

Summary of Key 2018 Heroin and Opioid Legislation Passed by Maryland General Assembly – Opioid Operational Command Center

HB 359/SB 309 - Reporting of Overdose Information

- The Governor's bill authorizes an emergency medical services (EMS) provider or law enforcement officer who treats or transports an individual experiencing a suspected or actual overdose to report the incident using an appropriate information technology platform, including the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) overdose detection mapping application program (ODMAP).
- Requires the Maryland Institute for EMS Systems (MIEMSS) to report all EMS suspected overdose incidents using an appropriate information technology platform, including the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) overdose detection mapping application program (ODMAP).

SB 87 - Registration, Schedules, Penalties, and Orders of Impoundment

- This departmental bill updates the lists of Schedule I through V controlled dangerous substances (CDS) in statute to reflect federal lists and State exceptions.
- Authorizes the Maryland Department of Health (MDH) to impose a civil penalty for violations of the Controlled Dangerous Substances Act.
- Alters publication requirements for drug and prescription records impoundment notices; and makes other clarifying and technical changes.

SB 139 - Heroin and Opioid Addiction and Prevention Policies - Exceptions and Revisions

- This bill exempts the University of Maryland, University College (UMUC), the University of Maryland Center for Environmental Science (UMCES), and off-campus nonresidential locations of institutions of higher education from specified requirements related to policies on heroin and opioid addiction and prevention.
- UMUC, UMCES, and off-campus nonresidential locations must instead provide all students, as opposed to only incoming part-time students under current law, with educational resources on heroin and opioid addiction and prevention.

HB 922 - "Pill Mill" Tip Line and Overdose Report

- This bill requires the Maryland Department of Health (MDH), by December 1, 2018, to identify a method for establishing a tip line for a person to report a licensed prescriber who the person suspects is prescribing or overprescribing medication.
- MDH is responsible for ensuring that reports are forwarded to the appropriate licensing board.
- The Secretary of Health must examine the specified prescription and treatment history of individuals in the State who suffered fatal overdoses and report annually to the Governor and the General Assembly.
- The Department of Health will undertake a statewide, multi-jurisdictional/ multi-agency report looking at opioid/substance use disorder in Maryland. The report will mirror one conducted in Massachusetts. Specified State agencies must provide data to and enter into data sharing use agreements with MDH.
- MDH must seek any available federal funding to implement the required examinations and reports.

HB 407/SB 232 - General Hospice Care Programs - Collection and Disposal of Unused Prescription Medication

- This bill requires a general hospice care program to establish a written policy for the collection and disposal of unused prescription medication.
- It also requires a program employee, under specified circumstances, to collect and dispose of a patient's unused medication on the death of the patient or the termination of a prescription by the patient's prescriber.
- The bill's provisions only apply to a general hospice care program when providing hospice services in an in-home setting and not when providing hospice services in a nursing home, assisted living facility, or a general hospice care program facility.

HB 517 - Prescription Drug Monitoring Program – Data Request Exemption – Surgical Procedures

- This bill expands an exemption from the requirement to query the Prescription Drug Monitoring Program (PDMP).
- A prescriber is not required to request data from PDMP when prescribing or dispensing an opioid or benzodiazepine to treat or prevent acute pain, for a period of up to 14 days, following a surgical procedure (rather than only surgical procedures in which general anesthesia was used).

HB 653/SB 522 - Health Care Providers - Opioid and Benzodiazepine Prescriptions - Discussion of Benefits and Risks

- This bill requires a health care provider, when prescribing an opioid, to advise the patient of the benefits and risks associated with the opioid.
- Additionally, when co-prescribing a benzodiazepine with an opioid, a health care provider must advise the patient of the benefits and risks associated with the benzodiazepine and the co-prescription of the benzodiazepine.
- A violation of the bill's provisions is grounds for disciplinary action by the appropriate health occupations board.

HB 772/SB 765 - Reimbursement for Services Provided by Certified Peer Recovery Specialists - Workgroup and Report

- This bill requires the Secretary of Health to convene a stakeholder workgroup to make findings and recommendations on issues related to the reimbursement of certified peer recovery specialists, including (1) whether statutory or regulatory changes are required and (2) whether a Medicaid State Plan Amendment is required. The workgroup must include specified representatives.

HB 742/SB 552 – State Board of Professional Counselors and Therapists – Sunset Extension and Program Evaluation

- Extends the termination date of the State Board of Professional Counselors and Therapists by two years to July 1, 2021
- Requires the board to establish an Alcohol and Drug Counselor Subcommittee
- Repeals certain requirements to qualify for a license or certificate and instead gives the Board authority to develop requirements in regulation