

HOUSE BILL 1372

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By: **Delegate Beitzel**

Introduced and read first time: February 10, 2017

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Ibogaine Treatment Pilot Program**

3 FOR the purpose of establishing the Ibogaine Treatment Pilot Program; requiring the
4 Program to begin on or before a certain date and to continue for a certain number of
5 years; providing for the purposes of the Program; establishing the Ibogaine
6 Treatment Pilot Program Advisory Board; providing for the purposes and
7 membership of the Advisory Board; providing for the terms of the members of the
8 Advisory Board; requiring the Secretary of Health and Mental Hygiene to designate
9 the chair of the Advisory Board; providing that a member of the Advisory Board may
10 not receive certain compensation, but is entitled to certain reimbursement; requiring
11 the Department of Health and Mental Hygiene to provide staff support for the
12 Advisory Board; requiring a certain health care facility to submit a certain proposal
13 to participate in the Program; requiring the Advisory Board to review certain
14 proposals; requiring the Advisory Board, within a certain time period after receiving
15 a certain proposal, to approve a health care facility for participation in the Program
16 under certain circumstances or to deny the request to participate in the Program in
17 a certain manner; requiring a health care facility that participates in the Program
18 to conduct certain research, adopt certain guidelines and protocols, and take certain
19 measures to develop and implement the Program; authorizing certain persons to
20 provide and receive certain treatment, notwithstanding certain provisions of law;
21 prohibiting the provision or receipt of certain treatment from being a basis for a
22 certain seizure or forfeiture, notwithstanding certain provisions of law; prohibiting
23 the imposition of certain penalties on certain persons based solely on the provision
24 or receipt of certain treatment, notwithstanding certain provisions of law;
25 authorizing certain providers to collect or attempt to collect certain fees and certain
26 reimbursement, notwithstanding certain provisions of law; authorizing recipients of
27 services under the Program to remit payment for certain fees, notwithstanding
28 certain provisions of law; authorizing certain health insurance carriers to reimburse
29 certain providers for certain fees, notwithstanding certain provisions of law;
30 providing that certain health care practitioners may not be subject to certain
31 disciplinary action under certain circumstances; authorizing certain providers to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



fund the costs of providing certain treatment under the Program with certain appropriations, certain revenue, certain grants and assistance, and certain money; requiring certain health care facilities to submit certain reports to the Department and Advisory Board on or before certain dates; requiring the Department to submit certain compilations of certain reports to the Governor and to the General Assembly on or before certain dates; defining certain terms; providing for the termination of this Act; and generally relating to the Ibogaine Treatment Pilot Program.

BY adding to

Article – Health – General

Section 8–1101 through 8–1108 to be under the new subtitle “Subtitle 11. Ibogaine Treatment Pilot Program”

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

SUBTITLE 11. IBOGAINE TREATMENT PILOT PROGRAM.

8–1101.

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

(B) “ADVISORY BOARD” MEANS THE IBOGAINE TREATMENT PILOT PROGRAM ADVISORY BOARD ESTABLISHED UNDER THIS SUBTITLE.

(C) “HEALTH CARE FACILITY” MEANS A FACILITY OR OFFICE WHERE HEALTH OR MEDICAL CARE IS PROVIDED TO PATIENTS BY A HEALTH CARE PRACTITIONER.

(D) “HEALTH CARE PRACTITIONER” MEANS A PERSON WHO IS:

(1) LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION; AND

(2) AUTHORIZED TO PRESCRIBE DRUGS UNDER THE HEALTH OCCUPATIONS ARTICLE.

(E) “IBOGAINE” MEANS THE NATURALLY OCCURRING PSYCHOACTIVE SUBSTANCE FOUND IN THE ROOT BARK OF THE IBOGA PLANT.

1 **(F) “IBOGAINE TREATMENT” MEANS THE ADMINISTERING OR DISPENSING**
2 **OF IBOGAINE BY A HEALTH CARE PRACTITIONER IN A HEALTH CARE FACILITY TO**
3 **SELECT OPIOID-DEPENDENT INDIVIDUALS.**

4 **(G) (1) “OPIOID DEPENDENCE” HAS THE MEANING STATED IN THE**
5 **DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, 4TH EDITION,**
6 **PUBLISHED BY THE AMERICAN PSYCHIATRIC ASSOCIATION.**

7 **(2) “OPIOID DEPENDENCE” INCLUDES:**

8 **(I) A MALADAPTIVE PATTERN OF SUBSTANCE USE LEADING TO**
9 **CLINICALLY SIGNIFICANT IMPAIRMENT OR DISTRESS; AND**

10 **(II) A COMBINATION OF SEVERAL OF THE FOLLOWING SIGNS**
11 **AND SYMPTOMS:**

12 1. **INCREASING DRUG TOLERANCE;**

13 2. **WITHDRAWAL SIGNS AND SYMPTOMS;**

14 3. **A DESIRE OR UNSUCCESSFUL EFFORT TO CUT DOWN**
15 **OR CONTROL SUBSTANCE USE;**

16 4. **LOSS OF SOCIAL, OCCUPATIONAL, OR RECREATIONAL**
17 **ACTIVITIES BECAUSE OF SUBSTANCE USE; AND**

18 5. **CONTINUING SUBSTANCE USE DESPITE**
19 **CONSEQUENCES.**

20 **(H) “OPIOID-DEPENDENT INDIVIDUAL” MEANS AN INDIVIDUAL WHO HAS AN**
21 **OPIOID DEPENDENCE.**

22 **(I) “PROGRAM” MEANS THE IBOGAINE TREATMENT PILOT PROGRAM**
23 **ESTABLISHED UNDER THIS SUBTITLE.**

24 **(J) “PROGRAM PROVIDER” MEANS A HEALTH CARE FACILITY OR HEALTH**
25 **CARE PRACTITIONER THAT HAS RECEIVED APPROVAL FROM THE ADVISORY BOARD**
26 **TO PROVIDE IBOGAINE TREATMENT.**

27 **(K) “PROGRAM RECIPIENT” MEANS AN INDIVIDUAL SELECTED TO RECEIVE**
28 **IBOGAINE TREATMENT PROVIDED UNDER THE PROGRAM.**

1 **8-1102.**

2 (A) **THERE IS AN IBOGAINE TREATMENT PILOT PROGRAM.**

3 (B) **THE PROGRAM SHALL BEGIN ON OR BEFORE JANUARY 1, 2019, AND**
4 **CONTINUE FOR A PERIOD OF 4 YEARS.**

5 (C) **THE PURPOSES OF THE PROGRAM ARE TO:**

6 (1) **PROVIDE IBOGAINE TREATMENT AT PARTICIPATING HEALTH**
7 **CARE FACILITIES TO OPIOID-DEPENDENT INDIVIDUALS WHO DO NOT BENEFIT FROM**
8 **CONVENTIONAL TREATMENT METHODS AND INTERVENTIONS FOR**
9 **OPIOID DEPENDENCE, INCLUDING OPIOID REPLACEMENT THERAPY; AND**

10 (2) **EVALUATE THE EFFECTIVENESS OF IBOGAINE TREATMENT WHEN**
11 **COMPARED TO CONVENTIONAL TREATMENT METHODS AND INTERVENTIONS,**
12 **INCLUDING OPIOID REPLACEMENT THERAPY.**

13 **8-1103.**

14 (A) **THERE IS AN IBOGAINE TREATMENT PILOT PROGRAM ADVISORY**
15 **BOARD.**

16 (B) **THE ADVISORY BOARD CONSISTS OF:**

17 (1) **THE SECRETARY, OR THE SECRETARY'S DESIGNEE; AND**

18 (2) **THE FOLLOWING MEMBERS, APPOINTED BY THE SECRETARY:**

19 (I) **ONE PHYSICIAN WITH EXPERTISE IN ADDICTION MEDICINE;**

20 (II) **ONE NURSE WITH EXPERTISE IN ADDICTION TREATMENT;**

21 (III) **ONE SOCIAL WORKER;**

22 (IV) **ONE ADDICTION COUNSELOR;**

23 (V) **ONE REPRESENTATIVE OF LAW ENFORCEMENT; AND**

24 (VI) **ONE REPRESENTATIVE FROM A SCHOOL OF PUBLIC HEALTH**
25 **WITH EXPERTISE IN ADDICTION TREATMENT.**

26 (C) (1) (I) **THE TERM OF AN APPOINTED MEMBER IS 3 YEARS.**

(II) THE TERMS OF THE APPOINTED MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED ON OCTOBER 1, 2017.

(III) AT THE END OF A TERM, AN APPOINTED MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(IV) AN APPOINTED MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL TERMS.

(V) AN APPOINTED MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(2) THE SECRETARY SHALL DESIGNATE THE CHAIR FROM AMONG THE MEMBERS OF THE ADVISORY BOARD.

(3) A MAJORITY OF THE MEMBERS PRESENT AT A MEETING IS A QUORUM.

(4) A MEMBER OF THE ADVISORY BOARD:

(I) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE ADVISORY BOARD; BUT

(II) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(5) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL PROVIDE STAFF SUPPORT FOR THE ADVISORY BOARD.

(D) THE PURPOSES OF THE ADVISORY BOARD ARE TO:

(1) REVIEW PROPOSALS SUBMITTED BY HEALTH CARE FACILITIES REQUESTING PARTICIPATION IN THE PROGRAM; AND

(2) APPROVE HEALTH CARE FACILITIES THAT DEMONSTRATE AN ABILITY TO CARRY OUT THE REQUIREMENTS FOR PROGRAM PROVIDERS ESTABLISHED UNDER § 8-1105 OF THIS SUBTITLE AND HEALTH CARE PRACTITIONERS FOR PARTICIPATION IN THE PROGRAM.

8-1104.

(A) TO PARTICIPATE IN THE PROGRAM, A HEALTH CARE FACILITY SHALL SUBMIT A PROPOSAL TO THE DEPARTMENT REQUESTING APPROVAL TO PARTICIPATE IN THE PROGRAM.

(B) THE ADVISORY BOARD SHALL REVIEW EACH PROPOSAL SUBMITTED UNDER SUBSECTION (A) OF THIS SECTION.

(C) WITHIN 30 DAYS AFTER RECEIVING A PROPOSAL SUBMITTED UNDER SUBSECTION (A) OF THIS SECTION, THE ADVISORY BOARD SHALL:

(1) APPROVE A HEALTH CARE FACILITY FOR PARTICIPATION IN THE PROGRAM IF THE FACILITY DEMONSTRATES IN THE PROPOSAL THE FACILITY'S ABILITY TO CARRY OUT THE REQUIREMENTS FOR PROGRAM PROVIDERS UNDER § 8-1105 OF THIS SUBTITLE; OR

(2) DENY THE REQUEST TO PARTICIPATE IN THE PROGRAM, STATING:

(I) THE ADVISORY BOARD'S REASONS FOR THE DENIAL; AND

(II) THE MODIFICATIONS THAT MAY BE MADE TO THE PROPOSAL TO OBTAIN APPROVAL FROM THE ADVISORY BOARD TO PARTICIPATE IN THE PROGRAM.

8-1105.

A HEALTH CARE FACILITY THAT PARTICIPATES IN THE PROGRAM SHALL CONDUCT RESEARCH, ADOPT GUIDELINES AND PROTOCOLS, AND TAKE MEASURES NECESSARY TO DEVELOP AND IMPLEMENT THE PROGRAM, INCLUDING:

(1) DEVELOPING CRITERIA FOR SELECTING THE HEALTH CARE FACILITIES AND HEALTH CARE PRACTITIONERS WHO WILL PARTICIPATE IN THE PROGRAM;

(2) ESTABLISHING SCREENING AND ELIGIBILITY CRITERIA FOR INDIVIDUALS WHO WILL RECEIVE TREATMENT PROVIDED UNDER THE PROGRAM;

(3) DEVELOPING AN EFFECTIVE RECRUITMENT STRATEGY FOR INDIVIDUALS WHO WILL RECEIVE TREATMENT IN THE PROGRAM;

(4) ESTABLISHING ASSESSMENT AND TREATMENT PROTOCOLS;

1 **(5) ESTABLISHING BEST CLINICAL PRACTICES FOR CONTINUITY OF**
2 **CARE AND ACUTE CARE FOR UNMET OR URGENT MEDICAL AND PSYCHIATRIC NEEDS**
3 **OF PROGRAM RECIPIENTS;**

4 **(6) (I) COORDINATING WITH THE FEDERAL GOVERNMENT TO**
5 **OBTAIN QUANTITIES OF IBOGAINE REQUIRED FOR USE IN THE PROGRAM; OR**

6 **(II) IF UNABLE TO OBTAIN QUANTITIES OF IBOGAINE IN**
7 **COORDINATION WITH THE FEDERAL GOVERNMENT, CONDUCTING AN INVENTORY OF**
8 **AVAILABLE SOURCES OF IBOGAINE AND CONTRACTING WITH THE BEST AVAILABLE**
9 **SOURCE FOR THE RECEIPT OF QUANTITIES OF IBOGAINE REQUIRED FOR USE IN THE**
10 **PROGRAM;**

11 **(7) DEVELOPING A BROAD-BASED EVALUATION OF THE PROGRAM**
12 **THAT:**

13 **(I) MEASURES OUTCOMES FOR PROGRAM RECIPIENTS,**
14 **INCLUDING:**

15 **1. RETENTION IN TREATMENT;**

16 **2. MORBIDITY AND MORTALITY;**

17 **3. CONTINUING OR NEW ILLICIT DRUG USE; AND**

18 **4. THE COST OF TREATMENT;**

19 **(II) INCLUDES A COMPARISON TO OTHER TREATMENT**
20 **METHODS AND INTERVENTIONS; AND**

21 **(III) ESTABLISHES PROCEDURES FOR DATA COLLECTION; AND**

22 **(8) ESTABLISHING A PLAN FOR THE STORAGE AND ADMINISTRATION**
23 **OF IBOGAINE PROVIDED UNDER THE PROGRAM.**

24 **8-1106.**

25 **(A) NOTWITHSTANDING ANY OTHER PROVISION OF STATE OR LOCAL LAW:**

26 **(1) A PROGRAM PROVIDER MAY PROVIDE IBOGAINE TREATMENT TO**
27 **PROGRAM RECIPIENTS;**

1 **(2) A PROGRAM RECIPIENT MAY RECEIVE IBOGAINE TREATMENT**
2 **FROM A PROGRAM PROVIDER;**

3 **(3) THE PROVISION OR RECEIPT OF IBOGAINE TREATMENT**
4 **AUTHORIZED UNDER THE PROGRAM MAY NOT BE A BASIS FOR THE SEIZURE OR**
5 **FORFEITURE OF ANY PRODUCTS, MATERIALS, EQUIPMENT, PROPERTY, OR ASSETS;**

6 **(4) A STATE OR LOCAL CRIMINAL, CIVIL, OR ADMINISTRATIVE**
7 **PENALTY MAY NOT BE IMPOSED ON ANY PERSON PARTICIPATING IN THE PROGRAM**
8 **BASED SOLELY ON THE PROVISION OR RECEIPT OF IBOGAINE TREATMENT**
9 **PROVIDED UNDER THE PROGRAM;**

10 **(5) A PROGRAM PROVIDER MAY:**

11 **(I) COLLECT OR ATTEMPT TO COLLECT FEES FROM A**
12 **PROGRAM RECIPIENT FOR IBOGAINE TREATMENT AND OTHER HEALTH CARE**
13 **SERVICES; AND**

14 **(II) OBTAIN OR ATTEMPT TO OBTAIN REIMBURSEMENT FOR**
15 **IBOGAINE TREATMENT AND OTHER HEALTH CARE SERVICES PROVIDED TO A**
16 **PROGRAM RECIPIENT FROM A HEALTH INSURANCE CARRIER THAT PROVIDES**
17 **COVERAGE FOR SERVICES PROVIDED TO THE PROGRAM RECIPIENT;**

18 **(6) A PROGRAM RECIPIENT MAY REMIT PAYMENT FOR FEES**
19 **CHARGED BY A PROGRAM PROVIDER FOR IBOGAINE TREATMENT AND OTHER**
20 **HEALTH CARE SERVICES PROVIDED TO THE PROGRAM RECIPIENT; AND**

21 **(7) A HEALTH INSURANCE CARRIER THAT PROVIDES COVERAGE FOR**
22 **SERVICES PROVIDED TO A PROGRAM RECIPIENT MAY REIMBURSE A PROGRAM**
23 **PROVIDER FOR FEES CHARGED BY THE PROGRAM PROVIDER FOR IBOGAINE**
24 **TREATMENT AND OTHER HEALTH CARE SERVICES PROVIDED TO THE PROGRAM**
25 **RECIPIENT.**

26 **(B) A HEALTH CARE PRACTITIONER WHO PARTICIPATES IN THE PROGRAM**
27 **MAY NOT BE SUBJECT TO ANY DISCIPLINARY ACTION UNDER THE HEALTH**
28 **OCCUPATIONS ARTICLE SOLELY FOR THE ACT OF PROVIDING IBOGAINE**
29 **TREATMENT THAT IS IN ACCORDANCE WITH PROTOCOLS AND GUIDELINES**
30 **CONTAINED IN A PROPOSAL APPROVED BY THE ADVISORY BOARD UNDER § 8-1104**
31 **OF THIS SUBTITLE.**

32 **8-1107.**

**A PROGRAM PROVIDER MAY FUND THE COSTS OF PROVIDING
IBOGAINE TREATMENT UNDER THE PROGRAM WITH:**

(1) APPROPRIATIONS PROVIDED IN THE STATE BUDGET;

**(2) REVENUE FROM FEES CHARGED FOR IBOGAINE TREATMENT AND
OTHER HEALTH CARE SERVICES PROVIDED TO PROGRAM RECIPIENTS;**

**(3) GRANTS OR OTHER ASSISTANCE FROM FEDERAL, STATE, OR
LOCAL GOVERNMENT; AND**

**(4) ANY OTHER MONEY MADE AVAILABLE TO THE PROGRAM
PROVIDER FROM ANY PUBLIC OR PRIVATE SOURCE.**

8-1108.

**(A) (1) ON OR BEFORE NOVEMBER 30, 2019, AND ON OR BEFORE
NOVEMBER 1 EACH YEAR THEREAFTER, A HEALTH CARE FACILITY THAT
PARTICIPATES IN THE PROGRAM SHALL SUBMIT A REPORT ON THE STATUS OF
IMPLEMENTING THE PROGRAM TO THE DEPARTMENT AND THE ADVISORY BOARD.**

**(2) THE REPORT REQUIRED ON OR BEFORE NOVEMBER 1, 2022,
SHALL INCLUDE:**

(I) AN ANALYSIS OF THE PROGRAM EVALUATION DATA;

**(II) A DETERMINATION OF WHETHER THE PROGRAM DIRECTLY
RESULTS IN:**

**1. HEALTH RISKS THAT OUTWEIGH THE BENEFITS TO
PROGRAM RECIPIENTS; AND**

**2. SIGNIFICANT SAFETY CONSEQUENCES TO THE
PUBLIC;**

(III) AN ASSESSMENT OF THE NEED FOR IBOGAINE TREATMENT;

**(IV) ANY RECOMMENDATIONS AND CONCLUSIONS CONCERNING
THE DESIRABILITY OF TRANSITIONING THE PROGRAM INTO A PERMANENT
IBOGAINE TREATMENT PROGRAM;**

**(V) AN EVALUATION OF THE NEED TO EXPAND THE PROGRAM
TO INCLUDE ADDITIONAL LOCATIONS AND PARTICIPANTS;**

1 (VI) A DETERMINATION OF WHETHER ANY MODIFICATIONS OR
2 ADDITIONS TO THE GUIDELINES OR PROTOCOLS GOVERNING THE PROGRAM ARE
3 NECESSARY TO TRANSITION THE PROGRAM TO A PERMANENT IBOGAINE
4 TREATMENT PROGRAM; AND

5 (VII) A RECOMMENDATION AS TO WHETHER PROGRAM
6 RECIPIENTS WHO HAVE BENEFITED FROM PARTICIPATION IN THE PROGRAM, AS
7 MEDICALLY DETERMINED BY A PHYSICIAN, SHOULD HAVE ACCESS TO IBOGAINE
8 TREATMENT FOLLOWING THE CONCLUSION OF THE PROGRAM.

9 (B) ON OR BEFORE DECEMBER 30, 2019, AND ON OR BEFORE DECEMBER 1
10 EACH YEAR THEREAFTER, THE DEPARTMENT SHALL SUBMIT A COMPILATION OF
11 THE REPORTS REQUIRED UNDER SUBSECTION (A)(1) OF THIS SECTION TO THE
12 GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT
13 ARTICLE, THE GENERAL ASSEMBLY.

14 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
15 October 1, 2017. It shall remain effective for a period of 5 years and 9 months and, at the
16 end of June 30, 2023, with no further action required by the General Assembly, this Act
17 shall be abrogated and of no further force and effect.