

# SENATE BILL 1099

J1, E4, P1

(4lr0761)

## ENROLLED BILL

— *Education, Energy, and the Environment/Health and Government Operations* —

Introduced by **Senators Smith, Gile, James, Rosapepe, Zucker, Salling, Muse, McKay, Carozza, Hettleman, Jackson, Kramer, Folden, King, Guzzone, Lam, Elfreth, Waldstreicher, ~~and West~~ West, Augustine, Brooks, Feldman, Hester, Kagan, Lewis Young, and Simonaire**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

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Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
President.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Emergency Services – Automated External Defibrillator and Naloxone**  
3 **Co-Location Initiative – Requirements for Public Buildings**

4 FOR the purpose of requiring the State Emergency Medical Services Board, in collaboration  
5 with the Maryland Department of Health, to develop and implement an initiative  
6 under the Public Access Automated External Defibrillator Program to require that  
7 naloxone be co-located with each automated external defibrillator placed in a public  
8 building; establishing a certain immunity from liability for owners and operators of  
9 public buildings who provide and maintain naloxone under the initiative and for  
10 individuals who administer naloxone made available under the initiative in response  
11 to a known or suspected drug overdose; requiring that the initiative be funded using  
12 available funds from the Opioid Restitution Fund *appropriated through the State*

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#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics* indicate opposite chamber/conference committee amendments.



1 budget; and generally relating to emergency services and the availability of naloxone  
2 in public buildings.

3 BY repealing and reenacting, with amendments,  
4 Article – Courts and Judicial Proceedings  
5 Section 5–603  
6 Annotated Code of Maryland  
7 (2020 Replacement Volume and 2023 Supplement)

8 BY repealing and reenacting, with amendments,  
9 Article – Education  
10 Section 13–517  
11 Annotated Code of Maryland  
12 (2022 Replacement Volume and 2023 Supplement)

13 BY adding to  
14 Article – Education  
15 Section 13–518  
16 Annotated Code of Maryland  
17 (2022 Replacement Volume and 2023 Supplement)

18 BY repealing and reenacting, without amendments,  
19 Article – State Finance and Procurement  
20 Section 7–331(a)  
21 Annotated Code of Maryland  
22 (2021 Replacement Volume and 2023 Supplement)

23 BY repealing and reenacting, with amendments,  
24 Article – State Finance and Procurement  
25 Section 7–331(f)(1)(i)  
26 Annotated Code of Maryland  
27 (2021 Replacement Volume and 2023 Supplement)

28 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
29 That the Laws of Maryland read as follows:

30 **Article – Courts and Judicial Proceedings**

31 5–603.

32 (a) A person described in subsection (b) of this section is not civilly liable for any  
33 act or omission in giving any assistance or medical care, if:

34 (1) The act or omission is not one of gross negligence;

35 (2) The assistance or medical care is provided without fee or other  
36 compensation; and

1           (3)    The assistance or medical care is provided:

2                   (i)    At the scene of an emergency;

3                   (ii)   In transit to a medical facility; or

4                   (iii)   Through communications with personnel providing emergency  
5 assistance.

6           (b)    Subsection (a) of this section applies to the following:

7                   (1)    An individual who is licensed by this State to provide medical care;

8                   (2)    A member of any State, county, municipal, or volunteer fire  
9 department, ambulance and rescue squad, or law enforcement agency, the National Ski  
10 Patrol System, or a corporate fire department responding to a call outside of its corporate  
11 premises, if the member:

12                           (i)    Has completed an American Red Cross course in advanced first  
13 aid and has a current card showing that status;

14                           (ii)   Has completed an equivalent of an American Red Cross course in  
15 advanced first aid, as determined by the Secretary of Health;

16                           (iii)   Is certified or licensed by this State as an emergency medical  
17 services provider; or

18                           (iv)   Is administering medications or treatment approved for use in  
19 response to an apparent drug overdose and the member is:

20                                   1.    Licensed or certified as an emergency medical services  
21 provider by the State Emergency Medical Services Board and authorized to administer the  
22 medications and treatment under protocols established by the State Emergency Medical  
23 Services Board;

24                                   2.    Certified to administer the medications and treatment  
25 under protocols established by the Secretary of Health; or

26                                   3.    Certified to administer the medications and treatment  
27 under protocols established by the Maryland State Police Medical Director;

28                   (3)    A volunteer fire department or ambulance and rescue squad whose  
29 members have immunity; and

30                   (4)    A corporation when its fire department personnel are immune under  
31 item (2) of this subsection.

1 (c) (1) An individual who is not covered otherwise by this section is not civilly  
2 liable for any act or omission in providing assistance or medical aid to a victim at the scene  
3 of an emergency, if:

4 [(1)] (I) The assistance or aid is provided in a reasonably prudent  
5 manner;

6 [(2)] (II) The assistance or aid is provided without fee or other  
7 compensation; and

8 [(3)] (III) The individual relinquishes care of the victim when someone who  
9 is licensed or certified by this State to provide medical care or services becomes available  
10 to take responsibility.

11 (2) **THE IMMUNITY FROM CIVIL LIABILITY UNDER PARAGRAPH (1) OF**  
12 **THIS SUBSECTION APPLIES TO AN INDIVIDUAL WHEN ADMINISTERING NALOXONE IN**  
13 **RESPONSE TO A KNOWN OR SUSPECTED DRUG OVERDOSE.**

#### 14 Article – Education

15 13–517.

16 (a) (1) In this section the following words have the meanings indicated.

17 (2) “Automated external defibrillator (AED)” means a medical heart  
18 monitor and defibrillator device that:

19 (i) Is cleared for market by the federal Food and Drug  
20 Administration;

21 (ii) Recognizes the presence or absence of ventricular fibrillation or  
22 rapid ventricular tachycardia;

23 (iii) Determines, without intervention by an operator, whether  
24 defibrillation should be performed;

25 (iv) On determining that defibrillation should be performed,  
26 automatically charges; and

27 (v) 1. Requires operator intervention to deliver the electrical  
28 impulse; or

29 2. Automatically continues with delivery of electrical  
30 impulse.

1           (3) “Certificate” means a certificate issued by the EMS Board to a  
2 registered facility.

3           (4) (i) “Facility” means an agency, an association, a corporation, a firm,  
4 a partnership, or any other entity.

5           (ii) “Facility” does not include a grocery store or restaurant that is  
6 subject to § 21–330.3 of the Health – General Article.

7           (5) “Jurisdictional emergency medical services operational program”  
8 means the institution, agency, corporation, or other entity that has been approved by the  
9 EMS Board to provide oversight of emergency medical services for each of the local  
10 government and State and federal emergency medical services programs.

11           (6) “Program” means the Public Access Automated External Defibrillator  
12 Program.

13           (7) “Regional administrator” means the individual employed by the  
14 Institute as regional administrator in each EMS region.

15           (8) “Regional council” means an EMS advisory body as created by the Code  
16 of Maryland Regulations 30.05.

17           (9) “Regional council AED committee” means a committee appointed by the  
18 regional council consisting of:

19                   (i) The regional medical director;

20                   (ii) The regional administrator; and

21                   (iii) Three or more individuals with knowledge of and expertise in  
22 AEDs.

23           (10) “Registered facility” means an organization, a business association, an  
24 agency, or any other entity that meets the requirements of the EMS Board for registering  
25 with the Program.

26           (b) (1) There is a Public Access Automated External Defibrillator Program.

27           (2) The purpose of the Program is to [coordinate]:

28                   **(I) COORDINATE** an effective statewide public access defibrillation  
29 program; **AND**

1                   **(II) IMPLEMENT THE INITIATIVE TO CO-LOCATE NALOXONE**  
2 **WITH AUTOMATED EXTERNAL DEFIBRILLATORS PLACED IN PUBLIC BUILDINGS, AS**  
3 **REQUIRED UNDER § 13-518 OF THIS SUBTITLE.**

4           (3)    The Program shall be administered by the EMS Board.

5           (c)    The EMS Board may:

6                   (1)    Adopt regulations for the administration of the Program;

7                   (2)    Issue and renew certificates to facilities that meet the requirements of  
8 this section;

9                   (3)    Deny, suspend, revoke, or refuse to renew the certificate of a registered  
10 facility for failure to meet the requirements of this section;

11                  (4)    Approve educational and training programs required under this section  
12 that:

13                           (i)    Are conducted by any private or public entity;

14                           (ii)   Include training in cardiopulmonary resuscitation and  
15 automated external defibrillation; and

16                           (iii)   May include courses from nationally recognized entities such as  
17 the American Heart Association, the American Red Cross, and the National Safety Council;

18                   (5)    Approve the protocol for the use of an AED; and

19                   (6)    Delegate to the Institute any portion of its authority under this section.

20           (d)    (1)    Each facility that desires to make automated external defibrillation  
21 available shall possess a valid certificate from the EMS Board.

22                   (2)    This subsection does not apply to:

23                           (i)    A jurisdictional emergency medical services operational  
24 program;

25                           (ii)   A licensed commercial ambulance service;

26                           (iii)   A health care facility as defined in § 19-114 of the Health –  
27 General Article; or

28                           (iv)   A place of business for health care practitioners who are licensed  
29 as dentists under Title 4 of the Health Occupations Article or as physicians under Title 14

1 of the Health Occupations Article and are authorized to use an AED in accordance with  
2 that license.

3 (e) To qualify for a certificate a facility shall:

4 (1) Comply with the written protocol approved by the EMS Board for the  
5 use of an AED which includes notification of the emergency medical services system  
6 through the use of the 911 universal emergency access number as soon as possible on the  
7 use of an AED;

8 (2) Have established automated external defibrillator maintenance,  
9 placement, operation, reporting, and quality improvement procedures as required by the  
10 EMS Board;

11 (3) Maintain each AED and all related equipment and supplies in  
12 accordance with the standards established by the device manufacturer and the federal Food  
13 and Drug Administration; [and]

14 (4) Ensure that each individual who is expected to operate an AED for the  
15 registered facility has successfully completed an educational training course and refresher  
16 training as required by the EMS Board; AND

17 **(5) IF THE FACILITY IS A PUBLIC BUILDING, MEET ANY**  
18 **REQUIREMENTS ESTABLISHED UNDER § 13-518 OF THIS SUBTITLE RELATING TO**  
19 **THE CO-LOCATION OF NALOXONE WITH EACH AED MAINTAINED IN THE FACILITY.**

20 (f) A registered facility shall report the use of an AED to the Institute for review  
21 by the regional council AED committee.

22 (g) A facility that desires to establish or renew a certificate shall:

23 (1) Submit an application on the form that the EMS Board requires; and

24 (2) Meet the requirements under this section.

25 (h) (1) The EMS Board shall issue a new or a renewed certificate to a facility  
26 that meets the requirements of this section.

27 (2) Each certificate shall include:

28 (i) The type of certificate;

29 (ii) The full name and address of the facility;

30 (iii) A unique identification number; and

1 (iv) The dates of issuance and expiration of the certificate.

2 (3) A certificate is valid for 3 years.

3 (i) The EMS Board may issue a cease and desist order or obtain injunctive relief  
4 if a facility makes automated external defibrillation available in violation of this section.

5 (j) (1) In addition to any other immunities available under statutory or  
6 common law, a registered facility is not civilly liable for any act or omission in the provision  
7 of automated external defibrillation if the registered facility:

8 (i) Has satisfied the requirements for making automated external  
9 defibrillation available under this section; and

10 (ii) Possesses a valid certificate at the time of the act or omission.

11 (2) In addition to any other immunities available under statutory or  
12 common law, a member of the regional council AED committee is not civilly liable for any  
13 act or omission in the provision of automated external defibrillation.

14 (3) In addition to any other immunities available under statutory or  
15 common law, an individual is not civilly liable for any act or omission if:

16 (i) The individual is acting in good faith while rendering automated  
17 external defibrillation to a person who is a victim or reasonably believed by the individual  
18 to be a victim of a sudden cardiac arrest;

19 (ii) The assistance or aid is provided in a reasonably prudent  
20 manner; and

21 (iii) The automated external defibrillation is provided without fee or  
22 other compensation.

23 (4) The immunities in this subsection are not available if the conduct of the  
24 registered facility or an individual amounts to gross negligence, willful or wanton  
25 misconduct, or intentionally tortious conduct.

26 (5) This subsection does not affect, and may not be construed as affecting,  
27 any immunities from civil or criminal liability or defenses established by any other  
28 provision of the Code or by common law to which a registered facility, a member of the  
29 regional council AED committee, or an individual may be entitled.

30 (k) (1) A registered facility aggrieved by a decision of the Institute acting  
31 under the delegated authority of the EMS Board under this section shall be afforded an  
32 opportunity for a hearing before the EMS Board.



1 (2) A registered facility aggrieved by a decision of the EMS Board under  
2 this section shall be afforded an opportunity for a hearing in accordance with Title 10,  
3 Subtitle 2 of the State Government Article.

4 **13-518.**

5 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
6 INDICATED.

7 (2) "AUTOMATED EXTERNAL DEFIBRILLATOR (AED)" HAS THE  
8 MEANING STATED IN § 13-517 OF THIS SUBTITLE.

9 (3) "NALOXONE" MEANS THE MEDICATION APPROVED BY THE  
10 FEDERAL FOOD AND DRUG ADMINISTRATION FOR COMMUNITY USE FOR THE  
11 REVERSAL OF A KNOWN OR SUSPECTED OPIOID OVERDOSE.

12 (4) "PUBLIC BUILDING" MEANS:

13 (I) A PUBLIC MASS TRANSPORTATION ACCOMMODATION, SUCH  
14 AS A TERMINAL OR STATION, THAT IS SUPPORTED BY PUBLIC FUNDS;

15 (II) AN IMPROVEMENT OF A PUBLIC AREA USED FOR  
16 GATHERING OR AMUSEMENT, INCLUDING A PUBLIC PARK OR RECREATION CENTER;  
17 OR

18 (III) A FACILITY THAT IS SUPPORTED BY PUBLIC FUNDS AND  
19 PRIMARILY USED TO PROVIDE SECONDARY OR HIGHER EDUCATION.

20 (B) (1) THE EMS BOARD, IN COLLABORATION WITH THE MARYLAND  
21 DEPARTMENT OF HEALTH, SHALL DEVELOP AND IMPLEMENT AN INITIATIVE UNDER  
22 THE PUBLIC ACCESS AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM TO  
23 REQUIRE THAT NALOXONE BE CO-LOCATED WITH EACH AUTOMATED EXTERNAL  
24 DEFIBRILLATOR PLACED IN A PUBLIC BUILDING.

25 (2) THE INITIATIVE DEVELOPED UNDER PARAGRAPH (1) OF THIS  
26 SUBSECTION SHALL ENSURE THAT UP TO TWO DOSES OF NALOXONE ARE  
27 MAINTAINED IN A LOCATION THAT:

28 (I) IS VISIBLE AND IN CLOSE PHYSICAL PROXIMITY TO THE  
29 AUTOMATED EXTERNAL DEFIBRILLATOR; AND

30 (II) HAS A LABEL THAT CLEARLY INDICATES TO THE PUBLIC  
31 THE AVAILABILITY OF NALOXONE.

1           **(3) THE INITIATIVE DEVELOPED UNDER PARAGRAPH (1) OF THIS**  
 2 **SUBSECTION SHALL BE FUNDED ~~IN THE SAME MANNER AS THE PUBLIC ACCESS~~**  
 3 **~~AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM~~ USING AVAILABLE FUNDS**  
 4 **FROM THE OPIOID RESTITUTION FUND APPROPRIATED THROUGH THE STATE**  
 5 **BUDGET.**

6           **(C) (1) THE OWNER OR OPERATOR OF A PUBLIC BUILDING IS NOT CIVILLY**  
 7 **LIABLE FOR ANY ACT OR OMISSION IN THE PROVISION AND MAINTENANCE OF**  
 8 **NALOXONE UNDER THE INITIATIVE DEVELOPED UNDER SUBSECTION (B)(1) OF THIS**  
 9 **SECTION IF THE OWNER OR OPERATOR HAS SATISFIED ANY REQUIREMENTS**  
 10 **ESTABLISHED FOR PROVIDING AND MAINTAINING NALOXONE UNDER THE**  
 11 **INITIATIVE.**

12           **(2) AN INDIVIDUAL WHO ADMINISTERS NALOXONE MADE AVAILABLE**  
 13 **UNDER THE INITIATIVE DEVELOPED UNDER PARAGRAPH (1) OF THIS SUBSECTION**  
 14 **IN RESPONSE TO A KNOWN OR SUSPECTED DRUG OVERDOSE SHALL HAVE IMMUNITY**  
 15 **FROM CIVIL LIABILITY AS PROVIDED IN § 5-603 OF THE COURTS ARTICLE.**

16           **(D) THE EMS BOARD AND THE MARYLAND DEPARTMENT OF HEALTH**  
 17 **JOINTLY SHALL ADOPT REGULATIONS THAT:**

18           **(1) ESTABLISH GUIDELINES FOR PERIODIC INSPECTIONS AND**  
 19 **MAINTENANCE OF THE NALOXONE PLACED IN PUBLIC BUILDINGS; ~~AND~~**

20           **(2) ASSIST THE ADMINISTRATORS OF EACH PUBLIC BUILDING IN**  
 21 **CARRYING OUT THE PROVISIONS OF THIS SECTION; AND**

22           **(3) ESTABLISH INITIAL PRIORITIZATION OF THE PUBLIC BUILDINGS**  
 23 **ELIGIBLE TO RECEIVE FUNDING UNDER THIS SECTION WITH A GOAL OF**  
 24 **CO-LOCATION OF NALOXONE WITH EACH AUTOMATED EXTERNAL DEFIBRILLATOR**  
 25 **LOCATED IN A PUBLIC BUILDING BY OCTOBER 1, 2027.**

26                           **Article – State Finance and Procurement**

27           **7-331.**

28           **(a) In this section, “Fund” means the Opioid Restitution Fund.**

29           **(f) The Fund may be used only to provide funds for:**

30           **(1) programs, services, supports, and resources for evidence-based**  
 31 **substance use disorder prevention, treatment, recovery, or harm reduction that have the**  
 32 **purpose of:**

1 (i) improving access to medications proven to prevent or reverse an  
2 overdose, INCLUDING BY SUPPORTING THE INITIATIVE TO CO-LOCATE NALOXONE  
3 WITH AUTOMATED EXTERNAL DEFIBRILLATORS PLACED IN PUBLIC BUILDINGS  
4 UNDER § 13-518 OF THE EDUCATION ARTICLE;

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
6 October 1, 2024.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.