



## Maryland STOP Act of 2022 Center for Harm Reduction Services Updated June 2023

### Overview

On July 1, 2022, Maryland enacted the [2022 Statewide Targeted Overdose Prevention \(STOP\) Act](#). The STOP Act encourages certain types of providers to offer naloxone to people likely to witness or experience an overdose. The goals of the STOP act include:

1. Place more naloxone in the hands of people at highest risk of overdose in Maryland;
2. Support organizational change necessary for certain providers to routinely offer naloxone; and,
3. Sustain funding for naloxone.

Maryland has made many advances to address increases in fatal overdoses over the past decade. Since 2014, the statewide Overdose Response Program (ORP) has allowed community distribution of the opioid overdose reversal drug naloxone, which bystanders can use with minimal training. Naloxone is a safe drug with no misuse potential, known to prevent overdose fatalities when distributed to those most likely to experience or witness an overdose—in particular, people who use drugs and their family members. Maryland entities authorized under the ORP distributed over 200,000 naloxone doses to community members last year, a number that has increased each year.

### Affected Providers

The Maryland STOP Act of 2022 requires certain providers offer naloxone to people at risk of witnessing or experiencing an overdose. All entities dispensing OORDs outside of a prescriber-patient relationship must do so under the legal authority of the Overdose Response Program, by becoming [authorized](#) to dispense.

#### **Providers:**

#### ***Intensive Outpatient Programs and Opioid Treatment Programs (effective June 30, 2023)***

Intensive Outpatient Treatment Programs (IOPs) and Opioid Treatment Programs (OTPs) should have protocols to offer an OORD, free of charge, to all individuals receiving services. No diagnosis or qualifying criteria apply.

#### ***Hospitals (effective June 30, 2023)***

Since January 1, 2018, Md. Article-Health General §19-310.3 has required Maryland hospitals to have protocols for discharging patients treated for drug overdose or those with Substance Use Disorder (SUD). The prescription of naloxone was previously an optional feature of these protocols. With the passage of the STOP Act, these hospital protocols should now include not simply *prescribing* OORDs, but offering OORDs directly, free of charge, to patients who were treated for SUD, OUD, or drug overdose. This change ensures that patients who want OORDs receive them directly in-hand prior to discharge; this will reduce missed opportunities that occur because of prohibitive copays or loss to follow-up when providers refer patients to pharmacies for OORDs.

#### ***Homeless Services Programs (effective June 30, 2024)***

Homeless Services Programs should have protocols to offer an OORD, free of charge, to individuals

1 [OCC dashboard](#)

2 Vital Statistics Administration Unintentional Drug and Alcohol-Related Intoxication Deaths [reports](#)

3 [DORM report](#)

when they are receiving services. The mandate requires that programs offer OORD to individuals who are at risk of experiencing a drug overdose or those with an Opioid Use Disorder (OUD); however, programs do not need to confirm a diagnosis of any kind to offer or dispense OORD.

***State and Local Correctional Facilities (effective June 30, 2024)***

State and local correctional facilities should have protocols to offer an OORD, free of charge, to sentenced individuals prior to release. Facilities should offer OORD to individuals who are at risk of experiencing a drug overdose or those with an Opioid Use Disorder (OUD); however, facilities do not need to confirm a diagnosis of any kind to offer or dispense OORD.

***Division of Parole and Probation (effective June 30, 2024)***

The Division of Parole and Probation (DPP) should have protocols to offer OORD, free of charge, to individuals under supervision. Facilities should offer OORD to individuals who are at risk of experiencing a drug overdose or those with an Opioid Use Disorder (OUD); however, DPP staff do not confirm a diagnosis of any kind to offer or dispense OORD.

**Changes to the Overdose Response Program**

The Overdose Response Program statute, Health-General §13-3101 changed with the passage of the STOP Act to replace the term naloxone with Opioid Overdose Reversal Drugs (OORDs) and to include additional protections for businesses.

***Naloxone and Opioid Overdose Reversal Drugs***

The STOP Act replaced the word “naloxone” throughout the Overdose Response Program legislation with the term “Opioid Overdose Reversal Drugs” (OORD). This expanded definition includes both naloxone and other forthcoming medications approved by the federal Food and Drug Administration that also reverse the effects of an opioid overdose.

***Protections for Businesses***

The STOP Act includes protections for businesses and owners who make OORDs available to employees or patrons. A lawsuit cannot be brought against a business or owner for acts or omissions related to making OORDs available, as well as paraphernalia needed to administer them.

**Additional STOP Act Implications: EMS Providers (effective July 1, 2022)**

A naloxone “leave behind” protocol was included as a pilot program in the Maryland Medical Protocols for Emergency Medical Services Providers each year since 2018. Many EMS providers currently distribute naloxone to patients statewide through this pilot program. The STOP Act codifies this dispensing authority into law. Under the authority of Md. Article-Education §13-516, CRTs, EMTs, and paramedics statewide may offer an opioid overdose reversal drug to individuals following treatment for an overdose or evaluation by a crisis team, effective July 1, 2022.

**Questions**

Please direct any related questions to [mdh.naloxone@maryland.gov](mailto:mdh.naloxone@maryland.gov). Information about the Overdose Response Program and distribution of Opioid Overdose Reversal Drugs in Maryland is available on the MDH [Center for Harm Reduction Services website](#).

**STOP Act of 2022**

<b>Provider</b>	<b>STOP Act change</b>	<b>Date effective</b>	<b>Associated statute</b>	<b>Individuals involved</b>
CRT, EMT, paramedics	Allows EMS to dispense OORD	(July 1, 2022)	<a href="#">Article – Education §13–516</a>	Individual who received treatment for a nonfatal drug overdose Individual who was evaluated by a crisis evaluation team
Intensive Outpatient Program	Mandate to offer free OORD	(June 30, 2023)	<a href="#">Article- Health – General §8–408</a>	Individuals receiving services (not further specified)
Opioid Treatment Program	Mandate to offer free OORD	(June 30, 2023)	<a href="#">Article- Health – General §8–408</a>	Individuals receiving services (not further specified)
Community Services Program (Homeless services program)	Mandate to offer free OORD	(June 30, 2024)	<a href="#">Article- Health – General §8–408</a>	Individuals who have an opioid use disorder Individuals at risk of experiencing a drug overdose
State and local correctional facilities	Mandate to offer free OORD	(June 30, 2024)	<a href="#">Article- Health – General §8–408</a>	Sentenced individuals, before release, who: <ul style="list-style-type: none"> <li>• Have an opioid use disorder or</li> <li>• Are at risk of experiencing a drug overdose</li> </ul>
Division of Parole and Probation	Mandate to offer free OORD	(June 30, 2024)	<a href="#">Article- Health – General §8–408</a>	Individuals under supervision who: <ul style="list-style-type: none"> <li>• Have an opioid use disorder or</li> <li>• Are at risk of experiencing a drug overdose</li> </ul>
Hospitals	Mandate to offer free OORD	(June 30, 2023)	<a href="#">Article – Health – General §19–310.3</a>	Patients who received treatment for a substance use disorder, opioid use disorder, or nonfatal drug overdose event