HOUSE BILL 1276

J1, J3 7lr0585
CF 7lr1047

By: **Delegates Barron, Bromwell, Kipke, and B. Wilson**
Introduced and read first time: February 10, 2017
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Health – Patient–Centered Opioid Addiction Treatment Act

FOR the purpose of requiring, on or before a certain date, certain opioid treatment programs to meet certain requirements; requiring an opioid treatment program to establish certain treatment protocols; requiring an opioid treatment program to provide a copy of certain protocols to the Office of Health Care Quality before being licensed by the Behavioral Health Administration; defining a certain term; and generally relating to patient–centered opioid addiction treatment.

BY repealing and reenacting, with amendments,
Article – Health – General
Section 8–101
Annotated Code of Maryland
(2015 Replacement Volume and 2016 Supplement)

BY adding to
Article – Health – General
Section 8–407
Annotated Code of Maryland
(2015 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 – Health – General

8–101.

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

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

(b) (1) "Addictive disorder" means a chronic disorder of the brain's reward–activation system in which the individual pathologically pursues reward or relief by substance abuse or other behaviors, with diminished control, and the individual persists in the behavior despite adverse consequences.

(2) "Addictive disorder" includes gambling, which is the only nonsubstance–related addictive disorder recognized by Maryland law.

(c) "Administration" means the Behavioral Health Administration.

(d) "Administrator" means the program director or the clinical director of an alcohol or drug abuse treatment facility or a health care facility.

(e) "Alcohol abuse" means a disease that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho–social.

(f) "Alcohol dependence" means a disease characterized by:

(1) Alcohol abuse; and

(2) Physical symptoms of withdrawal or tolerance.

(g) "Alcohol misuse" means:

(1) Unlawful use of alcohol;

(2) Alcohol abuse; or

(3) Alcohol dependence.

(h) "Director" means the Director of the Administration.

(i) "Drug" means:

(1) A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act;

(2) A prescription medication; or

(3) A chemical substance when used for unintended and harmful purposes.

(j) "Drug abuse" means a disease which is characterized by a pattern of pathological use of a drug with repeated attempts to control the use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho–social.

(k) "Drug dependence" means a disease characterized by:

(1) Drug abuse; and

(2) Physical symptoms of withdrawal or tolerance.

(l) "Drug misuse" means:

(1) Unlawful use of a drug;

(2) Drug abuse; or

(3) Drug dependence.

(m) "Halfway house" means a clinically managed, low intensity residential treatment service for individuals with substance–related disorders who are capable of self–care but are not ready to return to independent living.

(n) "Large halfway house" means a halfway house that admits at least 9 but not more than 16 individuals.

(o) (1) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric disorder.

(2) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.

(3) "Mental disorder" does not include an intellectual disability.

(P) "OPIOID TREATMENT PROGRAM" HAS THE MEANING STATED IN 42 C.F.R. § 10.09.33.01.

[(p)**] (Q)** "Recovery residence" means a service that:

(1) Provides alcohol–free and illicit–drug–free housing to individuals with substance–related disorders or addictive disorders or co–occurring mental disorders and substance–related disorders or addictive disorders; and

(2) Does not include clinical treatment services.

[(q)**] (R)** "Small halfway house" means a halfway house that admits at least 4 but not more than 8 individuals.

[(r)**] (S)** (1) "Substance–related disorder" means:

(i) Alcohol use disorder, alcohol abuse, alcohol dependence, alcohol misuse, alcohol intoxication, or alcohol withdrawal;

(ii) Nonalcohol substance use disorder, drug dependence, drug misuse, nonalcohol substance induced intoxication, or nonalcohol substance withdrawal; or

(iii) Any combination of the disorders listed in items (i) and (ii) of this paragraph.

(2) "Substance–related disorder" includes substance use disorders and substance induced disorders.

[(s)**] (T)** "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:

(1) Monitoring the amount of alcohol and other toxic agents in the body of the individual;

(2) Managing withdrawal symptoms; and

(3) Motivating an individual to participate in the appropriate substance–related disorder programs.

8–407.

(A) ON OR BEFORE JANUARY 1, 2018, AN OPIOID TREATMENT PROGRAM CERTIFIED BY THE ADMINISTRATION SHALL MEET THE REQUIREMENTS OF THIS SECTION AND TITLE 7.5 OF THIS ARTICLE.

(B) IN ADDITION TO THE REQUIREMENTS OF TITLE 7.5 OF THIS ARTICLE, AN OPIOID TREATMENT PROGRAM SHALL ESTABLISH TREATMENT PROTOCOLS THAT:

(1) ARE CONSISTENT WITH § 303 OF THE FEDERAL COMPREHENSIVE ADDICTION AND RECOVERY ACT AND STANDARD MEDICAL PRACTICES FOR OPIOID TREATMENT PROGRAMS; AND

(2) INCLUDE:

(I) A REQUIREMENT THAT THE OPIOID TREATMENT PROGRAM CONDUCT A PERIODIC REVIEW OF A PATIENT'S TREATMENT PLAN WITH THE PATIENT, INCLUDING CONSIDERATION OF OPIOID ABSTINENCE WHEN APPROPRIATE;

(II) APPROPRIATE CLINICAL USE OF ANY DRUG OR TREATMENT APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID ADDICTION, INCLUDING:

1. OPIOID MAINTENANCE THERAPY;

2. DETOXIFICATION;

3. OVERDOSE REVERSAL;

4. RELAPSE PREVENTION; AND

5. LONG–ACTING, NONADDICTIVE MEDICATION–ASSISTED TREATMENT MEDICATIONS;

(III) APPROPRIATE USE OF OVERDOSE REVERSAL, RELAPSE PREVENTION, COUNSELING, AND ANCILLARY SERVICES;

(IV) SUBMISSION OF A PLAN REGARDING TRAINING AND EXPERIENCE REQUIREMENTS FOR PROVIDERS WHO TREAT AND MANAGE OPIATE–DEPENDENT PATIENTS, INCLUDING TRAINING ON HOW TO REDUCE ABUSE AND DIVERSION AND HOW TO HANDLE ABUSE AND DIVERSION THROUGH PROPER EDUCATION;

(V) A REQUIREMENT THAT A PROVIDER WHO PRESCRIBES OPIOID MEDICATION FOR A PATIENT PERIODICALLY QUERY THE PRESCRIPTION DRUG MONITORING PROGRAM FOR PRESCRIPTION MONITORING DATA FOR THE PATIENT; AND

(VI) A REQUIREMENT TO INFORM A PATIENT ABOUT ALL AVAILABLE FEDERAL FOOD AND DRUG ADMINISTRATION–APPROVED OPIOID TREATMENT MEDICATION OPTIONS, INCLUDING EACH OPTION'S POTENTIAL RISKS AND BENEFITS, AND OBTAIN THE PATIENT'S INFORMED CONSENT BEFORE PRESCRIBING A MEDICATION.

(C) AN OPIOID TREATMENT PROGRAM SHALL PROVIDE A COPY OF THE PROTOCOLS REQUIRED BY SUBSECTION (B) OF THIS SECTION TO THE OFFICE OF HEALTH CARE QUALITY BEFORE BEING LICENSED BY THE ADMINISTRATION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2017.