
INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

MEETING MINUTES

February 11, 2016

Members in Attendance: Secretary Van Mitchell, Deputy Chief of Staff Christopher Shank, Joseph Cleary for Secretary Sam Abed, Sandra Davis-Hart for Secretary Stephen Moyer, Captain David Ruel for Superintendent William Pallozzi, Richard Alcorta and Fremont Magee for Executive Director Kevin Seaman, Mary Gamble, and Mary Moody Kwei

Members Absent: Secretary Sam Malhotra,

Guest(s): Richard Tabuteau, Lieutenant Governor's Office

Secretary Mitchell called the meeting to order at 11:15 am. Secretary Mitchell introduced Major James Pyles to the Council. Major Pyles is the new Director of Safety and Security at the Department of Health and Mental Hygiene (DHMH), and is working closely with DHMH on its opioid overdose efforts. James joins DHMH after his recent retirement in June 2015 as a 26-year veteran of the Maryland State Police (MSP). He last served as Major and the commander of the Northern Command - Criminal Enforcement Division, which included the Central, Northern and Western troops and was comprised of nine counties spanning from Garrett to Cecil counties. In this position, he oversaw all criminal and narcotics investigators and their work in the northern half of the state. Before his promotion to Major in January 2013, James held the rank of captain and was commander of field operations for the Western Troop, Field Operations Bureau.

Legislative Updates from State Agencies

Secretary Mitchell asked each agency to review relevant legislation and provide major updates with the goal of aligning efforts across state government. Each Council member reviewed their major efforts, including:

Governor's Office of Crime Control and Prevention (GOCCP). Deputy Chief of Staff Shank reviewed [Senate Bill \(SB\) 1005, "Justice Reinvestment Act"](#). The bill generally implements many of the recommendations of the Justice Reinvestment Coordinating Council (JRCC) by altering provisions relating to sentencing, corrections, parole, and the supervision of offenders to reduce the State's incarcerated population, reduce spending on corrections, and reinvest in strategies to increase public safety and reduce recidivism. In addition, as originally introduced, the bill (1) alters provisions relating to criminal gangs; (2) increases maximum penalties for second-degree murder and first-degree child abuse resulting in death; (3) modifies provisions regarding drug treatment; (4) expands expungement provisions; and (5) provides for the reinvestment of savings. In addition, one of the provisions that Mr. Shank highlighted the availability of substance use placements under § 8-507 of the Health-General Article as an important provision of the bill for DHMH. The bill, as originally drafted, requires DHMH beginning October 1, 2017, to facilitate the immediate treatment of a defendant unless the court finds exigent circumstances to delay commitment for treatment for no longer than 30 days.

Finally, Jim Hedrick added that GOCCP is closely following the legislation recommended in the Heroin and Opioid Coordinating Council's Final Task Force Report.

Maryland State Department of Education (MSDE). Mary Gamble, Assistant State Superintendent, Division of Academic Policy and Innovation, informed the group that MSDE was not sponsoring any legislation that related to heroin or opioids.

Department of Public Safety and Correctional Services (DPSCS). Sandra Davis-Hart, Director of Substance Abuse Treatment Services, shared that DPSCS is working closely with GOCCP on SB 1005, Justice Reinvestment Act as many of the provisions directly impact DPSCS. She also shared they are supporting and following the legislation recommended in the Heroin and Opioid Coordinating Council's Final Task Force Report.

Maryland Institute for Emergency Medical Services Systems (MIEMSS). Dr. Richard Alcorta, Medical Director, provided an update on an emergency medical services (EMS) research pilot taking place in Baltimore City. This two-year pilot, "EMS Linkage to Addiction Treatment," educates a select cadre of highly skilled experienced paramedics to identify patients who are likely to have a substance dependency. The paramedics complete a patient assessment and if the patient screens positive for a substance use disorder, he/she is given a referral to a detoxification program.

Dr. Alcorta also provided an update on a proposed stabilization/sobering center for Baltimore City that is designed to better meet the need of people in Baltimore who are intoxicated in public and pose a risk to themselves or people around them. The proposed center would be open around the clock and provide an array of support services to help clients stabilize their physical condition and take steps to improve their lives. Dr. Alcorta stated that individuals who are not in an emergency would be eligible to be transferred to the center, although a protocol would have to be developed. When asked if this proposal was modeled off of another program, he stated there is a similar center in San Francisco that has been successful. Secretary Mitchell asked if the site had been selected yet and if it was only for the City or also for Baltimore County. Dr. Alcorta stated he was not sure if the site had been selected yet and he only knew of the center for the City.

Maryland Insurance Administration (MIA). Mary Moody-Kwei, Chief, Complaints, Appeals and Grievance, shared that MIA is sponsoring two pieces of legislation recommended in the Heroin and Opioid Coordinating Council's Final Task Force Report.

The first is [HB 800, "Health Insurance - Payments to Noncontracting Specialists and Noncontracting Nonphysician Specialists"](#) requires under specified circumstances, specified insurers, nonprofit health service plans, health maintenance organizations, and dental plan organizations to pay an amount that is at least equal to 140% of the rate paid by the Medicare program, as published by Centers for Medicare and Medicaid Services, for covered services provided to a member by noncontracting specialists and noncontracting nonphysician specialists when a referral is granted to the member. MIA advises that it has received an increased number of complaints regarding the level of payment when individuals receive covered services from noncontracting providers because a contracting provider is not available. Although current law provides access to noncontracting specialists if a contracting provider is not available, it does not establish an allowed amount or minimum that carriers must pay. Therefore, carriers often pay noncontracting specialists much less than the billed amounts and noncontracting specialists balance bill the remainder to the patient (with the exception of HMO members, for which balance billing is prohibited).

To address concerns regarding network adequacy, in the Final Report of the Heroin and Opioid Emergency Task Force, the Task Force recommended legislation to require that the allowed amount an insurance carrier uses to pay benefits to noncontracting providers (when the provider

network is inadequate, not when a patient voluntarily goes out-of-network for services) be no less than 140% of the allowed Medicare amount. The bill implements this recommendation and is intended to give carriers more incentive to contract with providers and assure members that they get a reasonable benefit when a network provider is not readily available.

The second is [HB 802, "Health Insurance - Provider Panel Lists"](#), which requires a carrier to make available a list of providers on the provider panel for the enrollee's health benefit plan that includes (1) the name of the provider; (2) the provider's specialty areas; (3) whether the provider is currently accepting new patients; and (4) for each office of the provider, its location, contact information, and whether the provider is on the provider panel at the office location. The task force noted that, by providing accurate provider directories, consumers will be able to more easily find behavioral health care providers who are in-network with their insurance carrier. The bill implements this recommendation and addresses numerous complaints MIA receives regarding the accuracy of provider directories.

Department of Juvenile Services (DJS). Joseph Cleary, Chief of Staff, shared that there was no legislation recommended in the Heroin and Opioid Coordinating Council's Final Task Force Report that directly impacted DJS. However, he shared that DJS is planning a community symposium on heroin at Loch Raven High School on March 9, 2016.

MSP. Major Ruel shared that MSP was following three bills:

- [HB 6, "Criminal Law - Improper Prescription of Controlled Dangerous Substance Resulting in Death."](#) This bill increases criminal penalties for an authorized provider of controlled dangerous substances (CDS) if (1) the authorized provider prescribes, administers, distributes, or dispenses CDS to a person in nonconformity with the Maryland Controlled Dangerous Substances Act (MCDSA) and the standards of the authorized provider's profession and (2) the use or ingestion of the CDS is a contributing cause of the person's death. Under the bill's provisions, an authorized provider is guilty of a felony and, on conviction, is subject to maximum penalties of imprisonment for 20 years and/or a fine of \$100,000.
- [HB 15, "Harford County - Suspected Overdoses - Reporting Requirement."](#) This bill requires a physician, pharmacist, dentist, or nurse who treats an individual for a suspected overdose of a Schedule I CDS in Harford County, or the individual in charge of the hospital that treats the individual, to notify the county sheriff, county police, or MSP of the suspected overdose within 48 hours after the individual is treated. The bill also specifies the information that must be included in the report. A person who fails to make the required report is guilty of a misdemeanor and on conviction is subject to a fine of up to \$25.
- [HB 34, "Criminal Law - Illegal Distribution of Controlled Dangerous Substance Near Methadone Clinic - Penalties."](#) This bill prohibits a person from manufacturing, distributing, dispensing, or possessing with intent to distribute a CDS in violation of the MCDSA, or conspiring to commit such a violation, in, on, or within 1,000 feet of real property owned or leased by an entity licensed by DHMH as a methadone clinic or as a provider of opioid maintenance therapy or treatment. A violator is guilty of a felony and on conviction is subject to imprisonment for a minimum of 5 years and a maximum of 20 years, and/or a fine of up to \$20,000. A subsequent offender is subject to imprisonment for a minimum of 5 years and a maximum of 30 years, and/or a fine of up to \$30,000.

DHMH. Sara Cherico-Hsii, shared that DHMH is sponsoring one piece of legislation recommended in the Heroin and Opioid Coordinating Council's Final Task Force Report. As originally drafted, [SB 97](#),

[“Public Health - Opioid-Associated Disease Prevention and Outreach Programs”](#) authorizes a local health department or a community-based organization, with the approval of DHMH and the appropriate local health officer, to establish an opioid-associated disease prevention and outreach program. A program must provide for substance use outreach, education, and linkage to treatment services, including distribution and collection of hypodermic needles and syringes.

Ms. Cherico-Hsii also shared that worked diligently with the Administration on the passage of HB 437/SB 537, which made modifications to the Prescription Drug Monitoring Program.

Secretary Mitchell asked if Richard Tabuteau, Senior Advisor, Office of the Lt. Governor, had any further updates on the the Maryland Heroin and Opioid Emergency Task Force: Final Report. He shared that about half of the recommendations did not have associated funding, so he asked the agencies to begin working on those recommendations if possible. He also shared that the Administration would be closely monitoring the budget in relation to the recommendations.

Future Meetings

Ms. Cherico-Hsii shared that she will reach out to coordinate dates and times that work well for the group.

The meeting was adjourned at 12:00pm.