

Chapter 571

(House Bill 1329)

AN ACT concerning

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

FOR the purpose of requiring ~~certain institutions of higher education to offer credits in substance use disorders, effective treatment for substance use disorders, and pain management~~ the State Court Administrator of the Administrative Office of the Courts to assess certain drug court programs to make certain determinations; declaring a certain intent of the General Assembly relating to certain funding for certain drug court programs; authorizing the Department of Health and Mental Hygiene to deny, suspend, revoke, or refuse to renew a certain registration if a certain applicant or a certain registrant has surrendered a certain federal registration or fails to meet certain requirements to obtain a certain registration; authorizing the Department of Health and Mental Hygiene to limit the scope of a certain initial registration or renewal of a certain registration; requiring a drug overdose fatality review team to review information on nonfatal overdoses at a certain meeting; requiring a certain local drug overdose fatality review team, at the request of the chair of the local team, to be provided access to certain information and records related to an individual whose near fatality is being reviewed by the local team; prohibiting the disclosure of identifying information of or of involvement of an agency with an individual who has experienced an overdose or of certain individuals related to an individual who has experienced an overdose during a public meeting of a certain local team; requiring the Behavioral Health Administration to establish at least a certain number of certain crisis treatment centers that provide individuals who are in a in a mental health or substance use disorder crisis with access to certain clinical staff; requiring that at least one crisis treatment center be located in each geographical region of the State; requiring that at least one crisis treatment center be established on or before a certain date; requiring the Administration to establish the crisis treatment centers in a manner that is consistent with a certain plan; requiring the Administration to submit a certain report to a certain committee beginning on or before a certain date, and on or before a certain date each year thereafter, until the Administration establishes a certain number of certain crisis treatment centers; requiring the Department of Health and Mental Hygiene to establish and operate a certain Health Crisis Hotline using certain resources and technology; requiring that the Health Crisis Hotline assist callers in identifying certain services for a certain purpose a certain manner; requiring the Department of Health and Mental Hygiene to collect and maintain certain information to provide to callers on the Health Crisis Hotline; requiring the Department of Health and Mental Hygiene to provide certain training for certain staff who assist callers on the Health Crisis Hotline; requiring the Department of Health and Mental Hygiene, to the extent practicable, to ensure that information provided to callers on the Health Crisis Hotline is up to date and accurate; requiring the Department of Health and Mental Hygiene to disseminate certain information

in a certain manner; requiring the Department of Health and Mental Hygiene to identify certain information about opioid use disorder; requiring the Department of Health and Mental Hygiene to provide certain information to certain health care facilities and certain health care providers; requiring certain health care facilities and certain health care providers to make certain information available to certain patients; requiring certain health care facilities and health care systems to make available to patients the services of at least a certain number of health care providers who are trained and authorized under federal law to prescribe buprenorphine under federal law for every certain number of patients opioid addiction treatment medications; requiring authorizing the health care facilities and health care systems to use a certain average number of certain patients for the purpose of calculating the number of health care providers required under directly employ, contract with, or refer a patient to a certain provider or to deliver certain services in a certain manner to comply with a certain provision of this Act; requiring, except under certain circumstances, the Department of Health and Mental Hygiene to adjust the rate of reimbursement for certain community providers each fiscal year by the rate adjustment included in a certain State budget; providing that the Overdose Response Program is administered by the Department of Health and Mental Hygiene for a certain purpose; repealing certain provisions of law relating to the qualifications for, application for, and issuance of a certificate for completion of a certain educational training program relating to an opioid overdose; authorizing the Department of Health and Mental Hygiene to authorize certain entities to conduct certain education and training on opioid overdose recognition and response; providing that an individual is not required to obtain certain training and education in order for a pharmacist to dispense naloxone to the individual; requiring an authorized private or public entity to enter into a certain written agreement with a certain licensed health care provider for a certain purpose; authorizing a certain individual to receive from a certain health care provider a prescription for naloxone and certain related supplies; authorizing certain individuals to possess and administer naloxone under certain circumstances; authorizing a licensed health care provider with prescribing authority to prescribe and dispense naloxone to a certain individual; authorizing a licensed health care provider with prescribing authority to prescribe and dispense naloxone by issuing a standing order under certain circumstances; authorizing a certain licensed health care provider who issues a certain standing order to delegate the dispensing of naloxone to a certain employee or a certain volunteer under certain circumstances; prohibiting certain individuals who administer naloxone to a certain individual from being considered to be practicing medicine or registered nursing; prohibiting an employee or a volunteer of a certain entity who provides naloxone to a certain individual from being considered to be practicing medicine, registered nursing, or pharmacy; prohibiting a certain health care provider who prescribes or dispenses naloxone in a certain manner from being subject to certain disciplinary action; prohibiting a certain cause of action from arising against a certain health care provider or pharmacist under certain circumstances; providing for the construction of certain provisions of law; requiring the Secretary of Health and Mental Hygiene to establish certain guidelines for the co-prescribing of opioid overdose reversal drugs that are applicable to all licensed health care providers in

the State who are authorized to prescribe monitored prescription drugs; requiring the guidelines to address the co-prescribing of opioid overdose reversal drugs for certain patients; requiring the Secretary to establish the guidelines on or before a certain date; requiring that the Governor's proposed budget for a certain fiscal year, years and for each fiscal year thereafter, include certain rate adjustments increases for certain community providers based on over the funding provided in certain legislative appropriations; requiring that a certain rate of adjustment equal the average annual percentage change in a certain Consumer Price Index for a certain period; requiring the Behavioral Health Administration and the Medical Care Programs Administration jointly to conduct a certain study, develop and implement a certain payment system, and consult with stakeholders in conducting a certain study and developing a certain payment system; requiring the Behavioral Health Administration to complete a certain study on or before a certain date; requiring the Behavioral Health Administration to adopt certain regulations; requiring, under certain circumstances, managed care organizations to pay a certain rate for a certain time period for services provided by community providers and to adjust the rate of reimbursement for community providers each fiscal year by at least a certain amount; requiring that increased funding provided under certain provisions of this Act may be used only to increase the rates being paid to certain community providers and certain health care providers; requiring the Department of Health and Mental Hygiene to submit a certain report on the impact of certain rate adjustments and a certain payment system to the Governor and the General Assembly on or before a certain date each year, beginning on or before a certain date; requiring, on or before a certain date, the Department of Health and Mental Hygiene to submit a certain interim report to the Governor and the General Assembly; authorizing the Department of Health and Mental Hygiene to require certain community providers to submit certain information to the Department of Health and Mental Hygiene in the form and manner required by the Department of Health and Mental Hygiene; stating the intent of the General Assembly; requiring, on or before a certain date, each hospital to have a certain protocol for discharging a patient who was treated by the hospital for a drug overdose or was identified as having a 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; 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; requiring, on or before certain dates, the Department of Health and Mental Hygiene to submit certain reports to certain committees of the General Assembly; 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 – GeneralSection 5–901Annotated Code of Maryland(2015 Replacement Volume and 2016 Supplement)BY repealing and reenacting, with amendments,Article – Health – GeneralSection 5–903 through 5–905, 13–3101 through 13–3103, and 13–3107 through 13–3111Annotated Code of Maryland(2015 Replacement Volume and 2016 Supplement)BY repealingArticle – Health – GeneralSection 13–3104 through 13–3106Annotated Code of Maryland(2015 Replacement Volume and 2016 Supplement)BY adding toArticle – Health – GeneralSection 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”; and 16–201.3 and 19–310.3Annotated 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 toArticle – InsuranceSection 15–850Annotated 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 Law5–301.

(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 – General5–901.

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;

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

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

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

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

5-904.

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

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

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

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

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

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

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

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

(b) Substance abuse treatment records requested or provided under this section 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.

7.5-207.

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

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

(2) CONNECT THE INDIVIDUALS TO CARE IMMEDIATELY.

(B) ~~AT LEAST ONE CRISIS TREATMENT CENTER SHALL BE LOCATED IN EACH GEOGRAPHICAL REGION OF THE STATE~~ ESTABLISHED ON OR BEFORE JUNE 1, 2018.

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

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

SUBTITLE 5. HEALTH CRISIS HOTLINE.

7.5-501.

(A) ~~THE DEPARTMENT, AS FUNDING IS AVAILABLE, SHALL USE EXISTING RESOURCES AND DEPARTMENT TECHNOLOGY TO~~ ESTABLISH AND OPERATE A TOLL-FREE HEALTH CRISIS HOTLINE 24 HOURS A DAY AND 7 DAYS A WEEK.

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

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

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

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

(4) REFERRING CALLERS FOR ONGOING CARE; AND

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

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

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

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

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

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

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

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

(II) PROVIDE SERVICES:

- 1. THAT ARE SPECIFIC TO PREGNANT WOMEN;**
- 2. THAT ARE GENDER SPECIFIC;**
- 3. FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS;**
- 4. TO SUPPORT PARENTS OF CHILDREN WITH SUBSTANCE USE AND MENTAL HEALTH DISORDERS; AND**
- 5. FOR GRIEF SUPPORT.**

(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.

(2) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL ENSURE THAT INFORMATION PROVIDED TO CALLERS ON THE HEALTH CRISIS HOTLINE IS UP TO DATE AND ACCURATE.

(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.

8-407.

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

(1) HAS BEEN REVIEWED BY MEDICAL EXPERTS AND NATIONAL AND LOCAL ORGANIZATIONS SPECIALIZING IN THE TREATMENT OF OPIOID USE DISORDER;

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

(3) IS CULTURALLY AND LINGUISTICALLY APPROPRIATE FOR POTENTIAL RECIPIENTS OF THE INFORMATION; AND

(4) INCLUDES INFORMATION ADDRESSING:

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

(II) THE RISKS ASSOCIATED WITH UNTREATED OPIOID USE DISORDER;

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

1. COUNSELING SERVICES; AND

2. ALL MEDICATIONS APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER;

(IV) APPROPRIATE USE OF OVERDOSE REVERSAL AGENTS;

(V) APPROPRIATE SUPPORT SERVICES, INCLUDING:

1. PEER FELLOWSHIP AND SUPPORT GROUPS, SUCH AS NARCOTICS ANONYMOUS AND ALCOHOLICS ANONYMOUS;

2. COMMUNITY-BASED SERVICES; AND

3. RESIDENTIAL OR RECOVERY HOUSING SERVICES;
AND

(VI) APPROPRIATE TREATMENTS FOR PAIN THAT MAY BE USED TO REDUCE OR REPLACE OPIOID MEDICATION TREATMENTS FOR CHRONIC PAIN.

(B) (1) THE DEPARTMENT SHALL PROVIDE THE INFORMATION IDENTIFIED BY THE DEPARTMENT UNDER SUBSECTION (A) OF THIS SECTION TO HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS THAT PROVIDE TREATMENT FOR OPIOID USE DISORDER.

(2) A HEALTH CARE FACILITY OR HEALTH CARE PROVIDER SHALL MAKE THE INFORMATION AVAILABLE TO EACH PATIENT TREATED BY THE FACILITY OR PROVIDER FOR OPIOID USE DISORDER.

**SUBTITLE 11. AVAILABILITY OF ~~BUPRENORPHINE~~ OPIOID ADDICTION
TREATMENT PRESCRIBERS.**

8-1101.

(A) (1) IN THIS SECTION, ~~“HEALTH”~~ THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “HEALTH CARE FACILITY” MEANS:

~~(1)~~ (I) A HOSPITAL;

~~(2)~~ (II) A FEDERALLY QUALIFIED HEALTH CENTER;

~~(3)~~ (III) ~~A COMMUNITY HEALTH CENTER~~ AN OUTPATIENT MENTAL HEALTH CLINIC;

~~(4)~~ (IV) ~~A BEHAVIORAL HEALTH TREATMENT SERVICES PROVIDER~~ AN OUTPATIENT OR RESIDENTIAL ADDICTION TREATMENT PROVIDER; AND

~~(5)~~ (V) A LOCAL HEALTH DEPARTMENT.

(3) “OPIOID ADDICTION TREATMENT MEDICATION” MEANS A MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDERS.

(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.

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

13-3102.

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

13-3103.

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

(b) The Department may:

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

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

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

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

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

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

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

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

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

[13-3104.

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

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

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

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

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

(i) Be conducted by:

1. A licensed physician;

2. An advanced practice nurse;

3. A pharmacist; or

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

A. Procedures for providing patient overdose information;

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

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

(ii) Include training in:

1. The recognition of the symptoms of opioid overdose;
2. The proper administration of naloxone;
3. The importance of contacting emergency medical services;
4. The care of an individual after the administration of naloxone; and
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:

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

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

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

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

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

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

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

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

[13-3110.] 13-3108.

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

(b) A cause of action may not arise against any licensed [physician, advanced practice nurse] **HEALTH CARE PROVIDER** with prescribing authority[,] or pharmacist for any act or omission when the [physician, advanced practice nurse] **HEALTH CARE PROVIDER** with prescribing authority[,] or pharmacist in good faith prescribes or dispenses naloxone and the necessary paraphernalia for the administration of naloxone to [a certificate holder or patient under § 13–3108] **AN INDIVIDUAL UNDER § 13–3106** of this subtitle.

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

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

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

[13–3111.] **13–3109.**

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

SUBTITLE 34. CO–PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS.

13–3401.

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

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

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

13-3402.

(A) THE SECRETARY SHALL ESTABLISH GUIDELINES FOR THE CO-PRESCRIBING OF OPIOID OVERDOSE REVERSAL DRUGS THAT ARE APPLICABLE TO ALL LICENSED HEALTH CARE PROVIDERS IN THE STATE WHO ARE AUTHORIZED BY LAW TO PRESCRIBE A MONITORED PRESCRIPTION DRUG, AS DEFINED IN § 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) COMPENSATE DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND

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

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

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

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

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

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

(2) IF THE BEHAVIORAL HEALTH ADMINISTRATION DOES NOT IMPLEMENT THE PAYMENT SYSTEM REQUIRED UNDER SUBSECTION (E) OF THIS SECTION FOR USE IN FISCAL YEAR 2021, THE GOVERNOR'S PROPOSED BUDGET FOR

FISCAL YEAR 2021 SHALL INCLUDE A 3% RATE INCREASE FOR COMMUNITY PROVIDERS OVER THE FUNDING PROVIDED IN THE LEGISLATIVE APPROPRIATION FOR THE IMMEDIATELY PRECEDING FISCAL YEAR FOR EACH OF THE FOLLOWING:

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

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

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

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

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

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

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

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

(III) CONSULT WITH STAKEHOLDERS, INCLUDING COMMUNITY PROVIDERS AND INDIVIDUALS RECEIVING SERVICES, IN CONDUCTING THE

RATE-SETTING STUDY AND DEVELOPING THE PAYMENT SYSTEM REQUIRED BY THIS PARAGRAPH.

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

(3) THE ADMINISTRATION SHALL ADOPT REGULATIONS TO IMPLEMENT THE PAYMENT SYSTEM REQUIRED BY PARAGRAPH (1) OF THIS 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, 2018, THE DEPARTMENT SHALL SUBMIT AN INTERIM REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE DELIVERY SYSTEM THROUGH WHICH COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES SHOULD BE PROVIDED AND ANY PRELIMINARY RECOMMENDATIONS REGARDING THE PAYMENT SYSTEM REQUIRED UNDER THIS SECTION.

(2) 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)~~ (3) THE DEPARTMENT MAY REQUIRE A COMMUNITY PROVIDER TO SUBMIT, IN THE FORM AND MANNER REQUIRED BY THE DEPARTMENT, INFORMATION THAT THE DEPARTMENT CONSIDERS NECESSARY FOR COMPLETION OF THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

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

Article – Health – General

19-310.3.

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

(B) THE PROTOCOL MAY INCLUDE:

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

(2) PRESCRIBING NALOXONE FOR THE PATIENT.

(C) (1) ~~A BEGINNING IN 2018, A HOSPITAL SHALL INCLUDE IN ITS ANNUAL COMMUNITY BENEFIT REPORT TO THE HEALTH SERVICES COST REVIEW COMMISSION UNDER § 19-302 OF THIS SUBTITLE THE SERVICES PROVIDED UNDER~~ SUBMIT TO THE MARYLAND HOSPITAL ASSOCIATION THE HOSPITAL'S PROTOCOL

FOR DISCHARGING A PATIENT WHO WAS TREATED BY THE HOSPITAL FOR A DRUG OVERDOSE OR WAS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER.

(2) ON OR BEFORE DECEMBER 1, 2018, 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 EACH HOSPITAL'S DISCHARGE PROTOCOL AS SUBMITTED TO THE MARYLAND HOSPITAL ASSOCIATION UNDER PARAGRAPH (1) OF THIS SUBSECTION.

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

(I) IDENTIFIES OPPORTUNITIES TO SUPPORT A 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.

~~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 (c)(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.~~

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

Article – Insurance

15-850.

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

(1) NALOXONE HYDROCHLORIDE; OR

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

(B) (1) THIS SECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR 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 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 PRESCRIPTION DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.

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

SECTION 5. AND BE IT FURTHER ENACTED, That, on or before December 1, 2019, the Department of Health and Mental Hygiene shall submit a report to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly that:

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

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

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

(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 6. 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 ~~3~~ 7. 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 8. AND BE IT FURTHER ENACTED, That, on or before January 1, 2018, the Department of Health and Mental Hygiene, in consultation with the Governor's Office of Crime Control and Prevention and interested stakeholders, shall report to the Senate Finance Committee, the Senate Judicial Proceedings Committee, the House Health and Government Operations Committee, and the House Judiciary Committee on new, innovative, evidence-based programs and methods to better manage the State's substance abuse and opioid crisis.

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 January 1, 2018.

SECTION ~~4~~ 10. AND BE IT FURTHER ENACTED, That Sections 1, 2, 3, 5, 6, 7, and 8 of this Act shall take effect June 1, 2017.

SECTION 11. AND BE IT FURTHER ENACTED, That:

(1) it is the intent of the General Assembly that the Department of Health and Mental Hygiene use the \$10,000,000 in general funds included in Supplemental Budget No. 2 in the Opioid Crisis Fund to prioritize the funding of services established under this Act; and

(2) on or before January 1, 2018, the Department of Health and Mental Hygiene, in accordance with § 2-1246 of the State Government Article, shall report to the Senate Finance Committee, the Senate Education, Health, and Environmental Affairs Committee, the Senate Budget and Taxation Committee, the House Health and Government Operations Committee, and the House Appropriations Committee on how funds were used and the criteria for the use of funds.

SECTION 12. AND BE IT FURTHER ENACTED, That Sections 4 and 9 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 each of the two Houses of the General Assembly and, except as provided in Section 12 of this Act, shall take effect from the date it is enacted.

Approved by the Governor, May 25, 2017.