

SENATE BILL 1099

J1, E4, P1

4lr0761

By: **Senators Smith, Gile, James, Rosapepe, Zucker, Salling, Muse, McKay, Carozza, Hettleman, Jackson, Kramer, Folden, King, Guzzone, Lam, Elfreth, Waldstreicher, and West** ~~West~~, **Augustine, Brooks, Feldman, Hester, Kagan, Lewis Young, and Simonaire**

Introduced and read first time: February 2, 2024

Assigned to: Education, Energy, and the Environment

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 3, 2024

CHAPTER _____

1 AN ACT concerning

2 **Emergency Services – Automated External Defibrillator and Naloxone**
3 **Co-Location Initiative – Requirements for Public Buildings**

4 FOR the purpose of requiring the State Emergency Medical Services Board, in collaboration
5 with the Maryland Department of Health, to develop and implement an initiative
6 under the Public Access Automated External Defibrillator Program to require that
7 naloxone be co-located with each automated external defibrillator placed in a public
8 building; establishing a certain immunity from liability for owners and operators of
9 public buildings who provide and maintain naloxone under the initiative and for
10 individuals who administer naloxone made available under the initiative in response
11 to a known or suspected drug overdose; requiring that the initiative be funded using
12 available funds from the Opioid Restitution Fund; and generally relating to
13 emergency services and the availability of naloxone in public buildings.

14 BY repealing and reenacting, with amendments,
15 Article – Courts and Judicial Proceedings
16 Section 5–603
17 Annotated Code of Maryland
18 (2020 Replacement Volume and 2023 Supplement)

19 BY repealing and reenacting, with amendments,
20 Article – Education

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.



Section 13–517
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

BY adding to
Article – Education
Section 13–518
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

BY repealing and reenacting, without amendments,
Article – State Finance and Procurement
Section 7–331(a)
Annotated Code of Maryland
(2021 Replacement Volume and 2023 Supplement)

BY repealing and reenacting, with amendments,
Article – State Finance and Procurement
Section 7–331(f)(1)(i)
Annotated Code of Maryland
(2021 Replacement Volume and 2023 Supplement)

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

Article – Courts and Judicial Proceedings

5–603.

(a) A person described in subsection (b) of this section is not civilly liable for any act or omission in giving any assistance or medical care, if:

(1) The act or omission is not one of gross negligence;

(2) The assistance or medical care is provided without fee or other compensation; and

(3) The assistance or medical care is provided:

(i) At the scene of an emergency;

(ii) In transit to a medical facility; or

(iii) Through communications with personnel providing emergency assistance.

(b) Subsection (a) of this section applies to the following:

(1) An individual who is licensed by this State to provide medical care;

(2) A member of any State, county, municipal, or volunteer fire department, ambulance and rescue squad, or law enforcement agency, the National Ski Patrol System, or a corporate fire department responding to a call outside of its corporate premises, if the member:

(i) Has completed an American Red Cross course in advanced first aid and has a current card showing that status;

(ii) Has completed an equivalent of an American Red Cross course in advanced first aid, as determined by the Secretary of Health;

(iii) Is certified or licensed by this State as an emergency medical services provider; or

(iv) Is administering medications or treatment approved for use in response to an apparent drug overdose and the member is:

1. Licensed or certified as an emergency medical services provider by the State Emergency Medical Services Board and authorized to administer the medications and treatment under protocols established by the State Emergency Medical Services Board;

2. Certified to administer the medications and treatment under protocols established by the Secretary of Health; or

3. Certified to administer the medications and treatment under protocols established by the Maryland State Police Medical Director;

(3) A volunteer fire department or ambulance and rescue squad whose members have immunity; and

(4) A corporation when its fire department personnel are immune under item (2) of this subsection.

(c) **(1)** An individual who is not covered otherwise by this section is not civilly liable for any act or omission in providing assistance or medical aid to a victim at the scene of an emergency, if:

[(1)] (I) The assistance or aid is provided in a reasonably prudent manner;

[(2)] (II) The assistance or aid is provided without fee or other compensation; and

EMS Board to provide oversight of emergency medical services for each of the local government and State and federal emergency medical services programs.

(6) “Program” means the Public Access Automated External Defibrillator Program.

(7) “Regional administrator” means the individual employed by the Institute as regional administrator in each EMS region.

(8) “Regional council” means an EMS advisory body as created by the Code of Maryland Regulations 30.05.

(9) “Regional council AED committee” means a committee appointed by the regional council consisting of:

(i) The regional medical director;

(ii) The regional administrator; and

(iii) Three or more individuals with knowledge of and expertise in AEDs.

(10) “Registered facility” means an organization, a business association, an agency, or any other entity that meets the requirements of the EMS Board for registering with the Program.

(b) (1) There is a Public Access Automated External Defibrillator Program.

(2) The purpose of the Program is to [coordinate]:

(I) **COORDINATE** an effective statewide public access defibrillation program; **AND**

(II) **IMPLEMENT THE INITIATIVE TO CO-LOCATE NALOXONE WITH AUTOMATED EXTERNAL DEFIBRILLATORS PLACED IN PUBLIC BUILDINGS, AS REQUIRED UNDER § 13-518 OF THIS SUBTITLE.**

(3) The Program shall be administered by the EMS Board.

(c) The EMS Board may:

(1) Adopt regulations for the administration of the Program;

(2) Issue and renew certificates to facilities that meet the requirements of this section;

(3) Deny, suspend, revoke, or refuse to renew the certificate of a registered facility for failure to meet the requirements of this section;

(4) Approve educational and training programs required under this section that:

(i) Are conducted by any private or public entity;

(ii) Include training in cardiopulmonary resuscitation and automated external defibrillation; and

(iii) May include courses from nationally recognized entities such as the American Heart Association, the American Red Cross, and the National Safety Council;

(5) Approve the protocol for the use of an AED; and

(6) Delegate to the Institute any portion of its authority under this section.

(d) (1) Each facility that desires to make automated external defibrillation available shall possess a valid certificate from the EMS Board.

(2) This subsection does not apply to:

(i) A jurisdictional emergency medical services operational program;

(ii) A licensed commercial ambulance service;

(iii) A health care facility as defined in § 19–114 of the Health – General Article; or

(iv) A place of business for health care practitioners who are licensed as dentists under Title 4 of the Health Occupations Article or as physicians under Title 14 of the Health Occupations Article and are authorized to use an AED in accordance with that license.

(e) To qualify for a certificate a facility shall:

(1) Comply with the written protocol approved by the EMS Board for the use of an AED which includes notification of the emergency medical services system through the use of the 911 universal emergency access number as soon as possible on the use of an AED;

(2) Have established automated external defibrillator maintenance, placement, operation, reporting, and quality improvement procedures as required by the EMS Board;

(3) Maintain each AED and all related equipment and supplies in accordance with the standards established by the device manufacturer and the federal Food and Drug Administration; [and]

(4) Ensure that each individual who is expected to operate an AED for the registered facility has successfully completed an educational training course and refresher training as required by the EMS Board; AND

(5) IF THE FACILITY IS A PUBLIC BUILDING, MEET ANY REQUIREMENTS ESTABLISHED UNDER § 13-518 OF THIS SUBTITLE RELATING TO THE CO-LOCATION OF NALOXONE WITH EACH AED MAINTAINED IN THE FACILITY.

(f) A registered facility shall report the use of an AED to the Institute for review by the regional council AED committee.

(g) A facility that desires to establish or renew a certificate shall:

(1) Submit an application on the form that the EMS Board requires; and

(2) Meet the requirements under this section.

(h) (1) The EMS Board shall issue a new or a renewed certificate to a facility that meets the requirements of this section.

(2) Each certificate shall include:

(i) The type of certificate;

(ii) The full name and address of the facility;

(iii) A unique identification number; and

(iv) The dates of issuance and expiration of the certificate.

(3) A certificate is valid for 3 years.

(i) The EMS Board may issue a cease and desist order or obtain injunctive relief if a facility makes automated external defibrillation available in violation of this section.

(j) (1) In addition to any other immunities available under statutory or common law, a registered facility is not civilly liable for any act or omission in the provision of automated external defibrillation if the registered facility:

(i) Has satisfied the requirements for making automated external defibrillation available under this section; and

(ii) Possesses a valid certificate at the time of the act or omission.

(2) In addition to any other immunities available under statutory or common law, a member of the regional council AED committee is not civilly liable for any act or omission in the provision of automated external defibrillation.

(3) In addition to any other immunities available under statutory or common law, an individual is not civilly liable for any act or omission if:

(i) The individual is acting in good faith while rendering automated external defibrillation to a person who is a victim or reasonably believed by the individual to be a victim of a sudden cardiac arrest;

(ii) The assistance or aid is provided in a reasonably prudent manner; and

(iii) The automated external defibrillation is provided without fee or other compensation.

(4) The immunities in this subsection are not available if the conduct of the registered facility or an individual amounts to gross negligence, willful or wanton misconduct, or intentionally tortious conduct.

(5) This subsection does not affect, and may not be construed as affecting, any immunities from civil or criminal liability or defenses established by any other provision of the Code or by common law to which a registered facility, a member of the regional council AED committee, or an individual may be entitled.

(k) (1) A registered facility aggrieved by a decision of the Institute acting under the delegated authority of the EMS Board under this section shall be afforded an opportunity for a hearing before the EMS Board.

(2) A registered facility aggrieved by a decision of the EMS Board under this section shall be afforded an opportunity for a hearing in accordance with Title 10, Subtitle 2 of the State Government Article.

13-518.

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

(2) “AUTOMATED EXTERNAL DEFIBRILLATOR (AED)” HAS THE MEANING STATED IN § 13-517 OF THIS SUBTITLE.

(3) “NALOXONE” MEANS THE MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR COMMUNITY USE FOR THE REVERSAL OF A KNOWN OR SUSPECTED OPIOID OVERDOSE.

1 (4) “PUBLIC BUILDING” MEANS:

2 (I) A PUBLIC MASS TRANSPORTATION ACCOMMODATION, SUCH
3 AS A TERMINAL OR STATION, THAT IS SUPPORTED BY PUBLIC FUNDS;

4 (II) AN IMPROVEMENT OF A PUBLIC AREA USED FOR
5 GATHERING OR AMUSEMENT, INCLUDING A PUBLIC PARK OR RECREATION CENTER;
6 OR

7 (III) A FACILITY THAT IS SUPPORTED BY PUBLIC FUNDS AND
8 PRIMARILY USED TO PROVIDE SECONDARY OR HIGHER EDUCATION.

9 (B) (1) THE EMS BOARD, IN COLLABORATION WITH THE MARYLAND
10 DEPARTMENT OF HEALTH, SHALL DEVELOP AND IMPLEMENT AN INITIATIVE UNDER
11 THE PUBLIC ACCESS AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM TO
12 REQUIRE THAT NALOXONE BE CO-LOCATED WITH EACH AUTOMATED EXTERNAL
13 DEFIBRILLATOR PLACED IN A PUBLIC BUILDING.

14 (2) THE INITIATIVE DEVELOPED UNDER PARAGRAPH (1) OF THIS
15 SUBSECTION SHALL ENSURE THAT UP TO TWO DOSES OF NALOXONE ARE
16 MAINTAINED IN A LOCATION THAT:

17 (I) IS VISIBLE AND IN CLOSE PHYSICAL PROXIMITY TO THE
18 AUTOMATED EXTERNAL DEFIBRILLATOR; AND

19 (II) HAS A LABEL THAT CLEARLY INDICATES TO THE PUBLIC
20 THE AVAILABILITY OF NALOXONE.

21 (3) THE INITIATIVE DEVELOPED UNDER PARAGRAPH (1) OF THIS
22 SUBSECTION SHALL BE FUNDED ~~IN THE SAME MANNER AS THE PUBLIC ACCESS~~
23 ~~AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM~~ USING AVAILABLE FUNDS
24 FROM THE OPIOID RESTITUTION FUND.

25 (C) (1) THE OWNER OR OPERATOR OF A PUBLIC BUILDING IS NOT CIVILLY
26 LIABLE FOR ANY ACT OR OMISSION IN THE PROVISION AND MAINTENANCE OF
27 NALOXONE UNDER THE INITIATIVE DEVELOPED UNDER SUBSECTION (B)(1) OF THIS
28 SECTION IF THE OWNER OR OPERATOR HAS SATISFIED ANY REQUIREMENTS
29 ESTABLISHED FOR PROVIDING AND MAINTAINING NALOXONE UNDER THE
30 INITIATIVE.

31 (2) AN INDIVIDUAL WHO ADMINISTERS NALOXONE MADE AVAILABLE
32 UNDER THE INITIATIVE DEVELOPED UNDER PARAGRAPH (1) OF THIS SUBSECTION

1 IN RESPONSE TO A KNOWN OR SUSPECTED DRUG OVERDOSE SHALL HAVE IMMUNITY
2 FROM CIVIL LIABILITY AS PROVIDED IN § 5–603 OF THE COURTS ARTICLE.

3 (D) THE EMS BOARD AND THE MARYLAND DEPARTMENT OF HEALTH
4 JOINTLY SHALL ADOPT REGULATIONS THAT:

5 (1) ESTABLISH GUIDELINES FOR PERIODIC INSPECTIONS AND
6 MAINTENANCE OF THE NALOXONE PLACED IN PUBLIC BUILDINGS; AND

7 (2) ASSIST THE ADMINISTRATORS OF EACH PUBLIC BUILDING IN
8 CARRYING OUT THE PROVISIONS OF THIS SECTION.

9 Article – State Finance and Procurement

10 7–331.

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

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

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

16 (i) improving access to medications proven to prevent or reverse an
17 overdose, INCLUDING BY SUPPORTING THE INITIATIVE TO CO-LOCATE NALOXONE
18 WITH AUTOMATED EXTERNAL DEFIBRILLATORS PLACED IN PUBLIC BUILDINGS
19 UNDER § 13–518 OF THE EDUCATION ARTICLE;

20 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
21 October 1, 2024.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.