Department of Legislative Services

Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 693 (Senator Hough, *et al.*)
Finance

Co-Prescribing Naloxone Saves Lives Act of 2017

This bill requires the Secretary of Health and Mental Hygiene to establish guidelines for the co-prescribing of opioid overdose reversal drugs that are applicable to all licensed health care providers in the State who are authorized to prescribe a monitored prescription drug. The guidelines must address the co-prescribing of opioid overdose reversal drugs for patients who are at an elevated risk of overdose and are (1) receiving opioid therapy for chronic pain; (2) receiving a prescription for benzodiazepines; or (3) being treated for opioid use disorders. The Secretary must establish the guidelines by December 1, 2017.

The bill takes effect June 1, 2017.

Fiscal Summary

State Effect: The Department of Health and Mental Hygiene (DHMH) can develop the required guidelines with existing resources. Medicaid expenditures (60% federal funds, 40% general funds) may increase beginning in FY 2018, but only to the extent the guidelines mandated by the bill result in *additional* prescriptions for naloxone covered by Medicaid. Federal fund revenues increase by a corresponding amount.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: "Co-prescribing" means the practice of prescribing an opioid overdose reversal drug in conjunction with an opioid prescription for a patient at an elevated risk of

overdose, or an opioid agonist approved under the federal Food, Drug, and Cosmetic Act for the treatment of an opioid use disorder. "Opioid overdose reversal drug" means a drug, including naloxone, or a combination drug device that is approved by the U.S. Food and Drug Administration (FDA) for the emergency treatment of a known or suspected opioid overdose and administered in a FDA-approved manner. "Patient at an elevated risk of overdose" means a patient who:

- is identified as at risk of an opioid overdose under criteria in the Opioid Overdose Toolkit published by the federal Substance Abuse and Mental Health Service Administration;
- has a known history of intravenous drug use or prescription opioid misuse;
- receives high-dose opioids or receives opioids chronically;
- has been hospitalized for an opioid overdose;
- uses opioids with antidepressants, benzodiazepines, alcohol, or other drugs;
- uses opioids and has a history of major organ dysfunction, including renal, hepatic, cardiac, or pulmonary dysfunction;
- uses opioids and has a history of mental illness; or
- is receiving treatment for a substance use disorder.

Current Law/Background: In February 2015, the Governor issued two executive orders establishing the Governor's Inter-Agency Heroin and Opioid Coordinating Council and the Heroin and Opioid Emergency Task Force to establish a coordinated statewide and multijurisdictional effort to prevent, treat, and significantly reduce heroin and opioid abuse. Additionally, Chapter 464 of 2015 established the Joint Committee on Behavioral Health and Opioid Use Disorders. The joint committee is required to monitor the activities of the coordinating council and the effectiveness of the State Overdose Prevention Plan; local overdose prevention plans and fatality review teams; strategic planning practices to reduce prescription drug abuse; and efforts to enhance overdose response laws, regulations, and training. In January 2017, the Governor issued another executive order establishing an Opioid Operational Command Center within the coordinating council to facilitate coordination and sharing of data among State and local agencies.

Naloxone (also known as Narcan®) is an opioid antagonist long used in emergency medicine to rapidly reverse opioid-related sedation and respiratory depression. Chapter 299 of 2013 established the Overdose Response Program within DHMH to authorize certain individuals (through the issuance of a certificate) to administer naloxone to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available. Chapter 356 of 2015 expanded the program to authorize standing orders for naloxone and provided additional legal protections for prescribers and administrators of naloxone. DHMH launched the program in March 2014. As of February 8, 2017, 42,084 individuals have

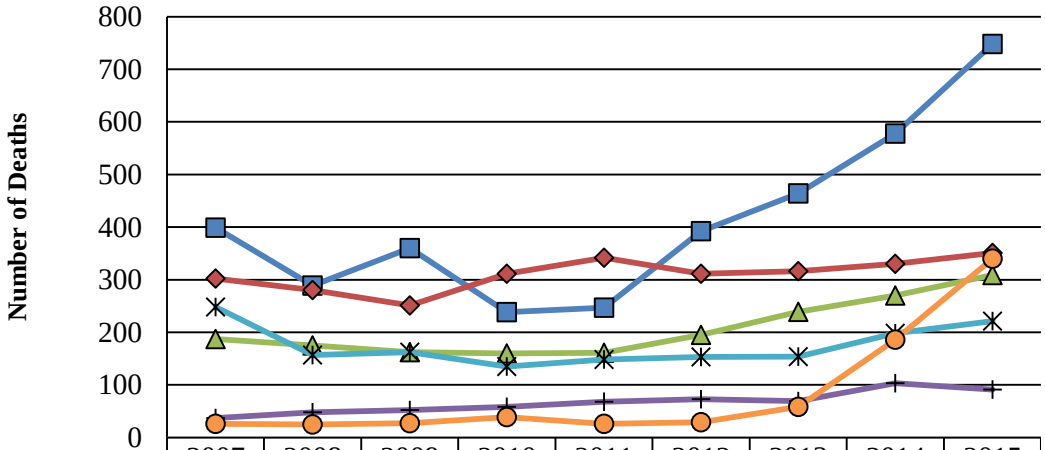
received training under the program. Additionally, there have been 45,498 dispensed doses of naloxone and 1,572 reported naloxone administrations.

According to DHMH's 2016 report, *Drug and Alcohol-Related Intoxication Deaths in Maryland*, drug- and alcohol-related intoxication deaths in Maryland increased for the fifth year in a row, totaling 1,259 deaths in 2015 – a 21% increase since 2014 and an all-time high. Of all intoxication deaths, 1,089 deaths (86%) were opioid-related, including deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl. Opioid-related deaths increased by 23% between 2014 and 2015 and have more than doubled since 2010. Heroin- and fentanyl-related deaths have risen particularly sharply. The number of heroin-related deaths increased by 29% between 2014 and 2015 and has more than tripled between 2010 and 2015. The number of fentanyl-related deaths increased by 83% between 2014 and 2015 and has increased nearly twelvefold since 2012. **Exhibit 1** shows trends in drug- and alcohol-related intoxication deaths in Maryland from 2007 through 2015.

Exhibit 1

Total Number of Drug- and Alcohol-related Intoxication Deaths By Selected Substances in Maryland

2007-2015



	2007	2008	2009	2010	2011	2012	2013	2014	2015
Heroin	399	289	360	238	247	392	464	578	748
Prescription Opioids	302	280	251	311	342	311	316	330	351
Alcohol	187	175	162	160	161	195	239	270	309
Benzodiazepines	37	48	52	58	68	73	69	103	91
Cocaine	248	157	162	135	148	153	154	198	221
Fentanyl	26	25	27	39	26	29	58	186	340

Source: Department of Health and Mental Hygiene

Preliminary data from DHMH indicates that the number of intoxication deaths increased at an even steeper rate in 2016, with 1,468 deaths from January through September 2016 compared to 904 deaths during the same period in 2015 (a 62% increase). Additionally, for January through September 2016, the number of heroin-related deaths increased 72% and the number of fentanyl-related deaths increased nearly fourfold compared to the same period in 2015.

Medicaid covers naloxone prescriptions; in 2016, Medicaid enrollees filled 4,631 naloxone prescriptions. DHMH advises that, in response to the increasing number of opioid-related deaths in the State and amongst Medicaid enrollees, DHMH and its eight Medicaid managed care organizations (MCOs) have collaborated on policy changes and recommendations to promote changes in prescribing practices based on guidance from the U.S. Centers for Disease Control and Prevention. DHMH and those MCOs have advised providers that naloxone should be prescribed to patients who meet certain risk factors, namely (1) a history of substance use disorder; (2) high-dose or cumulative prescriptions that result in over 50 morphine milligram equivalents; (3) prescriptions for both opioids and benzodiazepine or non-benzodiazepine sedative hypnotics; or (4) other factors such as friends or family that use drugs.

Additional Information

Prior Introductions: None.

Cross File: HB 856 (Delegate Folden, *et al.*) - Health and Government Operations.

Information Source(s): Department of Health and Mental Hygiene; Maryland Insurance Administration; Department of Legislative Services

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