

Summaries of Key 2017 Heroin and Opioid Legislation Passed by Maryland General Assembly

SB 539 - Controlled Dangerous Substances - Fentanyl

- Governor's bill created a new felony, punishable by up to 10 consecutive years, for individuals who knowingly distribute fentanyl or a fentanyl analog.
- Legislation recognizes the deadly impact potent and cheap fentanyl has on our communities by providing law enforcement more tools to hold drug traffickers accountable.

HB 1432 - The Prescriber Limits Act

- Administration's proposal requires a health care provider, based on their clinical judgement, to prescribe the lowest effective dose of an opioid and a quantity no greater than the quantity needed for the expected duration of pain severe enough to require an opioid that is a controlled dangerous substance.
- Certain exceptions are made for patients with chronic illness, who are receiving pain treatment associated with cancer or palliative care, or who are receiving medication assisted treatment for a substance use disorder.

Overdose Prevention Act

- The Administration's Overdose Prevention Act allows local fatality review teams to review nonfatal overdose data, eliminate the training certification requirement to access naloxone, and grant authority to the Office of Controlled Dangerous Substance Administration to take action against the CDS registration of a CDS prescriber or dispenser based on investigations of the Drug Enforcement Administration or a state professional licensing board.
- Passed as part of the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act

SB 967/HB 1329 - Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017

- Drug courts: The Administrative Office of the Courts shall assess drug court programs to determine how to increase programs in a manner sufficient to meet each county's need.
- Crisis treatment centers: the Behavioral Health Administration shall establish 24/7 crisis treatment centers that connect individuals to care immediately.
 - At least one crisis center shall be established on or before June 1, 2018
- Crisis hotline: DHMH shall establish and operate a toll-free health crisis hotline 24/7; the hotline must assist callers by:
 - Conducting comprehensive evidence-based screening for mental health and substance use needs, cognitive or intellectual functioning, infectious disease, and acute somatic conditions;
 - Conducting a risk assessment for callers experiencing an overdose or potentially committing suicide or homicide;
 - Connecting callers to emergency services when indicated;
 - Referring callers for ongoing care;
 - Following up with callers to determine if the needs were met

- Providing information about treatment programs and hospitals, what level of care they provide and what methods of payment they accept
- MAT treatment: MDH must develop and provide to healthcare facilities information about signs and symptoms of opioid use disorder and treatment options, including all FDA-approved medications
- MAT treatment: Each healthcare facility must make available the services of health care providers who are trained and authorized under federal law to prescribe opioid addiction treatment medications, including buprenorphine-containing formulations.
 - May deliver these services through telehealth, if appropriate.
- Co-prescribing of naloxone: MDH Secretary must establish guidelines for the co-prescribing of naloxone for patients at an elevated risk for overdose.
- Keep the Door Open: 3.5% rate increases for behavioral health providers for FY 19 and 20; 3% rate increase for FY 21 if rate-setting study and payment system are not implemented before September 30, 2019; report on the impact of the rate increase on wages and salaries paid, tenure and turnover, and recruitment ability.
- Hospital discharging protocols - hospitals must develop discharging patients who were treated for an overdose or was identified as having a substance use disorder.
- Prior authorization - A provider that includes on its formulary an opioid antagonist (naloxone) may apply a prior authorization requirement only if the entity provides coverage for at least one formulation of the opioid antagonist without a prior authorization requirement.
- Budget language:
 - It is the intent of the General Assembly that MDH use the \$10 million in Supplemental Budget 2 to prioritize the funding of services established under this Act
 - MDH must report to relevant legislative committees before January 1, 2018 on how funds were used and the criteria for using the funds

SB 1060/HB 1082 Heroin and Opioid Education and Community Action Act of 2017 (Start Talking Maryland Act)

- MDH and MSDE jointly shall develop standards and guidelines for school health programs and offer assistance to county school boards in implementation
- Each county board must designate a school health services coordinator
- Programming on heroin and opioid related addiction and prevention, including information fentanyl must be provided in the following grade bands: 3-5; 6-8; and 9-12.
- Each county board shall establish a policy to authorize school health personnel to administer naloxone that includes a requirement for all public schools to obtain and store naloxone at the school
- Each county board or local health department shall hire a “sufficient number of either county or regional community action officials” or develop and implement a program that provides the community relations and education functions required to be conducted by community action officials which include:
 - Coordinating school-based community forums in cooperation with local law enforcement; and
 - Conducting public relations efforts that include parent contact, electronic media and public service announcements

- Grants to local school boards to implement the policy and training required under the bill
- Higher education institutions must establish a policy that addresses the heroin and opioid epidemic with specific requirements for incoming student training and a requirement that the institution obtain and store naloxone
- Institutions of higher education that awards a degree that can be used for licensure within the medical field must offer instruction in substance use disorder