The Administrative Office of the Courts shall have a seal in the form the Chief Judge of the Court of Appeals approves. The courts of the State shall take judicial notice of the seal.

13–101.1.

(A) THE STATE COURT ADMINISTRATOR SHALL ASSESS DRUG COURT PROGRAMS IN CIRCUIT COURTS, INCLUDING JUVENILE COURTS, AND THE DISTRICT COURT TO DETERMINE HOW TO INCREASE THESE PROGRAMS IN A MANNER SUFFICIENT TO MEET EACH COUNTY’S NEEDS.

(B) (1) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE ADMINISTRATIVE OFFICE OF THE COURTS REQUEST AN APPROPRIATION OF \$2,000,000 OF ADDITIONAL FUNDING IN THE STATE BUDGET FOR FISCAL YEAR 2019 FOR THE PURPOSE OF AWARDING GRANTS TO EXPAND THE SCOPE OF DRUG COURT PROGRAMS DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION.

(2) THE STATE COURT ADMINISTRATOR SHALL DISBURSE THE GRANTS AUTHORIZED UNDER PARAGRAPH (1) OF THIS SUBSECTION BASED ON THE POPULATION OF THE COUNTY, TO CIRCUIT COURTS, INCLUDING JUVENILE COURTS, AND THE DISTRICT COURT.

~~Article – Education~~

~~15–121.~~

~~(A) THIS SECTION APPLIES ONLY TO AN INSTITUTION OF HIGHER EDUCATION THAT AWARDS A DEGREE THAT AN INDIVIDUAL MAY USE TO MEET THE EDUCATIONAL REQUIREMENTS FOR LICENSURE UNDER THE HEALTH OCCUPATIONS ARTICLE AS A PHYSICIAN, REGISTERED NURSE, DENTIST, PHYSICIAN ASSISTANT, OR PODIATRIST.~~

~~(B) AN INSTITUTION OF HIGHER EDUCATION SUBJECT TO THIS SECTION SHALL OFFER CREDITS IN SUBSTANCE USE DISORDERS, EFFECTIVE TREATMENT FOR SUBSTANCE USE DISORDERS, AND PAIN MANAGEMENT.~~

Article – Criminal Law

5–301.

(a) (1) Except as otherwise provided in this section, a person shall be registered by the Department before the person manufactures, distributes, or dispenses a controlled dangerous substance in the State.

5–307.

(a) Subject to the notice and hearing provisions of § 5–308 of this subtitle, the Department may deny a registration to any applicant, suspend or revoke a registration, or refuse to renew a registration if the Department finds that the applicant or registrant:

(1) has materially falsified an application filed in accordance with or required by this title;

(2) has been convicted of a crime under federal law or the law of any state relating to a controlled dangerous substance;

(3) has SURRENDERED FEDERAL REGISTRATION OR had federal registration suspended or revoked and may no longer manufacture, distribute, or dispense a controlled dangerous substance; [or]

(4) has violated this title; OR

(5) HAS FAILED TO MEET THE REQUIREMENTS FOR REGISTRATION UNDER THIS TITLE.

(b) The Department may limit revocation or suspension of a registration to the particular controlled dangerous substance for which grounds for revocation or suspension exist.

(C) THE DEPARTMENT MAY LIMIT AN INITIAL REGISTRATION OR THE RENEWAL OF A REGISTRATION TO THE PARTICULAR CONTROLLED DANGEROUS

SUBSTANCE FOR WHICH GROUNDS FOR DENIAL OR REFUSAL TO ISSUE OR RENEW
EXIST.

Article – Health – General

5–901.

In this subtitle, “local team” means the multidisciplinary and multiagency drug
overdose fatality review team established for a county.

5–903.

(a) The purpose of each local team is to prevent drug overdose deaths by:

(1) Promoting cooperation and coordination among agencies involved in
investigations of drug overdose deaths or in providing services to surviving family
members;

(2) Developing an understanding of the causes and incidence of drug
overdose deaths in the county;

(3) Developing plans for and recommending changes within the agencies
represented on the local team to prevent drug overdose deaths; and

(4) Advising the Department on changes to law, policy, or practice,
including the use of devices that are programmed to dispense medications on a schedule or
similar technology, to prevent drug overdose deaths.

(b) To achieve its purpose, each local team shall:

(1) In consultation with the Department, establish and implement a
protocol for the local team;

(2) Set as its goal the investigation of drug overdose deaths in accordance
with national standards;

(3) Meet at least quarterly to review the status of drug overdose death
cases AND INFORMATION ON NONFATAL OVERDOSES, recommend actions to improve
coordination of services and investigations among member agencies, and recommend
actions within the member agencies to prevent drug overdose deaths;

(4) Collect and maintain data as required by the Department; and

(5) Provide requested reports to the Department, including:

(i) Discussion of individual cases;

1 (ii) Steps taken to improve coordination of services and
2 investigations;

3 (iii) Steps taken to implement changes recommended by the local
4 team within member agencies; and

5 (iv) Recommendations on needed changes to State and local laws,
6 policies, or practices to prevent drug overdose deaths.

7 (c) In addition to the duties specified in subsection (b) of this section, a local team
8 may investigate the information and records of an individual convicted of a crime or
9 adjudicated as having committed a delinquent act that caused a death or near fatality
10 described in § 5-904 of this subtitle.

11 5-904.

12 (a) On request of the chair of a local team and as necessary to carry out the
13 purpose and duties of the local team, the local team shall be immediately provided with:

14 (1) Access to information and records, including information about physical
15 health, mental health, and treatment for substance abuse, maintained by a health care
16 provider for:

17 (i) An individual whose death **OR NEAR FATALITY** is being
18 reviewed by the local team; or

19 (ii) An individual convicted of a crime or adjudicated as having
20 committed a delinquent act that caused a death or near fatality; and

21 (2) Access to information and records maintained by a State or local
22 government agency, including death certificates, law enforcement investigative
23 information, medical examiner investigative information, parole and probation information
24 and records, and information and records of a social services agency, if the agency provided
25 services to:

26 (i) An individual whose death **OR NEAR FATALITY** is being
27 reviewed by the local team;

28 (ii) An individual convicted of a crime or adjudicated as having
29 committed a delinquent act that caused a death or near fatality; or

30 (iii) The family of an individual described in item (i) or (ii) of this
31 item.

32 (b) Substance abuse treatment records requested or provided under this section
33 are subject to any additional limitations on disclosure or redisclosure of a medical record

developed in connection with the provision of substance abuse treatment services under State law or 42 U.S.C. § 290DD-2 and 42 C.F.R. Part 2.

5-905.

(a) Meetings of local teams shall be closed to the public and are not subject to Title 3 of the General Provisions Article when the local teams are discussing individual cases of **OVERDOSE OR** drug overdose deaths.

(b) Except as provided in subsection (c) of this section, meetings of local teams shall be open to the public and are subject to Title 3 of the General Provisions Article when the local team is not discussing individual cases of **OVERDOSE OR** drug overdose deaths.

(c) (1) During a public meeting, information may not be disclosed that identifies:

(i) A deceased individual;

(II) **AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;**

[(ii)] (III) A family member, guardian, or caretaker of a deceased individual **OR OF AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;** or

[(iii)] (IV) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality.

(2) During a public meeting, information may not be disclosed about the involvement of any agency with:

(i) A deceased individual;

(II) **AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;**

[(ii)] (III) A family member, guardian, or caretaker of a deceased individual **OR OF AN INDIVIDUAL WHO HAS EXPERIENCED AN OVERDOSE;** or

[(iii)] (IV) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality.

(d) This section does not prohibit a local team from requesting the attendance at a team meeting of a person who has information relevant to the team's exercise of its purpose and duties.

(e) A person who violates this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$500 or imprisonment not exceeding 90 days or both.

1 **7.5-207.**

2 (A) SUBJECT TO SUBSECTION (B) OF THIS SECTION, THE ADMINISTRATION
3 SHALL ESTABLISH AT LEAST 10 CRISIS TREATMENT CENTERS THAT PROVIDE
4 INDIVIDUALS WHO ARE IN A MENTAL HEALTH OR SUBSTANCE USE DISORDER CRISIS
5 WITH ACCESS TO CLINICAL STAFF WHO:

6 (1) PERFORM ASSESSMENTS AND LEVEL OF CARE DETERMINATIONS
7 24 HOURS A DAY AND 7 DAYS A WEEK; AND

8 (2) CONNECT THE INDIVIDUALS TO CARE IMMEDIATELY.

9 (B) AT LEAST ONE CRISIS TREATMENT CENTER SHALL BE ~~LOCATED~~:

10 (1) LOCATED IN EACH GEOGRAPHICAL REGION OF THE STATE; AND

11 (2) ESTABLISHED ON OR BEFORE JUNE 1, 2018.

12 (C) THE ADMINISTRATION SHALL ESTABLISH THE CRISIS TREATMENT
13 CENTERS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION IN A MANNER THAT
14 IS CONSISTENT WITH THE STRATEGIC PLAN DEVELOPED BY THE BEHAVIORAL
15 HEALTH ADVISORY COUNCIL, AS REQUIRED BY CHAPTERS 405 AND 406 OF THE
16 ACTS OF THE GENERAL ASSEMBLY OF 2016.

17 (D) ON OR BEFORE SEPTEMBER 1, 2017, AND ON OR BEFORE SEPTEMBER 1
18 EACH YEAR THEREAFTER UNTIL THE ADMINISTRATION ESTABLISHES THE MINIMUM
19 NUMBER OF CRISIS TREATMENT CENTERS REQUIRED UNDER SUBSECTION (A) OF
20 THIS SECTION, THE ADMINISTRATION SHALL SUBMIT, IN ACCORDANCE WITH §
21 2-1246 OF THE STATE GOVERNMENT ARTICLE, A REPORT ON THE STATUS OF THE
22 ESTABLISHMENT OF CRISIS TREATMENT CENTERS UNDER THIS SECTION TO THE
23 JOINT COMMITTEE ON BEHAVIORAL HEALTH AND OPIOID USE DISORDERS.

24 **SUBTITLE 5. HEALTH CRISIS HOTLINE.**

25 **7.5-501.**

26 (A) THE DEPARTMENT SHALL ~~USE EXISTING RESOURCES AND~~
27 ~~DEPARTMENT TECHNOLOGY TO~~ ESTABLISH AND OPERATE A TOLL-FREE HEALTH
28 CRISIS HOTLINE 24 HOURS A DAY AND 7 DAYS A WEEK.

29 (B) THE HEALTH CRISIS HOTLINE SHALL ASSIST CALLERS ~~IN IDENTIFYING~~
30 ~~APPROPRIATE SERVICES TO ADDRESS SUBSTANCE USE AND MENTAL HEALTH~~
31 ~~DISORDERS~~ BY:

1 **(1) CONDUCTING A COMPREHENSIVE EVIDENCE-BASED SCREENING**
2 **FOR MENTAL HEALTH AND SUBSTANCE USE NEEDS, COGNITIVE OR INTELLECTUAL**
3 **FUNCTIONING, INFECTIOUS DISEASE, AND ACUTE SOMATIC CONDITIONS;**

4 **(2) CONDUCTING A RISK ASSESSMENT FOR CALLERS EXPERIENCING**
5 **AN OVERDOSE OR POTENTIALLY COMMITTING SUICIDE OR A HOMICIDE;**

6 **(3) CONNECTING CALLERS TO AN EMERGENCY RESPONSE SYSTEM**
7 **WHEN INDICATED;**

8 **(4) REFERRING CALLERS FOR ONGOING CARE; AND**

9 **(5) FOLLOWING UP WITH CALLERS TO DETERMINE IF THE NEEDS OF**
10 **CALLERS WERE MET.**

11 **(C) THE DEPARTMENT SHALL COLLECT AND MAINTAIN THE FOLLOWING**
12 **INFORMATION TO PROVIDE TO CALLERS ON THE HEALTH CRISIS HOTLINE:**

13 **(1) THE NAMES, TELEPHONE NUMBERS, AND ADDRESSES OF:**

14 **(I) RESIDENTIAL, INPATIENT, AND OUTPATIENT SUBSTANCE**
15 **USE DISORDER AND MENTAL HEALTH PROGRAMS, INCLUDING INFORMATION ON**
16 **PRIVATE PROGRAMS AND PROGRAMS ADMINISTERED BY LOCAL HEALTH**
17 **DEPARTMENTS AND OTHER PUBLIC ENTITIES; AND**

18 **(II) HOSPITALS, INCLUDING HOSPITAL EMERGENCY ROOMS,**
19 **AND OTHER FACILITIES THAT PROVIDE DETOXIFICATION SERVICES;**

20 **(2) THE LEVELS OF CARE PROVIDED BY THE PROGRAMS, HOSPITALS,**
21 **AND FACILITIES IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION; AND**

22 **(3) WHETHER THE PROGRAMS, HOSPITALS, AND FACILITIES**
23 **IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION:**

24 **(I) ACCEPT PAYMENT FOR SERVICES FROM A THIRD-PARTY**
25 **PAYOR, INCLUDING MEDICARE, MEDICAID, AND PRIVATE INSURANCE; AND**

26 **(II) PROVIDE SERVICES:**

27 **1. THAT ARE SPECIFIC TO PREGNANT WOMEN;**

28 **2. THAT ARE GENDER SPECIFIC;**

29 **3. FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS;**

4. TO SUPPORT PARENTS OF CHILDREN WITH
SUBSTANCE USE AND MENTAL HEALTH DISORDERS; AND

(d) (1) THE DEPARTMENT SHALL PROVIDE TRAINING FOR HEALTH CRISIS HOTLINE STAFF WHO ASSIST CALLERS ON THE HEALTH CRISIS HOTLINE TO ENSURE THAT STAFF ARE ABLE TO PROVIDE SUFFICIENT INFORMATION AND RESPOND APPROPRIATELY TO CALLERS WHO MAY BE IN ~~THE MIDDLE OF~~ A CRISIS.

(E) THE DEPARTMENT SHALL DISSEMINATE INFORMATION ABOUT THE HEALTH CRISIS HOTLINE TO THE PUBLIC, BOTH DIRECTLY AND THROUGH PUBLIC AND PRIVATE ORGANIZATIONS THAT SERVE THE PUBLIC.

(A) THE DEPARTMENT SHALL IDENTIFY UP-TO-DATE, EVIDENCE-BASED, WRITTEN INFORMATION ABOUT OPIOID USE DISORDER THAT:

(2) IS DESIGNED FOR USE BY HEALTH CARE PROVIDERS AND INDIVIDUALS WITH OPIOID USE DISORDER AND THEIR FAMILIES;

(4) INCLUDES INFORMATION ADDRESSING:

(I) THE SIGNS AND SYMPTOMS OF OPIOID USE DISORDER;

DISORDER;

(II) THE RISKS ASSOCIATED WITH UNTREATED OPIOID USE

(III) APPROPRIATE CLINICAL TREATMENT FOR OPIOID USE
DISORDER, INCLUDING:

1. COUNSELING SERVICES; AND

(5) A LOCAL HEALTH DEPARTMENT.

(B) EACH HEALTH CARE FACILITY THAT IS NOT PART OF A HEALTH CARE SYSTEM AND EACH HEALTH CARE SYSTEM SHALL MAKE AVAILABLE TO PATIENTS THE SERVICES OF ~~AT LEAST ONE HEALTH CARE PROVIDER~~ PROVIDERS WHO IS ARE TRAINED AND AUTHORIZED UNDER FEDERAL LAW TO PRESCRIBE BUPRENORPHINE FOR EVERY 100 PATIENTS OPIOID ADDICTION TREATMENT MEDICATIONS, INCLUDING BUPRENORPHINE-CONTAINING FORMULATIONS.

~~(C) FOR THE PURPOSE OF CALCULATING THE NUMBER OF HEALTH CARE PROVIDERS REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, THE HEALTH CARE FACILITY OR HEALTH CARE SYSTEM SHALL USE THE AVERAGE NUMBER OF PATIENTS PROVIDED HEALTH CARE SERVICES PER DAY IN THE IMMEDIATELY PRECEDING CALENDAR YEAR. TO COMPLY WITH SUBSECTION (B) OF THIS SECTION, A HEALTH CARE FACILITY OR A HEALTH CARE SYSTEM MAY:~~

(1) DIRECTLY EMPLOY, CONTRACT WITH, OR REFER A PATIENT TO A HEALTH CARE PROVIDER WHO IS TRAINED AND AUTHORIZED UNDER FEDERAL LAW TO PRESCRIBE OPIOID ADDICTION TREATMENT MEDICATIONS, INCLUDING BUPRENORPHINE-CONTAINING FORMULATIONS; OR

(2) DELIVER THE SERVICES IN PERSON OR, IF APPROPRIATE, THROUGH TELEHEALTH.

13-3101.

(a) In this subtitle the following words have the meanings indicated.

[(b) “Advanced practice nurse” has the meaning stated in § 8-101 of the Health Occupations Article.]

[(c) “Certificate” means a certificate issued by a private or public entity to administer naloxone.]

[(d) “Licensed physician” has the meaning stated in § 14-101 of the Health Occupations Article.]

[(e) (B) “Pharmacist” has the meaning stated in § 12-101 of the Health Occupations Article.]

[(f) (C) “Private or public entity” means a health care provider, local health department, community-based organization, substance abuse treatment organization, or other person that addresses medical or social issues related to drug addiction.]

[(g) (D) “Program” means [an] THE Overdose Response Program.

1 [(h)] (E) “Standing order” means a written instruction for the prescribing and
2 dispensing of naloxone [to a certificate holder] in accordance with [§ 13–3108] § 13–3106
3 of this subtitle.

4 13–3102.

5 [(An)] THE Overdose Response Program is a program [overseen] ADMINISTERED by
6 the Department for the purpose of providing a means of authorizing certain individuals to
7 administer naloxone to an individual experiencing, or believed to be experiencing, opioid
8 overdose to help prevent a fatality when medical services are not immediately available.

9 13–3103.

10 (a) The Department shall adopt regulations necessary for the administration of
11 the Program.

12 (b) The Department may:

13 (1) Collect fees necessary for the administration of the Program;

14 (2) [Authorize private or public entities to issue and renew certificates to
15 persons meeting the requirements of this subtitle;

16 (3) (i) Authorize private or public entities to conduct [educational]
17 EDUCATION AND training [programs described in § 13–3104 of this subtitle] ON OPIOID
18 OVERDOSE RECOGNITION AND RESPONSE THAT INCLUDE:

19 (I) EDUCATION ON RECOGNIZING THE SIGNS AND SYMPTOMS
20 OF AN OPIOID OVERDOSE;

21 (II) TRAINING ON RESPONDING TO AN OPIOID OVERDOSE,
22 INCLUDING THE ADMINISTRATION OF NALOXONE; AND

23 (III) ACCESS TO NALOXONE AND THE NECESSARY SUPPLIES FOR
24 THE ADMINISTRATION OF THE NALOXONE; [and]

25 [(ii)] (3) Develop guidance regarding the content of educational
26 training programs conducted by private or public entities; and

27 (4) Collect and report data on the operation and results of the programs.

28 (C) AN INDIVIDUAL IS NOT REQUIRED TO OBTAIN TRAINING AND
29 EDUCATION ON OPIOID OVERDOSE RECOGNITION AND RESPONSE FROM A PRIVATE
30 OR PUBLIC ENTITY UNDER SUBSECTION (B) OF THIS SECTION IN ORDER FOR A
31 PHARMACIST TO DISPENSE NALOXONE TO THE INDIVIDUAL.

1 [13-3104.

2 (a) To qualify for a certificate, an individual shall meet the requirements of this
3 section.

4 (b) The applicant shall be at least 18 years old.

5 (c) The applicant shall have, or reasonably expect to have, as a result of the
6 individual's occupation or volunteer, family, or social status, the ability to assist an
7 individual who is experiencing an opioid overdose.

8 (d) (1) The applicant shall successfully complete an educational training
9 program offered by a private or public entity authorized by the Department.

10 (2) An educational training program required under this subsection shall:

11 (i) Be conducted by:

12 1. A licensed physician;

13 2. An advanced practice nurse;

14 3. A pharmacist; or

15 4. An employee or a volunteer of a private or public entity
16 who is supervised in accordance with a written agreement between the private or public
17 entity and a supervisory licensed physician, advanced practice nurse, or pharmacist that
18 includes:

19 A. Procedures for providing patient overdose information;

20 B. Information as to how the employee or volunteer providing
21 the information will be trained; and

22 C. Standards for documenting the provision of patient
23 overdose information to patients; and

24 (ii) Include training in:

25 1. The recognition of the symptoms of opioid overdose;

26 2. The proper administration of naloxone;

27 3. The importance of contacting emergency medical services;

4. The care of an individual after the administration of

5. Any other topics required by the Department.

13-3104.

AN AUTHORIZED PRIVATE OR PUBLIC ENTITY SHALL ENTER INTO A WRITTEN AGREEMENT WITH A LICENSED HEALTH CARE PROVIDER WITH PRESCRIBING AUTHORITY TO ESTABLISH PROTOCOLS FOR THE PRESCRIBING AND DISPENSING OF NALOXONE TO ANY INDIVIDUAL IN ACCORDANCE WITH THIS SUBTITLE.

[13–3105.

An applicant for a certificate shall submit an application to a private or public entity authorized by the Department on the form that the Department requires.]

[13–3106.

(a) A private or public entity authorized by the Department shall issue a certificate to any applicant who meets the requirements of this subtitle.

(b) Each certificate shall include:

(1) A statement that the holder is authorized to administer naloxone in accordance with this subtitle;

(2) The full name of the certificate holder; and

(3) A serial number.

(c) A replacement certificate may be issued to replace a lost, destroyed, or mutilated certificate.

(d) (1) The certificate shall be valid for 2 years and may be renewed.

(2) In order to renew a certificate, the certificate holder shall:

(i) Successfully complete a refresher training program conducted by an authorized private or public entity; or

(ii) Demonstrate proficiency to the private or public entity issuing certificates under this subtitle.]

[13-3107.] 13-3105.

(A) An individual [who is certified] may[:

(1) On presentment of a certificate,] receive from any licensed [physician or advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority a prescription for naloxone and the necessary supplies for the administration of naloxone[;].

(B) AN INDIVIDUAL FOR WHOM NALOXONE IS PRESCRIBED AND DISPENSED IN ACCORDANCE WITH THIS SUBTITLE MAY:

[(2)] (1) Possess prescribed naloxone and the necessary supplies for the administration of naloxone; and

[(3)] (2) In an emergency situation when medical services are not immediately available, administer naloxone to an individual experiencing or believed by the [certificate holder] INDIVIDUAL to be experiencing an opioid overdose.

[13–3108.] 13–3106.

(a) A licensed [physician or an advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority may prescribe and dispense naloxone to [a certificate holder] AN INDIVIDUAL WHO:

(1) IS BELIEVED BY THE LICENSED HEALTH CARE PROVIDER TO BE AT RISK OF EXPERIENCING AN OPIOID OVERDOSE; OR

(2) IS IN A POSITION TO ASSIST AN INDIVIDUAL AT RISK OF EXPERIENCING AN OPIOID OVERDOSE.

[(b) A registered nurse may dispense naloxone to a certificate holder in a local health department if the registered nurse complies with:

(1) The formulary developed and approved under § 3–403(b) of this article; and

(2) The requirements established under § 8–512 of the Health Occupations Article.]

[(c)] (B) (1) A licensed [physician or an advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority may prescribe and dispense naloxone [to a certificate holder] by issuing a standing order if the licensed [physician or advanced practice nurse] HEALTH CARE PROVIDER:

(i) Is employed by the Department or a local health department; or

(ii) [Supervises or conducts an educational training program] HAS A WRITTEN AGREEMENT WITH AN AUTHORIZED PRIVATE OR PUBLIC ENTITY under [§ 13-3104(d)] § 13-3104 of this subtitle.

(2) A licensed [physician or an advanced practice nurse] HEALTH CARE PROVIDER with prescribing authority who issues a standing order under paragraph (1) of this subsection may delegate [to the following persons the authority for] THE dispensing OF naloxone to [a certificate holder:

(i) A licensed registered nurse who:

1. Is employed by a local health department; and

2. Completes a training program approved by the Department; and

(ii) An] AN employee or a volunteer of [a] AN AUTHORIZED private or public entity [who is authorized to conduct an educational training program] in accordance with A WRITTEN AGREEMENT UNDER [§ 13-3104(d)] § 13-3104 of this subtitle.

(3) Any licensed health care provider who has dispensing authority also may dispense naloxone to [a certificate holder] ANY INDIVIDUAL in accordance with a standing order issued by a licensed [physician] HEALTH CARE PROVIDER WITH PRESCRIBING AUTHORITY IN ACCORDANCE WITH THIS SUBSECTION.

[(d) (1) Any licensed health care provider who has prescribing authority may prescribe naloxone to a patient who is believed by the licensed health care provider to be at risk of experiencing an opioid overdose or in a position to assist an individual at risk of experiencing an opioid overdose.

(2) A patient who receives a naloxone prescription under paragraph (1) of this subsection is not subject to the training requirements under § 13-3104(d) of this subtitle.]

[(e) (C) A pharmacist may dispense naloxone in accordance with a therapy management contract under Title 12, Subtitle 6A of the Health Occupations Article.

[13-3109.] 13-3107.

(a) [(1) A certificate holder] AN INDIVIDUAL who, in accordance with this subtitle, is administering naloxone to an individual experiencing or believed by the [certificate holder] INDIVIDUAL to be experiencing an opioid overdose may not be considered to be practicing:

1 [(i)] (1) Medicine for the purposes of Title 14 of the Health
2 Occupations Article; or

3 [(ii)] (2) Registered nursing for the purposes of Title 8 of the Health
4 Occupations Article.

5 [(2)] (B) An employee or volunteer of a private or public entity who, in
6 accordance with this subtitle, provides naloxone to [a certificate holder] AN INDIVIDUAL
7 WHO HAS RECEIVED EDUCATION AND TRAINING IN OPIOID OVERDOSE RECOGNITION
8 AND RESPONSE in accordance with a standing order may not be considered to be
9 practicing:

10 [(i)] (1) Medicine for the purposes of Title 14 of the Health
11 Occupations Article;

12 [(ii)] (2) Registered nursing for the purposes of Title 8 of the Health
13 Occupations Article; or

14 [(iii)] (3) Pharmacy for the purposes of Title 12 of the Health
15 Occupations Article.

16 [(b) (1)] (C) A licensed [physician] HEALTH CARE PROVIDER who
17 prescribes or dispenses naloxone [to a certificate holder in a manner consistent with the
18 protocol established by the authorized private or public entity] IN ACCORDANCE WITH
19 THIS SUBTITLE may not be subject to any disciplinary action BY THE APPROPRIATE
20 LICENSING HEALTH OCCUPATIONS BOARD under [Title 14 of] the Health Occupations
21 Article solely for the act of prescribing or dispensing naloxone [to the certificate holder].

22 [(2) An advanced practice nurse with prescribing authority who prescribes
23 or dispenses naloxone to a certificate holder in a manner consistent with the protocol
24 established by the authorized private or public entity may not be subject to any disciplinary
25 action under Title 8 of the Health Occupations Article solely for the act of prescribing or
26 dispensing naloxone to the certificate holder.]

27 [13-3110.] 13-3108.

28 (a) An individual who administers naloxone to an individual who is or in good
29 faith is believed to be experiencing an opioid overdose shall have immunity from liability
30 under §§ 5-603 and 5-629 of the Courts and Judicial Proceedings Article.

31 (b) A cause of action may not arise against any licensed [physician, advanced
32 practice nurse] HEALTH CARE PROVIDER with prescribing authority[.] or pharmacist for
33 any act or omission when the [physician, advanced practice nurse] HEALTH CARE
34 PROVIDER with prescribing authority[.] or pharmacist in good faith prescribes or
35 dispenses naloxone and the necessary paraphernalia for the administration of naloxone to

1 [a certificate holder or patient under § 13-3108] AN INDIVIDUAL UNDER § 13-3106 of
2 this subtitle.

3 (c) This subtitle may not be construed to create a duty on any individual to:

4 (1) Obtain [a certificate] EDUCATION AND TRAINING FROM AN
5 AUTHORIZED PRIVATE OR PUBLIC ENTITY under this subtitle, and an individual may
6 not be held civilly liable for failing to obtain [a certificate] EDUCATION AND TRAINING
7 FROM AN AUTHORIZED PRIVATE OR PUBLIC ENTITY under this subtitle; or

8 (2) Administer naloxone to an individual who is experiencing or believed
9 by the individual to be experiencing an opioid overdose.

10 [13-3111.] 13-3109.

11 A person who dispenses naloxone in accordance with this subtitle is exempt from any
12 laws that require a person to maintain a permit to dispense prescription drugs.

13 **SUBTITLE 34. CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS.**

14 **13-3401.**

15 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
16 INDICATED.

17 (B) “CO-PRESCRIBING” MEANS, WITH RESPECT TO AN OPIOID OVERDOSE
18 REVERSAL DRUG, THE PRACTICE OF PRESCRIBING THE DRUG IN CONJUNCTION
19 WITH AN OPIOID PRESCRIPTION FOR A PATIENT AT AN ELEVATED RISK OF
20 OVERDOSE.

21 (C) “OPIOID OVERDOSE REVERSAL DRUG” MEANS NALOXONE OR A
22 SIMILARLY ACTING AND EQUALLY SAFE DRUG THAT IS APPROVED BY THE FEDERAL
23 FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF A KNOWN OR
24 SUSPECTED OPIOID OVERDOSE.

25 **13-3402.**

26 (A) THE SECRETARY SHALL ESTABLISH GUIDELINES FOR THE
27 CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS THAT ARE APPLICABLE
28 TO ALL LICENSED HEALTH CARE PROVIDERS IN THE STATE WHO ARE AUTHORIZED
29 BY LAW TO PRESCRIBE A MONITORED PRESCRIPTION DRUG, AS DEFINED IN §
30 21-2A-01 OF THIS ARTICLE.

(B) THE GUIDELINES ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION SHALL ADDRESS THE CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS FOR PATIENTS WHO ARE:

(1) AT AN ELEVATED RISK OF OVERDOSE; AND

(2) (I) RECEIVING OPIOID THERAPY FOR CHRONIC PAIN;

(II) RECEIVING A PRESCRIPTION FOR BENZODIAZEPINES; OR

(III) BEING TREATED FOR OPIOID USE DISORDERS.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General

16-201.3.

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

(2) “COMMUNITY PROVIDER” MEANS A COMMUNITY-BASED AGENCY OR PROGRAM FUNDED BY THE BEHAVIORAL HEALTH ADMINISTRATION OR THE MEDICAL CARE PROGRAMS ADMINISTRATION TO SERVE INDIVIDUALS WITH MENTAL DISORDERS, SUBSTANCE-RELATED DISORDERS, OR A COMBINATION OF THESE DISORDERS.

~~(3) “CONSUMER PRICE INDEX” MEANS THE CONSUMER PRICE INDEX FOR ALL URBAN CONSUMERS FOR MEDICAL CARE FOR THE WASHINGTON-BALTIMORE REGION.~~

~~(4)~~ (3) “RATE” MEANS THE REIMBURSEMENT RATE PAID BY THE DEPARTMENT TO A COMMUNITY PROVIDER FROM THE STATE GENERAL FUND, MARYLAND MEDICAL ASSISTANCE PROGRAM FUNDS, OTHER STATE OR FEDERAL FUNDS, OR A COMBINATION OF THESE FUNDS.

(B) THIS SECTION DOES NOT APPLY TO REIMBURSEMENT FOR ANY SERVICE PROVIDED BY A COMMUNITY PROVIDER WHOSE RATES ARE REGULATED BY THE HEALTH SERVICES COST REVIEW COMMISSION.

(C) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT A SUBSTANTIAL PORTION OF THE RATE ADJUSTMENT PROVIDED UNDER SUBSECTION (D) OF THIS SECTION BE USED TO:

1 **(1) COMPENSATE DIRECT CARE STAFF AND LICENSED CLINICIANS**
2 **EMPLOYED BY COMMUNITY PROVIDERS; AND**

3 **(2) IMPROVE THE QUALITY OF PROGRAMMING PROVIDED BY**
4 **COMMUNITY PROVIDERS.**

5 ~~**(C) (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND**~~
6 ~~**EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, THE DEPARTMENT**~~
7 ~~**SHALL ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY PROVIDERS EACH**~~
8 ~~**FISCAL YEAR BY THE RATE ADJUSTMENT INCLUDED IN THE STATE BUDGET FOR**~~
9 ~~**THAT FISCAL YEAR.**~~

10 ~~**(2) (I)**~~ **THE GOVERNOR'S PROPOSED BUDGET FOR FISCAL YEAR**
11 **2019 AND FISCAL YEAR 2020, AND FOR EACH FISCAL YEAR THEREAFTER, SHALL**
12 **INCLUDE RATE ADJUSTMENTS FOR COMMUNITY PROVIDERS BASED ON A 3.5% RATE**
13 **INCREASE FOR COMMUNITY PROVIDERS OVER THE FUNDING PROVIDED IN THE**
14 **LEGISLATIVE APPROPRIATION FOR THE IMMEDIATELY PRECEDING FISCAL YEAR**
15 **FOR EACH OF THE FOLLOWING:**

16 ~~**1. (I)**~~ **OBJECT 08 CONTRACTUAL SERVICES IN**
17 **PROGRAM M00Q01.10 MEDICAID BEHAVIORAL HEALTH PROVIDER**
18 **REIMBURSEMENT – MEDICAL CARE PROGRAMS ADMINISTRATION;**

19 ~~**2. (II)**~~ **OBJECT 08 CONTRACTUAL SERVICES IN**
20 **PROGRAM M00L01.02 COMMUNITY SERVICES – BEHAVIORAL HEALTH**
21 **ADMINISTRATION; AND**

22 ~~**3. (III)**~~ **OBJECT 08 CONTRACTUAL SERVICES IN**
23 **PROGRAM M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND**
24 **RECIPIENTS – BEHAVIORAL HEALTH ADMINISTRATION.**

25 **(2) IF THE BEHAVIORAL HEALTH ADMINISTRATION DOES NOT**
26 **IMPLEMENT THE PAYMENT SYSTEM REQUIRED UNDER SUBSECTION (E) OF THIS**
27 **SECTION FOR USE IN FISCAL YEAR 2021, THE GOVERNOR'S PROPOSED BUDGET FOR**
28 **FISCAL YEAR 2021 SHALL INCLUDE A 3% RATE INCREASE FOR COMMUNITY**
29 **PROVIDERS OVER THE FUNDING PROVIDED IN THE LEGISLATIVE APPROPRIATION**
30 **FOR THE IMMEDIATELY PRECEDING FISCAL YEAR FOR EACH OF THE FOLLOWING:**

31 **(I) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM**
32 **M00Q01.01 MEDICAID BEHAVIORAL HEALTH PROVIDER REIMBURSEMENT –**
33 **MEDICAL CARE PROGRAMS ADMINISTRATION;**

34 **(II) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM**
35 **M00L01.02 COMMUNITY SERVICES – BEHAVIORAL HEALTH ADMINISTRATION; AND**

1 (III) OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM
2 M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND RECIPIENTS –
3 BEHAVIORAL HEALTH ADMINISTRATION.

4 ~~(II) A RATE ADJUSTMENT REQUIRED TO BE INCLUDED IN THE~~
5 ~~GOVERNOR'S PROPOSED BUDGET UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH~~
6 ~~SHALL EQUAL THE AVERAGE ANNUAL PERCENTAGE CHANGE IN THE CONSUMER~~
7 ~~PRICE INDEX FOR THE 3 YEAR PERIOD ENDING IN JULY OF THE IMMEDIATELY~~
8 ~~PRECEDING FISCAL YEAR.~~

9 (3) ~~THE GOVERNOR'S PROPOSED BUDGET FOR FISCAL YEAR 2019,~~
10 ~~AND FOR EACH FISCAL YEAR THEREAFTER, YEARS 2019 THROUGH 2021~~ FOR
11 COMMUNITY PROVIDERS SHALL BE PRESENTED IN THE SAME MANNER, INCLUDING
12 OBJECT AND PROGRAM INFORMATION, AS IN THE FISCAL YEAR 2018 BUDGET.

13 (E) (1) THE BEHAVIORAL HEALTH ADMINISTRATION AND THE MEDICAL
14 CARE PROGRAMS ADMINISTRATION JOINTLY SHALL:

15 (I) CONDUCT AN INDEPENDENT COST-DRIVEN, RATE-SETTING
16 STUDY TO SET COMMUNITY PROVIDER RATES FOR COMMUNITY-BASED BEHAVIORAL
17 HEALTH SERVICES THAT INCLUDES A RATE ANALYSIS AND AN IMPACT STUDY THAT
18 CONSIDERS THE ACTUAL COST OF PROVIDING COMMUNITY-BASED BEHAVIORAL
19 HEALTH SERVICES;

20 (II) DEVELOP AND IMPLEMENT A PAYMENT SYSTEM
21 INCORPORATING THE FINDINGS OF THE RATE-SETTING STUDY CONDUCTED UNDER
22 ITEM (I) OF THIS PARAGRAPH, INCLUDING PROJECTED COSTS OF IMPLEMENTATION
23 AND RECOMMENDATIONS TO ADDRESS ANY POTENTIAL SHORTFALL IN FUNDING;
24 AND

25 (III) CONSULT WITH STAKEHOLDERS, INCLUDING COMMUNITY
26 PROVIDERS AND INDIVIDUALS RECEIVING SERVICES, IN CONDUCTING THE
27 RATE-SETTING STUDY AND DEVELOPING THE PAYMENT SYSTEM REQUIRED BY THIS
28 PARAGRAPH.

29 (2) THE ADMINISTRATION, ON OR BEFORE SEPTEMBER 30, 2019,
30 SHALL COMPLETE THE STUDY REQUIRED UNDER PARAGRAPH (1)(I) OF THIS
31 SUBSECTION.

32 (3) THE ADMINISTRATION SHALL ADOPT REGULATIONS TO
33 IMPLEMENT THE PAYMENT SYSTEM REQUIRED BY PARAGRAPH (1) OF THIS
34 SUBSECTION.

~~(D)~~ **(F)** IF SERVICES OF COMMUNITY PROVIDERS ARE PROVIDED THROUGH MANAGED CARE ORGANIZATIONS, THE MANAGED CARE ORGANIZATIONS SHALL:

(1) PAY THE RATE IN EFFECT DURING THE IMMEDIATELY PRECEDING FISCAL YEAR FOR THE FIRST FISCAL YEAR THE MANAGED CARE ORGANIZATIONS PROVIDE THE SERVICES; AND

(2) ADJUST THE RATE ~~OF REIMBURSEMENT~~ FOR COMMUNITY PROVIDERS EACH FISCAL YEAR BY AT LEAST THE SAME AMOUNT THAT OTHERWISE WOULD HAVE BEEN REQUIRED UNDER ~~SUBSECTION (C)(2)(H) OF~~ SUBSECTION (D) OF THIS SECTION.

(G) INCREASED FUNDING PROVIDED UNDER SUBSECTION (D) OF THIS SECTION MAY BE USED ONLY TO INCREASE THE RATES PAID TO:

(1) COMMUNITY PROVIDERS ACCREDITED BY A STATE-APPROVED ACCREDITING BODY AND LICENSED BY THE STATE; AND

(2) HEALTH CARE PROVIDERS WHO ARE ACTING WITHIN THE SCOPES OF PRACTICE OF THE HEALTH CARE PROVIDERS' LICENSES OR CERTIFICATES AS SPECIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE.

~~(E)~~ **(H)** **(1)** ON OR BEFORE DECEMBER 1, 2019, AND ON OR BEFORE DECEMBER 1 EACH YEAR THEREAFTER, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE IMPACT OF THE ~~REIMBURSEMENT RATE ADJUSTMENT~~ ADJUSTMENTS AND THE PAYMENT SYSTEM REQUIRED UNDER THIS SECTION ON COMMUNITY PROVIDERS, INCLUDING THE IMPACT ON:

(I) THE WAGES AND SALARIES PAID AND THE BENEFITS PROVIDED TO DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS;

(II) THE TENURE AND TURNOVER OF DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND

(III) THE ABILITY OF COMMUNITY PROVIDERS TO RECRUIT QUALIFIED DIRECT CARE STAFF AND LICENSED CLINICIANS.

(2) THE DEPARTMENT MAY REQUIRE A COMMUNITY PROVIDER TO SUBMIT, IN THE FORM AND MANNER REQUIRED BY THE DEPARTMENT,

1 INFORMATION THAT THE DEPARTMENT CONSIDERS NECESSARY FOR COMPLETION
2 OF THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

3 SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
4 as follows:

5 Article – Health – General

6 19–310.3.

7 (A) ON OR BEFORE JANUARY 1, 2018, EACH HOSPITAL SHALL HAVE A
8 PROTOCOL FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR
9 A DRUG OVERDOSE OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER.

10 (B) THE PROTOCOL MAY INCLUDE:

11 (1) COORDINATION WITH PEER RECOVERY COUNSELORS WHO CAN
12 CONDUCT A SCREENING, A BRIEF INTERVENTION, AND REFERRAL TO TREATMENT
13 AND CONNECTION OF THE PATIENT WITH COMMUNITY SERVICES; AND

14 (2) PRESCRIBING NALOXONE FOR THE PATIENT.

15 (C) (1) ~~A BEGINNING IN 2018, A HOSPITAL SHALL INCLUDE IN ITS~~
16 ~~ANNUAL COMMUNITY BENEFIT REPORT TO THE HEALTH SERVICES COST REVIEW~~
17 ~~COMMISSION UNDER § 19–303 OF THIS SUBTITLE THE SERVICES PROVIDED UNDER~~
18 SUBMIT TO THE MARYLAND HOSPITAL ASSOCIATION THE HOSPITAL’S PROTOCOL
19 FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR A DRUG
20 OVERDOSE OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER.

21 (2) ON OR BEFORE DECEMBER 1, 2018, THE MARYLAND HOSPITAL
22 ASSOCIATION SHALL SUBMIT A REPORT TO THE DEPARTMENT AND, IN
23 ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, TO THE
24 SENATE FINANCE COMMITTEE, THE HOUSE HEALTH AND GOVERNMENT
25 OPERATIONS COMMITTEE, AND THE JOINT COMMITTEE ON BEHAVIORAL HEALTH
26 AND SUBSTANCE USE DISORDERS ON EACH HOSPITAL’S DISCHARGE PROTOCOL AS
27 SUBMITTED TO THE MARYLAND HOSPITAL ASSOCIATION UNDER PARAGRAPH (1) OF
28 THIS SUBSECTION.

29 (D) (1) THE MARYLAND HOSPITAL ASSOCIATION SHALL CONDUCT A
30 STUDY THAT:

31 (I) IDENTIFIES OPPORTUNITIES TO SUPPORT A
32 COMPREHENSIVE TREATMENT CONTINUUM FOR INDIVIDUALS WITH SUBSTANCE

USE DISORDERS IN HOSPITALS IN THE STATE, INCLUDING WITHDRAWAL
MANAGEMENT; AND

(II) INCLUDES AN ASSESSMENT OF THE BARRIERS TO
PROVIDING AN EFFECTIVE AND EFFICIENT CONTINUUM OF CARE.

(2) ON OR BEFORE DECEMBER 1, 2017, THE MARYLAND HOSPITAL
ASSOCIATION SHALL SUBMIT A REPORT TO THE DEPARTMENT AND, IN
ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE
SENATE FINANCE COMMITTEE, THE HOUSE HEALTH AND GOVERNMENT
OPERATIONS COMMITTEE, AND THE JOINT COMMITTEE ON BEHAVIORAL HEALTH
AND SUBSTANCE USE DISORDERS ON THE FINDINGS AND RECOMMENDATIONS
FROM THE STUDY REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
as follows:

Article – Insurance

~~15-802.~~

~~(a) (1) In this section the following words have the meanings indicated:~~

~~(2) “Alcohol [abuse] MISUSE” has the meaning stated in § 8-101 of the
Health General Article.~~

~~(3) “Drug [abuse] MISUSE” has the meaning stated in § 8-101 of the
Health General Article.~~

~~(4) “Grandfathered health plan coverage” has the meaning stated in 45
C.F.R. § 147.140.~~

~~(5) “Health benefit plan”:~~

~~(i) for a group or blanket plan, has the meaning stated in § 15-1401
of this title; and~~

~~(ii) for an individual plan, has the meaning stated in § 15-1301 of
this title.~~

~~(6) “Managed care system” means a system of cost containment methods
that a carrier uses to review and preauthorize a treatment plan developed by a health care
provider for a covered individual in order to control utilization, quality, and claims.~~

~~(7) “Partial hospitalization” means the provision of medically directed
intensive or intermediate short term treatment.~~

(i) ~~to an insured, subscriber, or member;~~

(ii) ~~in a licensed or certified facility or program;~~

(iii) ~~for mental illness, emotional disorders, drug [abuse] MISUSE, or alcohol [abuse] MISUSE; and~~

(iv) ~~for a period of less than 24 hours but more than 4 hours in a day.~~

(8) ~~“Small employer” has the meaning stated in § 31-101 of this article.~~

(b) ~~With the exception of small employer grandfathered health plan coverage, this section applies to each individual, group, and blanket health benefit plan that is delivered or issued for delivery in the State by an insurer, a nonprofit health service plan, or a health maintenance organization.~~

(c) ~~A health benefit plan subject to this section shall provide at least the following benefits for the diagnosis and treatment of a mental illness, emotional disorder, drug [abuse] USE disorder, or alcohol [abuse] USE disorder:~~

(1) ~~inpatient benefits for services provided in a licensed or certified facility, including hospital inpatient AND RESIDENTIAL TREATMENT CENTER benefits;~~

(2) ~~partial hospitalization benefits; and~~

(3) ~~outpatient AND INTENSIVE OUTPATIENT benefits, including all office visits, DIAGNOSTIC EVALUATION, OPIOID TREATMENT SERVICES, MEDICATION EVALUATION AND MANAGEMENT, and psychological and neuropsychological testing for diagnostic purposes.~~

(d) (1) ~~The benefits under this section are required only for expenses arising from the treatment of mental illnesses, emotional disorders, drug [abuse] MISUSE, or alcohol [abuse] MISUSE if, in the professional judgment of health care providers:~~

(i) ~~the mental illness, emotional disorder, drug [abuse] MISUSE, or alcohol [abuse] MISUSE is treatable; and~~

(ii) ~~the treatment is medically necessary.~~

(2) ~~The benefits required under this section:~~

(i) ~~shall be provided as one set of benefits covering mental illnesses, emotional disorders, drug [abuse] MISUSE, and alcohol [abuse] MISUSE;~~

~~(ii) shall comply with 45 C.F.R. § 146.136(a) through (d) AND 29 C.F.R. § 2590.712(A) THROUGH (C);~~

~~(iii) subject to paragraph (3) of this subsection, may be delivered under a managed care system; and~~

~~(iv) for partial hospitalization under subsection (e)(2) of this section, may not be less than 60 days.~~

~~(3) The benefits required under this section may be delivered under a managed care system only if the benefits for physical illnesses covered under the health benefit plan are delivered under a managed care system.~~

~~(4) The processes, strategies, evidentiary standards, or other factors used to manage the benefits required under this section must be comparable as written and in operation to, and applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used to manage the benefits for physical illnesses covered under the health benefit plan.~~

~~(5) An insurer, nonprofit health service plan, or health maintenance organization may not charge a copayment for [methadone maintenance] AN OPIOID treatment SERVICE that is greater than 50% of the daily cost for [methadone maintenance] THE OPIOID treatment SERVICE.~~

~~(e) An entity that issues or delivers a health benefit plan subject to this section shall provide on its Web site and annually in print to its insureds or members:~~

~~(1) notice about the benefits required under this section and the federal Mental Health Parity and Addiction Equity Act; and~~

~~(2) notice that the insured or member may contact the Administration for further information about the benefits.~~

~~(f) An entity that issues or delivers a health benefit plan subject to this section shall:~~

~~(1) post a release of information authorization form on its Web site; and~~

~~(2) provide a release of information authorization form by standard mail within 10 business days after a request for the form is received.~~

15-850.

(A) (1) THIS SECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR SUBSTANCE USE DISORDER BENEFITS OR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE COVERAGE FOR SUBSTANCE USE DISORDER BENEFITS OR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR GROUP CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR SUBSTANCE USE DISORDER BENEFITS UNDER THE MEDICAL BENEFIT OR FOR PRESCRIPTION DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.

(B) AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A PRIOR AUTHORIZATION REQUIREMENT FOR A PRESCRIPTION DRUG:

(1) WHEN USED FOR TREATMENT OF AN OPIOID USE DISORDER; AND

(2) THAT CONTAINS METHADONE, BUPRENORPHINE, OR NALTREXONE.

~~SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2017, the State Department of Education, in consultation with stakeholders, shall:~~

~~(1) develop a plan to establish regional recovery schools that enable students recovering from a substance use disorder to learn in a substance free and supportive environment; and~~

~~(2) report its findings and recommendations to the General Assembly in accordance with § 2-1246 of the State Government Article.~~

SECTION 5. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Insurance

15-851.

(A) IN THIS SECTION, “OPIOID ANTAGONIST” MEANS:

(1) NALOXONE HYDROCHLORIDE; OR

1 (2) ANY OTHER SIMILARLY ACTING AND EQUALLY SAFE DRUG
2 APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE
3 TREATMENT OF A DRUG OVERDOSE.

4 (B) (1) THIS SECTION APPLIES TO:

5 (I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
6 PROVIDE COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR
7 BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR
8 DELIVERED IN THE STATE; AND

9 (II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
10 COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR GROUP CONTRACTS
11 THAT ARE ISSUED OR DELIVERED IN THE STATE.

12 (2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH
13 MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION
14 DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE
15 REQUIREMENTS OF THIS SECTION.

16 (C) AN ENTITY SUBJECT TO THIS SECTION THAT INCLUDES ON ITS
17 FORMULARY AN OPIOID ANTAGONIST MAY APPLY A PRIOR AUTHORIZATION
18 REQUIREMENT FOR AN OPIOID ANTAGONIST ONLY IF THE ENTITY PROVIDES
19 COVERAGE FOR AT LEAST ONE FORMULATION OF THE OPIOID ANTAGONIST
20 WITHOUT A PRIOR AUTHORIZATION REQUIREMENT.

21 SECTION 6. AND BE IT FURTHER ENACTED, That, on or before December 1,
22 2019, the Department of Health and Mental Hygiene shall submit a report to the Governor
23 and, in accordance with § 2–1246 of the State Government Article, the General Assembly
24 that:

25 (1) details outcome measures that reasonably can be collected for each
26 treatment modality offered by community providers for which the rate of reimbursement
27 would be adjusted under § 16–201.3 of the Health – General Article, as enacted by Section
28 2 of this Act; and

29 (2) includes recommendations regarding how reimbursement rates can be
30 tied to outcomes, such as:

31 (i) differential payment for implementation of, and adherence to,
32 evidence-based and promising practices;

33 (ii) differential payment based on outcomes;

(iii) payments made to align incentives with the goals of the State's all-payer model contract; and

(iv) any other financial payment system linking reimbursement to outcomes.

SECTION 7. AND BE IT FURTHER ENACTED, That the Secretary of Health and Mental Hygiene shall establish the guidelines required under § 13-3402(a) of the Health – General Article, as enacted by Section 1 of this Act, on or before December 1, 2017.

~~SECTION 8.~~ SECTION 8. AND BE IT FURTHER ENACTED, That,~~on or before December 1, 2017, the:~~

(a) The Department of Public Safety and Correctional Services and each local jail and detention center, in collaboration with the Department of Health and Mental Hygiene and stakeholders, shall

~~(1)~~ develop a plan to increase the provision of substance use disorder treatment, including medication-assisted treatment, in State prisons and each local jail, and jail and detention center.

(b) On or before November 1, 2017, each local jail and detention center shall submit the plan required under subsection (a) of this section to the Department of Public Safety and Correctional Services.

~~(2)~~ (c) On or before December 1, 2017, the Department of Public Safety and Correctional Services shall submit the plan a report that includes the plans required under subsection (a) of this section and any recommendations to the General Assembly in accordance with § 2-1246 of the State Government Article.

SECTION 9. AND BE IT FURTHER ENACTED, That Section 4 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after the effective date of Section 4 of this Act.

SECTION 10. AND BE IT FURTHER ENACTED, That Section 5 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2018.

~~SECTION 11.~~ SECTION 11. AND BE IT FURTHER ENACTED, That Sections 1, 2, 3, 6, 7, 8, and 9 of this Act shall take effect June 1, 2017.

SECTION 12. AND BE IT FURTHER ENACTED, That Sections 5 and 10 of this Act shall take effect January 1, 2018.

SECTION 13. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a ye and nay vote supported by three-fifths of all the members elected to

1 each of the two Houses of the General Assembly and, except as provided in Sections 11 and
2 12 of this Act, shall take effect from the date it is enacted.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.