



Article - Health – General

SUBTITLE 9. DRUG OVERDOSE FATALITY REVIEW TEAMS

§5–901.

In this subtitle, “local team” means the multidisciplinary and multiagency drug overdose fatality review team established for a county.

§5–902.

(a) (1) Subject to paragraph (2) of this subsection, there may be a multidisciplinary and multiagency drug overdose fatality review team in each county.

(2) Instead of a local team in each county, two or more counties may agree to establish a single multicounty local team.

(3) A multicounty local team shall execute a memorandum of understanding on membership, staffing, and operation.

(b) The local team membership shall be drawn, if available, from the following individuals, organizations, agencies, and areas of expertise:

- (1) The county health officer, or the officer’s designee;
- (2) The director of the local department of social services, or the director’s designee;
- (3) The State’s Attorney, or the State’s Attorney’s designee;
- (4) The superintendent of schools, or the superintendent’s designee;
- (5) A State, county, or municipal law enforcement officer;
- (6) The director of behavioral health services in the county, or the director’s designee;
- (7) An emergency medical services provider in the county;
- (8) A representative of a hospital;
- (9) A health care professional who specializes in the prevention, diagnosis, and treatment of

substance use disorders;

- (10) A representative of a local jail or detention center;
- (11) A representative from parole, probation, and community corrections;
- (12) The Secretary of Juvenile Services, or the Secretary’s designee;
- (13) A member of the public with interest or expertise in the prevention and treatment of drug

overdose deaths, appointed by the county health officer; and

- (14) Any other individual necessary for the work of the local team, recommended by the local team and appointed by the county health officer.

(c) Each local team shall elect a chair from among its members.

§5–903.

(a) The purpose of each local team is to prevent drug overdose deaths by:

(1) Promoting cooperation and coordination among agencies involved in investigations of drug overdose deaths or in providing services to surviving family members;

(2) Developing an understanding of the causes and incidence of drug overdose deaths in the county;

(3) Developing plans for and recommending changes within the agencies represented on the local team to prevent drug overdose deaths; and

(4) Advising the Department on changes to law, policy, or practice, including the use of devices that are programmed to dispense medications on a schedule or similar technology, to prevent drug overdose deaths.



- (b) To achieve its purpose, each local team shall:
- (1) In consultation with the Department, establish and implement a protocol for the local team;
 - (2) Set as its goal the investigation of drug overdose deaths in accordance with national standards;
 - (3) Meet at least quarterly to review the status of drug overdose death cases and information on nonfatal overdoses, recommend actions to improve coordination of services and investigations among member agencies, and recommend actions within the member agencies to prevent drug overdose deaths;
 - (4) Collect and maintain data as required by the Department; and
 - (5) Provide requested reports to the Department, including:
 - (i) Discussion of individual cases;
 - (ii) Steps taken to improve coordination of services and investigations;
 - (iii) Steps taken to implement changes recommended by the local team within member agencies; and
 - (iv) Recommendations on needed changes to State and local laws, policies, or practices to prevent drug overdose deaths.
- (c) In addition to the duties specified in subsection (b) of this section, a local team may investigate the information and records of an individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality described in § 5–904 of this subtitle.

§5–904.

- (a) On request of the chair of a local team and as necessary to carry out the purpose and duties of the local team, the local team shall be immediately provided with:
- (1) Access to information and records, including information about physical health, mental health, and treatment for substance abuse, maintained by a health care provider for:
 - (i) An individual whose death or near fatality is being reviewed by the local team; or
 - (ii) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality; and
 - (2) Access to information and records maintained by a State or local government agency, including death certificates, law enforcement investigative information, medical examiner investigative information, parole and probation information and records, and information and records of a social services agency, if the agency provided services to:
 - (i) An individual whose death or near fatality is being reviewed by the local team;
 - (ii) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality; or
 - (iii) The family of an individual described in item (i) or (ii) of this item.
- (b) Substance abuse treatment records requested or provided under this section are subject to any additional limitations on disclosure or redisclosure of a medical record developed in connection with the provision of substance abuse treatment services under State law or 42 U.S.C. § 290DD–2 and 42 C.F.R. Part 2.

§5–905.

- (a) Meetings of local teams shall be closed to the public and are not subject to Title 3 of the General Provisions Article when the local teams are discussing individual cases of overdose or drug overdose deaths.
- (b) Except as provided in subsection (c) of this section, meetings of local teams shall be open to the public and are subject to Title 3 of the General Provisions Article when the local team is not discussing individual cases of overdose or drug overdose deaths.
- (c) (1) During a public meeting, information may not be disclosed that identifies:



- (i) A deceased individual;
- (ii) An individual who has experienced an overdose;
- (iii) A family member, guardian, or caretaker of a deceased individual or of an individual who has experienced an overdose; or
- (iv) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality.

(2) During a public meeting, information may not be disclosed about the involvement of any agency with:

- (i) A deceased individual;
- (ii) An individual who has experienced an overdose;
- (iii) A family member, guardian, or caretaker of a deceased individual or of an individual who has experienced an overdose; or
- (iv) An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality.

(d) This section does not prohibit a local team from requesting the attendance at a team meeting of a person who has information relevant to the team's exercise of its purpose and duties.

(e) A person who violates this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$500 or imprisonment not exceeding 90 days or both.

§5-906.

(a) Subject to subsection (b) of this section, all information and records acquired by a local team in the exercise of its purpose and duties under this subtitle are confidential, exempt from disclosure under Title 4 of the General Provisions Article, and may be disclosed only as necessary to carry out the team's purpose and duties.

(b) (1) Mental health records are subject to the additional limitations under § 4-307 of this article for disclosure of a medical record developed primarily in connection with the provision of mental health services.

(2) Substance abuse treatment records are subject to any additional limitations for disclosure or redisclosure of a medical record developed in connection with the provision of substance abuse treatment services under State law or 42 U.S.C. § 290DD-2 and 42 C.F.R. Part 2.

(c) Statistical compilations of data that do not contain any information that would permit the identification of any person to be ascertained are public records.

(d) Reports of a local team that do not contain any information that would permit the identification of any person to be ascertained are public information.

(e) Except as necessary to carry out a local team's purpose and duties, members of a local team and persons attending a local team meeting may not disclose:

- (1) What transpired at a meeting that is not public under § 5-905 of this subtitle; or
- (2) Any information the disclosure of which is prohibited by this section.

(f) (1) Members of a local team, persons attending a local team meeting, and persons who present information to a local team may not be questioned in any civil or criminal proceeding about information presented in or opinions formed as a result of a meeting.

(2) This subsection does not prohibit a person from testifying to information that is obtained independently of a local team or that is public information.

(g) (1) Except as provided in paragraph (2) of this subsection, information, documents, or records of a local team are not subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

(2) Information, documents, or records otherwise available from other sources are not immune from subpoena, discovery, or introduction into evidence through those sources solely because they were presented during proceedings of a local team or are maintained by a local team.



(h) A person who violates this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$500 or imprisonment not exceeding 90 days or both.

OTHER STATUTES THAT MENTION DRUG OVERDOSE FATALITY REVIEW TEAMS

§21–2A–06.

(a) Prescription monitoring data:

(1) Are confidential and privileged, and not subject to discovery, subpoena, or other means of legal compulsion in civil litigation;

(2) Are not public records; and

(3) Except as provided in subsections (b), (c), (d), and (f) of this section or as otherwise provided by law, may not be disclosed to any person.

(b) The Program shall disclose prescription monitoring data, in accordance with regulations adopted by the Secretary, to:

(1) A prescriber, or a licensed health care practitioner authorized by the prescriber, in connection with the medical care of a patient;

(2) A dispenser, or a licensed health care practitioner authorized by the dispenser, in connection with the dispensing of a monitored prescription drug;

(3) A federal law enforcement agency or a State or local law enforcement agency, on issuance of a subpoena, for the purpose of furthering an existing bona fide individual investigation;

(4) The State Board of Physicians, on issuance of an administrative subpoena voted on by a quorum of a disciplinary panel, as defined in § 14–101 of the Health Occupations Article, for the purposes of furthering an existing bona fide investigation of an individual;

(5) A licensing entity other than the State Board of Physicians, on issuance of an administrative subpoena voted on by a quorum of the board of the licensing entity, for the purposes of furthering an existing bona fide individual investigation;

(6) A rehabilitation program under a health occupations board, on issuance of an administrative subpoena;

(7) A patient with respect to prescription monitoring data about the patient;

(8) Subject to subsection (i) of this section, the authorized administrator of another state's prescription drug monitoring program;

(9) The following units of the Department, on approval of the Secretary, for the purpose of furthering an existing bona fide individual investigation:

(i) The Office of the Chief Medical Examiner;

(ii) The Maryland Medical Assistance Program;

(iii) The Office of the Inspector General;

(iv) The Office of Health Care Quality; and

(v) The Office of Controlled Substances Administration;

(10) The technical advisory committee established under § 21–2A–07 of this subtitle for the purposes set forth in subsections (c), (d), and (e) of this section; or

(11) The following entities, on approval of the Secretary and for the purpose of furthering an existing bona fide individual case review:

(i) The State Child Fatality Review Team or a local child fatality review team established under Title 5, Subtitle 7 of this article, on request from the chair of the State or local team;



(ii) A local drug overdose fatality review team established under § 5–902 of this article, on request from the chair of the local team;

(iii) The Maternal Mortality Review Program established under § 13–1203 of this article, on request from the Program; and

(iv) A medical review committee described in § 1–401(b)(3) of the Health Occupations Article, on request from the committee.