

HOUSE BILL 1131

J1, F2

5lr2053

By: **Delegates Vogel and Tomlinson**

Introduced and read first time: February 5, 2025

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Buprenorphine – Training Grant Program and Workgroup**

3 FOR the purpose of establishing the Buprenorphine Training Grant Program to assist
4 counties with offsetting the cost of training paramedics to administer buprenorphine;
5 including the Program as an authorized use of funding from the Opioid Restitution
6 Fund; requiring the Maryland Office of Overdose Response to convene a workgroup
7 to study access to buprenorphine in the State; and generally relating to
8 buprenorphine.

9 BY adding to

10 Article – Health – General
11 Section 13–5501 and 13–5502 to be under the new subtitle “Subtitle 55.
12 Buprenorphine Training Grant Program”
13 Annotated Code of Maryland
14 (2023 Replacement Volume and 2024 Supplement)

15 BY repealing and reenacting, without amendments,

16 Article – State Finance and Procurement
17 Section 7–331(a) through (e)
18 Annotated Code of Maryland
19 (2021 Replacement Volume and 2024 Supplement)

20 BY repealing and reenacting, with amendments,

21 Article – State Finance and Procurement
22 Section 7–331(f)
23 Annotated Code of Maryland
24 (2021 Replacement Volume and 2024 Supplement)

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Article – Health – General**SUBTITLE 55. BUPRENORPHINE TRAINING GRANT PROGRAM.****13–5501.**

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

(B) “PARAMEDIC” HAS THE MEANING STATED IN § 13–516 OF THE EDUCATION ARTICLE.

(C) “PROGRAM” MEANS THE BUPRENORPHINE TRAINING GRANT PROGRAM.

13–5502.

(A) (1) THERE IS A BUPRENORPHINE TRAINING GRANT PROGRAM IN THE DEPARTMENT.

(2) THE PURPOSE OF THE PROGRAM IS TO ASSIST A COUNTY WITH OFFSETTING THE COST OF TRAINING PARAMEDICS TO ADMINISTER BUPRENORPHINE.

(B) A COUNTY MAY APPLY TO THE DEPARTMENT FOR A GRANT FROM THE PROGRAM.

(C) A COUNTY MAY USE A GRANT AWARDED UNDER THE PROGRAM ONLY FOR TRAINING PARAMEDICS TO ADMINISTER BUPRENORPHINE.

(D) THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION OF AT LEAST \$50,000 FROM THE OPIOID RESTITUTION FUND FOR THE PROGRAM.

Article – State Finance and Procurement**7–331.**

(a) In this section, “Fund” means the Opioid Restitution Fund.

(b) There is an Opioid Restitution Fund.

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

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

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

5 (e) The Fund consists of:

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

10 (2) the interest earnings of the Fund.

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

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

15 (i) improving access to medications proven to prevent or reverse an
16 overdose, including by supporting the initiative to co-locate naloxone with automated
17 external defibrillators placed in public buildings under § 13–518 of the Education Article;

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

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

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

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

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

29 (vii) supporting the behavioral health crisis hotline;

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

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

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

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

(2) supporting community-based nonprofit recovery organizations that provide nonclinical substance use recovery support services in the State;

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

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

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

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

(5) THE BUPRENORPHINE TRAINING GRANT PROGRAM ESTABLISHED UNDER § 13-5502 OF THE HEALTH – GENERAL ARTICLE.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Office of Overdose Response shall convene a workgroup to study access to buprenorphine in the State.

(b) The workgroup shall include:

(1) one member of the Senate of Maryland, appointed by the President of the Senate;

(2) one member of the House of Delegates, appointed by the Speaker of the House; and

(3) representatives of:

- (i) the Maryland Institute of Emergency Medical Services Systems;
- (ii) the Behavioral Health Administration;
- (iii) hospitals;
- (iv) local behavioral health agencies; and
- (v) the Maryland Association of Counties.

(c) The workgroup shall examine:

- (1) how buprenorphine services are offered in the State;
- (2) the capacity of providers to provide buprenorphine;
- (3) any geographic areas where significant gaps in buprenorphine services may exist;
- (4) the feasibility of financial support for a long-term expansion of buprenorphine services;
- (5) a plan for ongoing data collection for the purpose of the monitoring and improvement of buprenorphine services;
- (6) how to effectively grow a hub-and-spoke model to ensure access to buprenorphine in the State; and
- (7) any other strategies that would improve buprenorphine services in the State.

(d) On or before December 31, 2025, the Maryland Office of Overdose Response shall submit a report on the findings and recommendations of the workgroup, including the need for any statutory changes, to the Governor and, in accordance with § 2-1257 of the State Government Article, the Senate Finance Committee and the House Health and Government Operations Committee.

SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect October 1, 2025. Section 1 of this Act shall remain in effect for a period of 5 years and, at the end of September 30, 2030, Section 1 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section 3 of this Act, this Act shall take effect July 1, 2025. Section 2 of this Act shall remain effective for a period of 1 year and, at the end of June 30, 2026, Section 2 of this Act, with

1 no further action required by the General Assembly, shall be abrogated and of no further
2 force and effect.