



Strengthening the Mid-Atlantic Region for Tomorrow

Four States, One Region, Infinite Possibilities

March 1, 2022

The Honorable Shane Pendergrass
Chairwoman, Health and Government Operation
House Office Building
Annapolis, MD 21401

RE: HB 1111 - Prescription Drug Monitoring Program – Prescribers of Opioids – Notification Requirement – Favorable Consideration

Dear Chairwoman Pendergrass and Distinguished Committee Members,

I write in support of House Bill 1111 as a best practice for patient intervention for overdose prevention. HB 1111 sponsored by Delegate Wendell Beitzel requires notification in the Prescription Drug Monitoring Program to remind prescribers that are prescribing opioids to educate patients on the risk, advise patients there is an antidote for opioids, and check if a prescription was given for the patient for the opioid antagonist.

The Strengthening the Mid-Atlantic Region for Tomorrow (SMART) is a non-profit group that supports Maryland, Pennsylvania, New Jersey and Delaware on legislative and policy issues affecting the Mid-Atlantic Region. SMART has 15 working groups comprised of industry and community leaders across the 4 states in healthcare, veteran's issues, and workforce development.

We are gravely concerned about the on-going opioid overdose epidemic and the rise of substance use disorder during the global pandemic which is resulting in an average 192 deaths daily according to Addiction Policy Forum. More than 75% of these take place outside medical settings, with the majority of these (54%) taking place in homes. Our 4 states are among the most impacted in the nation. Not only are these losses unnecessary, there are enormous direct and indirect costs to families, healthcare systems, employers and society that may be greatly mitigated through existing channels.

According to the Centers for Disease Control on opioid prescribing practices, in 2017, there were almost 58 opioid prescriptions written for every 100 Americans. This is approximately 247 million opioid painkiller prescriptions per year, but only 40,000 prescriptions for naloxone, which indicates support for co-prescribing is not translating into every day practice. According to the CDC approximately 81,230 drug overdose deaths occurred in the United States in the 12-months ending in May 2020. In Maryland the Opioid Operation Command Center stated in their 2020 report that *"in the first six months of 2020, there was a total of 1,326 reported unintentional intoxication deaths from all types of drugs and alcohol in Maryland. This represents an increase of 9.1 percent from the 1,215 intoxication deaths reported in the first half of 2019. Opioids were involved in 89.5 percent of all fatalities."* Unfortunately, each of the SMART states have seen similar statistics.

We acknowledge that the Prescription Drug Monitoring Program was started to support healthcare providers and their patients in the safe and effective use of prescription drugs. As part of opioid prescribing best practices is the co-prescribing of naloxone, the opioid overdose antidote. Ten states have passed some form of co-prescribing requirement which data has shown decreases the number of opioids prescribed. Such Mid-Atlantic states include Virginia, Ohio, Rhode Island and New Jersey. Consistency of policies in this transient region is essential to combatting the opioid epidemic. The federal Comprehensive Addiction and Recovery Act, State Targeted Response Grants and State Opioid Response Grants target and reference evidence based best practices for implementation in the States. The American Medical Association, Substance Abuse and Mental Health Administration, and the Centers



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for Disease Control and Prevention issued guidelines which call for physicians to offer naloxone when factors that increase risk for opioid overdose, such as a history of overdose, substance use disorder, high-dose opioids, or opioids prescribed concurrently with benzodiazepines, are present. These guidelines help create consistency, and the intent of HB1125 helps support prescribers with a reminder to ensure patients are educated on the risks, educated on the life-saving antidote, and prescribed the antidote, if appropriate. This bill is another tool in the toolbox to ensure safe prescribing practices are being adhered to.

With close proximity of the Mid-Atlantic Region, SMART Healthcare Group works to promote consistent best practices among the region. While we agree that requiring co-prescribing is the best practice, we support this best practice for the PDMP outlined in HB 1111 as a critical last intervention point between a patient and pharmacist. As the region strives to address this public health crisis, SMART supports state efforts in closing the gap between legislative policy and implementation of best practice.

For these reasons, we request the Committees favorable consideration of HB 1111 as a best practice for intervention to prevent opioid overdoses in Maryland.

Sincerely,

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