Maryland EMS News

For All Emergency Medical Care Providers

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Special Edition: EMS and Maryland's Opioid Crisis

This special 2019 edition of Maryland EMS News continues our focus on the opioid epidemic and its effect on Marylanders, including EMS providers. In this edition of the newsletter, you will find articles on some of the programs and tools that are effecting positive changes toward eradicating the opioid crisis in our state, as well as guidelines and resources that you may find useful.

The opioid epidemic has touched every community in Maryland and affected thousands of our citizens, and it can sometimes seem like there is no end in sight. As front-line emergency health care providers, you deal with the effects of this epidemic every day when you provide life-saving care to opioid overdose patients.

Your work on the front lines of this crisis is an essential key to reducing overdose deaths in our state. Every provider in Maryland can make a difference in the life of someone suffering from addiction. Stay strong through these very challenging times, and together we will get through this epidemic.

Patricia Gainer, JD, MPA
Acting Executive Director, MIEMSS

Thank You to Our Emergency Medical Services Personnel

Opioid Operational Command Center Executive Director Steve Schuh. Photo courtesy Joe Andrucyk.

Greetings,

First and foremost, I want to thank each of you for your dedication and commitment to delivering emergency medical care. I realize this is difficult at times, especially in our current environment – grappling with the heroin and opioid crisis.

I would also like to thank Clay Stamp, who worked tirelessly to combat the opioid epidemic as executive director of the Opioid Operational Command Center for the past two years.

Having served as Anne Arundel County Executive, I saw firsthand how the opioid epidemic is affecting Anne Arundel County and Maryland. We aligned our approach to fighting the opioid epidemic with the governor's three-pronged strategy of prevention and education, enforcement, and treatment and recovery, and championed local programs to help to fight this crisis.

While we are seeing this crisis evolve as overdose deaths involving fentanyl continue to rise at an alarming pace, data is showing a reduction in the number of opioids being prescribed along with a reduction in deaths associated with prescribed opioids.

The Opioid Operational Command Center continues working with local Opioid Intervention Teams (OITs) in all jurisdictions. We provide alerts and opportunities to exchange information, facilitate coordination with state agencies and the private sector, support the sharing of promising practices, and monitor outcomes metrics that are driving programs. The local OITs will continue to serve as the critical backbone for providing state support to local jurisdictions and first responders.

I recognize that some of you may be experiencing response fatigue. That is why it is so important to look out for each other and to reach out to your leadership for support.

A final thought. We did not get into this crisis overnight. It will take some time before we declare victory. But that day will come. In the meantime, we must remember that, above all, this is about saving lives. You are doing exactly that every day. Thank you again for all of your efforts in confronting this crisis.

Steve Schuh
Executive Director, Opioid Operational Command Center

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Anne Arundel County and Annapolis City Fire Stations Safe Stations Program

As hospital emergency rooms face high demand treating patients, the Anne Arundel County Safe Stations program was conceived to address a clear need in Anne Arundel County. Anne Arundel County is the fifth largest county by population in the State of Maryland yet ranks third in the state for opioid deaths. This program identifies those individuals seeking assistance that may not need immediate medical attention but need immediate help from their heroin/opioid addiction.

The Safe Station program was developed out of a need when the Anne Arundel Fire Department saw the impact of increased responses due to overdose calls. This caused concerns with a decrease in unit availability, an increase in response times, and an increase in costs when the department needed to shift resources to increase the demand in services. It became apparent that something needed to be done in March 2017, when between March 7 and March 8 there were 16 opioid overdoses with three fatalities in 24 hours. On March 22, the first meeting occurred regarding the Safe Stations concept. This meeting included representatives from the Anne Arundel County Fire Department, Anne Arundel County Police Department, Anne Arundel County States Attorney, Anne Arundel County Crisis Response, Anne Arundel County Health Department, Annapolis City Fire Department, and Annapolis City Police Department. The program was developed in less than a month with a kick off at the Brooklyn Fire Station on April 20, 2017. Immediate results were seen when the first case walked into the Brooklyn station fifty minutes later as a result of social media posts.

The Safe Stations Program has designated each Anne Arundel County and Annapolis City fire and police station, as well as both Maryland State Police barracks, as a safe environment for individuals looking for assistance to start their path to recovery from heroin/opioid addiction. Firefighters and paramedics perform a medical assessment based on their scope of training as Maryland EMS providers. If there is something else medically wrong with the patient, the individual is transported to an appropriate medical facility. Individuals seeking assistance are required to drop any needles and paraphernalia into a sharps collection container located at each fire station. If any weapons are in the individual's possession, the appropriate police agency is notified. If illegal substances are with the individual seeking assistance, the appropriate police agency is notified for disposal purposes only. During the brief medical screening, simultaneously a Mobile Crisis Team is deployed. Anne Arundel County Mental Health Agency's Mobile Crisis Teams (MCT), comprised of an independently licensed mental health professional and a master's level clinician, are sent. Care coordination and peer support are introduced generally within one to three days from initial contact. The Safe Stations Program is built on four strategies: the use of warm handoffs from Safe Stations to addiction treatment, patient-centered approaches to treatment entry, aggressive resolution of barriers to care, and continuity of contact with the patient.

The Anne Arundel Fire Department has shared their experience with other counties and municipalities both within and outside of Maryland as others endeavor to set up a Safe Station program that fits their needs. Representatives have travelled to all parts of the state to speak about the Safe Station program and have received phone inquiries from counties in seven different states.

Talbot County Opens Two Safe Stations

When Anne Arundel County established their Safe Stations program in 2017 and reported great success in increasing the numbers they enrolled for addiction treatment, the Talbot County Council invited key individuals from the Anne Arundel County Safe Stations program to present to an interested group in Talbot County. The Safe Station Program in Talbot County would similar to that in Anne Arundel County, with a significant difference being that Anne Arundel has paid fire department staff and Talbot County has all volunteer fire departments. Anne Arundel had a grant to start their program and later received additional funding, while Talbot County is starting with existing funds among a group of interested partners. In developing the program, the County Council asked the Talbot County Health Department and the Talbot County Department of Emergency Services to take the lead in planning for Talbot Safe Stations.

Following multiple meetings with various partners, Talbot County Safe Stations opened at the St. Michaels Police Department in St. Michaels and the Talbot County Department of Emergency Services in Easton on March 19, 2018. When an individual decides to go to one of the two locations, following a few questions, the type of assistance needed is dispatched to that Safe Station site. A person may need a variety of services, as well as peer support, until treatment can be started. It is important to note that no Safe Station client will have legal proceedings started because they are "using" illegal drugs. Information about addiction treatment and recovery resources is also available at Safe Station sites that can be given to individuals that may not be ready for treatment but are contemplating it.

For further information about Talbot County Safe Stations, please contact the Talbot County Department of Emergency Services at (410) 770-8160 or Talbot County Health Department at (410) 819-5600.

State EMS Medical Director Clarifies PPE Guidelines for Suspected Overdose Calls

As an EMS provider in Maryland, you may have had to respond to a call for a sick person, breathing difficulty, or arrest where the patient may be a victim of a drug overdose. Certain opioids associated with these overdose victims such as carfentanil or acrylfentanyl are very potent and, if inhaled or ingested, could cause symptoms in a first responder. The State EMS Medical Director is encouraging Maryland EMS providers to continue to use universal personal protective equipment (PPE) and precautions in these situations. You should only need to utilize respiratory protection (P-100 masks) if you are **actively handling and processing fentanyl** or its drug analogues, such as carfentanil—so avoid contact with any substance found at the scene of an overdose. During a typical overdose call, EMS providers are not handling fentanyl and universal PPE is sufficient protection.

Guidance on PPE and precautions when coming into contact with unknown substances was created collaboratively by Opioid Operational Command Center (OOCC) representatives from the Maryland Department of Health, MIEMSS, and the Maryland State Police. Standard PPE includes nitrile gloves, and only if there is blood or other bodily fluids present should a face shield/standard mask and splash protection be used. Only for higher risk incidents, such as active entry by tactical teams where a flash bang has been discharged or aerosolization of powders occurs, should a more aggressive form of respiratory protection be use. This enhanced respiratory guidance is available from the National Institute for Occupational Safety and Health. Detailed information about PPE and respiratory protection is available on MIEMSS' website or by clicking bit.ly/2xV3jBg.

Although there have been rare case reports of public safety/emergency personnel across the United States being sickened from exposures to fentanyl and carfentanil, there have not been any law enforcement or EMS deaths associated with contact during typical overdose calls. However, it is imperative that you are prepared to handle these situations: promptly support an unresponsive patient's respiration, support their circulation with CPR if indicated, and administer naloxone to save their life. Do not spend valuable minutes putting on Tyvek suits, as they are not indicated.

EMS Naloxone Grant Program

The Maryland Behavioral Health Administration, the Opioid Operational Command Center, and MIEMSS are partnering to provide financial relief to jurisdictional EMSOPs that are currently carrying the increased burden of providing naloxone without reimbursement from the patient or insurance providers. The reimbursement program is funded by a $200,000 grant from the Maryland Behavioral Health Administration to MIEMSS. MIEMSS will pass-through these grant funds to EMSOPs based on the number of previous naloxone administrations where the patient was not transported or refused transport to the hospital during fiscal year 2018. A similar grant program was in place in 2017 to help jurisdictions recoup some of their unreimbursed naloxone costs. Only one naloxone administration per patient contact will be incorporated into the funding formula. Based on input from Maryland pharmaceutical vendors, the formula utilizes an estimated cost of 2 mg/2 mL Luer-Jet Prefilled Syringe of naloxone. EMSOPs that do not procure their own pharmaceuticals and instead obtain supplies from local hospitals are prohibited from receiving these grant funds. EMSOPs that bill patients for non-transports are prohibited from receiving funds under this grant. Applications for this grant program will be available from the MIEMSS Regional Offices. Interested jurisdictions should contact their Regional Administrator for additional information.

POISON Help 1-800-222-1222

Naloxone Use Reporting to the Maryland Poison Center

The Maryland Poison Center (MPC), as the state-designated poison control center, is playing vital role in fighting the opioid epidemic that is destroying lives and families across Maryland. In partnership with the Maryland Department of Health, MPC collects data on each call reported to them for which naloxone was administered. They then aggregate that data and report usage rates weekly to the Department of Health and local health departments so these agencies are armed with information to prevent and control the spread of opioid use and overdose deaths.

Naloxone training for law enforcement and the public teaches a four-step process when an individual needs to provide this life-saving, opioid overdose reversal drug: 1) call 9-1-1, 2) rescue breathing, and 3) administer naloxone, and 4) call the MPC at 1-800-222-1222 to report the incident.

As an EMS provider, you may wonder why you should encourage a bystander to report, any incident where you had to administer naloxone. After all, naloxone administration is reported in your patient care report through eMEDS®. But, this is why you should stress the extra step to make that very important call to the MPC: Maryland is racing against the clock to beat this epidemic.

eMEDS® is a crucial tool for assessing and planning for EMS care throughout the state. But it handles millions of pieces of raw data on a daily basis, and aggregating and reporting naloxone data is not a rapid process. Often, the MPC collects and reports naloxone data to health departments before patient care reports are submitted into eMEDS®.

If you attend a call during which you provide naloxone, please encourage at least one bystander to report this; it only takes a few minutes. Although you are on the front lines of this crisis, the information you can assist in providing to the MPC with a brief call will help fight the epidemic in other significant ways.

Message on the Opioid Crisis from Maryland Department of Health Officials

When Governor Larry Hogan declared a State of Emergency in response to the rapid escalation of the heroin and opioid crisis in March 2017, Maryland became the first state to take this step. Unintentional overdose death has risen to the fourth leading cause of death in Maryland, after cardiovascular disease, cancer, and stroke. We have never experienced an epidemic of this lethality.

The root causes of this epidemic are found in three areas. First and foremost, for the past 25 years, there has been a growing tendency for health care providers to treat many painful conditions with long-acting opioids. Early on, it was thought that there was only a minimal risk that patients would become addicted to these medications. We know now that the risk is substantial. We estimate that there are hundreds of thousands of Marylanders who are now suffering from Substance Use Disorders (SUD). We also now have a better understanding that becoming dependent on opioids is a medical condition like diabetes and many other chronic diseases and should not be stigmatized.

As many people struggling with opioid dependency found that they could no longer access prescriptions, they turned to illicit drug dealers for opioids. On the illicit market, prescription opioids are highly valued and very expensive. In fact, OxyContin (oxycodone) usually costs $80 per pill on the street. This is compared with $10 for a cap of heroin. It is not surprising that many people found heroin a more affordable means to avoid withdrawal than prescription tablets diverted for illicit purposes. We have seen a dramatic increase in the number of people using heroin over the past five years. This is the second factor in the epidemic.

The final and most lethal factor is the introduction into the drug market of very potent synthetic opioid analogs such as fentanyl and carfentanil. These drugs are hundreds of times more potent than morphine. These substances are also less expensive than heroin. A kilogram of heroin purchased from a drug cartel can cost a dealer $64,000. A kilogram of fentanyl purchased by mail order over the Internet can cost a dealer $2,000. The dealers will mix these opioids with heroin, cocaine, or virtually any other drug to get greater potency at a lower cost. Unfortunately, the dealers do not adhere to strict scientific methods and the amount of potent drug will vary widely from dose to dose. From a financial perspective, for the drug dealer, the addition of these potent lower-cost drugs is very beneficial. For the user of the drugs, it is like playing Russian roulette. Any dose can have a higher and immediately fatal amount of fentanyl or carfentanil. Recently we are seeing that fentanyl has found its way into almost all drug supplies, especially cocaine. Now users of non-opioid illicit drugs are facing similar risks to that of the opioid user.

Maryland is investing millions of dollars and every available resource to fight this epidemic through prevention, enforcement, and treatment/recovery efforts. We will continue to add evidence-based practices, promising practices, and treatment modalities until we are successful.

The work that EMS providers do is a critical part of the solution, and we look forward to working collaboratively with MIEMSS and all the EMS community as we address this horrific epidemic. This is truly an “all hands on deck” approach.

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Maryland Department of Health

David R Fowler, MB, ChB, M.Med, Path (forens), FCAP, FAAFS
Chief Medical Examiner
Office of the Chief Medical Examiner
Maryland Department of Health

Statewide Data on Naloxone Administration

Through eMEDS®, the statewide electronic patient care reporting software, MIEMSS collects data on the number of patients who receive naloxone treatment for possible overdoses and, from that population, the number of patients transported to receiving facilities for further treatment and those who were not transported. This data shows the last six months for 2015 and first six months for 2018; 2016 and 2017 data represents the entire calendar year. The table below displays this information for each Maryland county and Baltimore City, as well as patients who were treated by Maryland EMS providers who crossed state lines to deliver care. Data marked as "unidentified" location represent records of naloxone administration for which a call location has yet to be determined. State and local health officials use this data to target areas of the greatest need for opioid addiction treatment and prevention.

Patients Receiving Naloxone Administration By Transport Outcome and Incident Time Period Source: eMEDS® Records

Scene Jurisdiction	2015 (July - Dec)	2016 (Jan - Dec)	2017 (Jan - Dec)	2018 (Jan - June)	Grand Total
Allegany	**94**	**240**	**248**	**105**	**687**
Naloxone + No Transport	3	20	17	8	48
Naloxone + Transport	91	220	232	97	639
Anne Arundel	**384**	**1,115**	**1,134**	**612**	**3,245**
Naloxone + No Transport	53	137	140	81	411
Naloxone + Transport	331	978	994	531	2,834
Baltimore City	**1,658**	**5,317**	**6,039**	**3,148**	**16,162**
Naloxone + No Transport	349	1,684	2,397	1,350	5,780
Naloxone + Transport	1,309	3,633	3,642	1,798	10,382
Baltimore Co.	**777**	**2,122**	**2,065**	**1,060**	**6,024**
Naloxone + No Transport	51	207	154	190	412
Naloxone + Transport	726	1,915	996	870	3,637
Calvert	**48**	**114**	**159**	**72**	**393**
Naloxone + No Transport	11	24	24	11	70
Naloxone + Transport	37	90	135	61	323
Caroline	**30**	**82**	**93**	**39**	**244**
Naloxone + No Transport	4	13	20	14	51
Naloxone + Transport	26	69	73	25	193
Carroll	**120**	**301**	**331**	**169**	**921**
Naloxone + No Transport	17	57	70	54	198
Naloxone + Transport	103	244	261	115	723
Cecil	**95**	**229**	**384**	**202**	**910**
Naloxone + No Transport	27	71	118	78	294
Naloxone + Transport	68	158	266	124	616
Charles	**83**	**235**	**260**	**88**	**666**
Naloxone + No Transport	28	76	81	24	209
Naloxone + Transport	55	159	179	64	457
Dorchester	**39**	**80**	**60**	**25**	**204**
Naloxone + No Transport	4	4	10	5	23
Naloxone + Transport	35	76	50	20	181

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Statewide Data on Naloxone Administration

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Scene Jurisdiction	2015 (July - Dec)	2016 (Jan - Dec)	2017 (Jan - Dec)	2018 (Jan - June)	Grand Total
Frederick	**113**	**343**	**269**	**159**	**884**
Naloxone + No Transport	12	55	65	52	184
Naloxone + Transport	101	288	204	107	700
Garrett	**6**	**31**	**36**	**17**	**90**
Naloxone + No Transport		6	7	1	14
Naloxone + Transport	6	25	29	16	76
Harford	**239**	**432**	**546**	**269**	**1,486**
Naloxone + No Transport	28	71	115	63	277
Naloxone + Transport	211	361	431	206	1,209
Howard	**125**	**290**	**286**	**161**	**862**
Naloxone + No Transport	18	39	43	24	124
Naloxone + Transport	107	251	243	137	738
Kent	**13**	**34**	**23**	**18**	**88**
Naloxone + No Transport	1	5	4	1	11
Naloxone + Transport	12	29	19	17	77
Montgomery	**177**	**504**	**462**	**247**	**1,390**
Naloxone + No Transport	12	54	37	26	129
Naloxone + Transport	165	450	425	221	1,261
Prince George's	**245**	**706**	**842**	**380**	**2,173**
Naloxone + No Transport	29	131	193	98	451
Naloxone + Transport	216	575	649	282	1,722
Queen Anne's	**32**	**68**	**75**	**53**	**2283**
Naloxone + No Transport	4	17	20	9	50
Naloxone + Transport	28	51	55	44	178
Somerset	**24**	**47**	**45**	**18**	**134**
Naloxone + No Transport	1	3	4	3	11
Naloxone + Transport	23	44	41	15	123
St. Mary's	**42**	**90**	**180**	**75**	**387**
Naloxone + No Transport	9	10	34	15	68
Naloxone + Transport	33	80	146	60	319
Talbot	**18**	**43**	**44**	**16**	**121**
Naloxone + No Transport	1	7	6	4	18
Naloxone + Transport	17	36	38	12	103
Washington	**166**	**386**	**404**	**256**	**1,212**
Naloxone + No Transport	16	49	76	87	228
Naloxone + Transport	150	337	328	169	984
Wicomico	**64**	**238**	**171**	**88**	**561**
Naloxone + No Transport	1	14	16	15	46
Naloxone + Transport	63	224	155	73	515

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Statewide Data on Naloxone Administration

(Continued from page 6)

Scene Jurisdiction	2015 (July - Dec)	2016 (Jan - Dec)	2017 (Jan - Dec)	2018 (Jan - June)	Grand Total
Worcester	**38**	**68**	**82**	**38**	**226**
Naloxone + No Transport	1	1	11	4	17
Naloxone + Transport	37	67	30	34	134
Out-Of-State	**22**	**42**	**43**	**18**	**125**
Naloxone + No Transport	6	4	3	3	17
Naloxone + Transport	16	38	40	15	109
Unidentified	**1**	**2**	**0**	**0**	**35**
Naloxone + No Transport			0	0	0
Naloxone + Transport	1	2	0	0	3
Grand Total	**4,653**	**13,159**	**14,281**	**7,333**	**39,426**
Naloxone + No Transport	686	2,759	3,816	2,220	9,481
Naloxone + Transport	3,967	10,400	10,465	5,113	29,945

Help for Providers Struggling With Addiction

If you are an EMS provider struggling with addiction or the potential for addiction, there is help for you. Providing emergency care is a high-stress job, which elevates the risk for stress disorders, suicidal tendencies, and alcohol and/or drug abuse. If you are suffering from any of these problems, get help now. The State EMS Medical Director has compiled a list of resources for individual providers as well as EMS officials.

- The Behavioral Health Administration of the Maryland Department of Health (https://bha.health.maryland.gov) features a number of prevention and treatment resources for providers in Maryland.
- International Association of Fire Fighters members can access the organization's substance abuse recovery programs through www.iaffrecoverycenter.com.
- American Addiction Centers maintains resources specifically for first responders at americanaddictioncenters.org/firefighters-first-responders.

For EMS Operational Programs or individual EMS/fire companies, there is guidance available for identifying and managing responder substance abuse, and for providing help before addiction starts. You can download a variety of free informational flyers directly from the Substance Abuse and Mental Health Services Administration website (www.samhsa.gov), including Returning to Work: Tips for Disaster Responders, Identifying Substance Misuse in the Responder Community, and Helping Staff Manage Stress When Returning to Work. These and other printable resources are available through the Publications tab from the homepage. For information on possible indicators or warning signs associated with substance abuse in first responders, click https://store.samhsa.gov/shin/content/NMH05-0212/NMH05-0212.pdf for a printable download to read and share.

Remember, Maryland's Crisis Hotline is available 24/7 to provide support, guidance, and assistance. Call 1-800-422-0009 for help. For more information on how the crisis hotline works and what services are provided, you can watch an explanatory video at https://youtu.be/eVZDG8WZhFw.

EMS Reporting Suspected Opioid Overdoses to ODMAP

The Overdose Detection Mapping Application Program (ODMAP) was developed to assist public health, fire, emergency medical services, and law enforcement agencies track known and suspected overdose incidents using Smartphone technology. This technology relies on first responders to report overdose occurrences by simply touching a button on the ODMAP website application installed on their Smartphone or computer. Suspected overdose incident information is submitted to a central database and mapped to an approximate location, including details about the time and date. First Responders enter data into the system identifying whether or not the incident is fatal or non-fatal and whether or not Naloxone was administered in a simple one-click system. Geocoded information on the location of the overdose is sent automatically to a secure server where it is mapped and made available for analysis by authorized personnel. The data quickly reveals where, when, and how frequently overdoses are happening on a map viewable only by participating agencies. No personal identifying information is collected on the victim or location. ODMAP helps decision makers develop strategies and tactics to curb the spread of substance abuse disorders and reduce overdose occurrences. The Office of National Drug Control Policy (ONDCP) funded the Washington/Baltimore High Intensity Drug Trafficking Area (W/B HIDTA) to develop ODMAP and provide it free-of-charge to first responders and government agencies. MIEMSS is submitting data that meets the following four legal reporting requirements:

A report of an overdose made under this section shall include:

(1) The date and time of the overdose;
(2) The approximate address where the overdose victim was initially encountered or where the overdose occurred;
(3) Whether an opioid overdose reversal drug was administered; and
(4) Whether the overdose was fatal or nonfatal

MIEMSS is selecting patient care reports for submission to ODMAP where there is suspicion a patient is suffering from an opioid overdose based on the administration of Naloxone as reported in the patient care report (PCR). See related article page 9. (LEGAL TIDBITS)

Legal Tidbit: Can You Report an Overdose When Patient Refuses Transport?

You encounter a patient who is in a stupor or unconscious with respiratory depression or arrest; you administer naloxone and the patient quickly recovers, but refuses transport. What can you do if you feel an intervention could be of value to the patient who may be an opioid abuser?

Your county health department could play an important role here, but can you communicate the information needed for the department to contact the patient? The answer is "yes".

Disclosure to County Health Departments

By now the principles of the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations, known informally as the Privacy Rule, are firmly embedded in the psyche of every EMS provider. The Privacy Rule strives to limit disclosure of a patient's health information to the greatest extent possible, consistent with the patient receiving quality treatment and, of course, a bill for services provided. EMS providers are now as sensitive to safeguarding data as they are to providing proper care.

There are many circumstances where the Privacy Rule allows for the disclosure of protected health information to a public health authority under certain circumstances. This authorization for disclosure may have a role in treating victims of the opioid emergency recognized in the Governor's Executive Order Regarding the Heroin, Opioid, and Fentanyl Overdose Crisis, Declaration of Emergency, which is currently in effect.

Under HIPAA, health care providers, including EMS providers, may, but are not required to, share limited protected health information with "public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability." This includes reporting disease, injury, and vital events (e.g., births or deaths), and conducting public health surveillance, investigations, or interventions. A county health department does qualify for these purposes.

A county health department is a public health authority and is able to provide an intervention in the case of an opioid abuser. An EMS provider may disclose limited information to allow the county health department to provide follow-up interventions. The United States Department of Health and Human Services has issued a checklist that will assist you in this endeavor (see page 10).

If your county health department is interested in providing intervention in cases of opioid abuse, your EMS Operational Program officials and the county health department should work together to coordinate an intervention process. MIEMSS is available to provide assistance in this process.

Disclosure to ODMAP

In July of this year a new state law, Reporting of Overdose Information, §13-3602 of the Health General Article, took effect. It provides for the reporting of overdoses in an effort to address the opioid epidemic. The law states:

(a) an emergency medical services provider or a law enforcement officer who treats and releases or transports to a medical facility an individual experiencing a suspected or an actual overdose may report the incident using an appropriate information technology platform with secure access, including the Washington/Baltimore high intensity drug trafficking area overdose detection mapping application program (ODMAP), or any other program operated by the federal government or a unit of state or local government.

(b) A report of an overdose made under this section shall include:

(1) The date and time of the overdose;

(2) The approximate address where the overdose victim was initially encountered or where the overdose occurred;

(3) Whether an opioid overdose reversal drug was administered; and

(4) Whether the overdose was fatal or nonfatal.

(c) if an emergency medical services provider or a law enforcement officer reports an overdose under this section, the emergency medical services provider or law enforcement officer making the report shall make best efforts to make the report within 24 hours after responding to the incident.

While HIPAA generally supersedes state law, it does not supersede a state law such as §13-3602 of the Health General Article which "provides for the reporting of disease or injury, child abuse, birth, or death, or for the conduct of public health surveillance, investigation, or intervention." 45 C.F.R. § 160.203. This new law strengthens the ability of EMS providers to report and share data.

Also, under the new law, MIEMSS is required to submit information to ODMAP. MIEMSS is submitting data in compliance with the requirements of HB 359 (Health – Reporting of Overdose Information). Patient care reports are identified for submission to ODMAP where there is suspicion a patient is suffering from an opioid overdose based on the administration of naloxone as reported in eMEDS. Information is reported electronically to ODMAP every 15 minutes; following elements are reported:

- The date and time of the overdose;
- The approximate address where the overdose victim was initially encountered or where the overdose occurred;
- Whether an opioid overdose reversal drug was administered; and
- Whether the overdose was fatal or nonfatal

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

HIPAA: Public Health Authority Disclosure Request Checklist

A Health Insurance Portability and Accountability Act (HIPAA) Covered Entity is permitted to disclose protected health information (PHI) without individual authorization to a "public health authority" that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, such as for purposes of reporting disease, injury, or vital events, or for public health surveillance, investigations, or interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. (45 CFR 164.512(b)(1)(i)).

The HIPAA Privacy Rule imposes certain requirements and conditions on these disclosures, such as that the covered entity must make reasonable efforts to limit the PHI disclosed to the minimum necessary to accomplish the intended purpose of the disclosure. The following checklist is intended to help public health authorities be prepared to provide a covered entity with the information and representations necessary for the covered entity to ensure that a disclosure meets the specific requirements and conditions outlined in the Privacy Rule.

The requestor of the PHI should be able to demonstrate or represent that:

- ☐ The requestor is a "public health authority" as defined in the Privacy Rule. The Privacy Rule defines "public health authority" as an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.
- ☐ The requestor has legal authority to collect or receive the information it is requesting for the stated public health purpose.
- ☐ The information being requested is the minimum necessary for the stated public health purpose.

In most cases, the requestor should be prepared to provide a written statement of its legal authority. However, in circumstances where it would be impracticable to provide a written statement, a covered entity may rely, if reasonable, on an oral statement of authority.

In addition, the requestor should be prepared to verify its identity by:

- Presenting an agency identification badge, other official credentials, or other proof of government status if the request is made in person;
- Making the request on the appropriate government letterhead if the request is made in writing; or
- If the request is by a person acting on behalf of a public official, providing a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.

Additional guidance about the HIPAA Privacy Rule and public health disclosures may be found at:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/index.html

MPT Presents *Fighting Opioids Today: Maryland Communities*

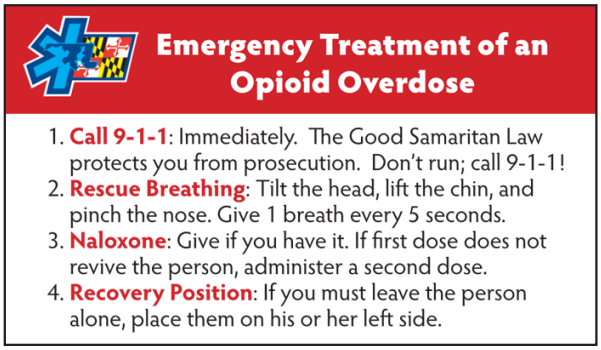
Maryland Public Television (MPT) premiered a new program,* Fighting Opioids Today: Maryland Communities*, on October 11, 2018. In a state where approximately six people die each day from opioid overdoses, this film provides insights into how Maryland healthcare providers, treatment programs, law enforcement, fire departments, and state and local government agencies are taking bold steps to address this public health crisis.

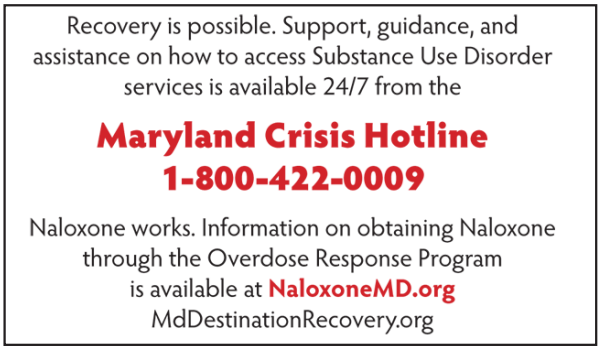
The program tells compelling stories of hope, resilience, healing, and recovery from across Maryland highlighting the growing number of resources available to individuals and families affected by opioid addiction. Among these stories, the film introduces viewers to people on the front lines of efforts to address the problem. **Fighting Opioids Today: Maryland Communities** shares the experiences of:

- **a mother from Kent County, now a family peer support specialist**, who is turning the personal anguish of losing her son to addiction into positive action
- a dedicated **Baltimore City police officer,** who lost a brother to addiction, addressing the heroin/ opioid addiction crisis in the city through the new Law Enforcement Assisted Diversion (LEAD) program
- individuals in recovery with the help of a **peer recovery coach at MedStar Franklin Square Medical Center in Baltimore County**
- **firefighters in Anne Arundel County;** people can go to county fire houses to seek treatment for substance use disorder
- **a counselor and peer recovery coach at the Harford County Health Department assisting men and women in recovery**

Fighting Opioids Today: Maryland Communities is a production of MPT in association with the Opioid Operational Command Center and the Maryland Department of Health's Behavioral Health Administration.

In addition, **Fighting Opioids Today: Maryland Communities** will air in February 2019 as part of MPT's annual Addiction & Recovery Week slate of programs.





For patients who refuse transport following the reversal of an opioid overdose, these cards were developed to leave with the patient. The card provides the Maryland Crisis Hotline number and instructions for emergency medical care for opioid overdose.

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