



Statement of Maryland Rural Health Association (MRHA)

To the Senate Education, Energy, and the Environment Committee

Chair: Senator Brian J. Feldman

February 29, 2024

Senate Bill 1099: Emergency Services - Automated External Defibrillator and Naloxone Co-Location Initiative - Requirements for Public Buildings

POSITION: SUPPORT

Chair Feldman, Vice Chair Kagan, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 1099: Emergency Services - Automated External Defibrillator and Naloxone Co-Location Initiative - Requirements for Public Buildings

When Automated External Defibrillators (AEDs) were placed in public buildings, it began saving countless lives. Done in response to the high mortality from sudden cardiac arrest, the chance of survival after a cardiac event improved significantly. According to a study published by the American Heart Association, people who went into cardiac arrest with a rhythm treatable by an AED, the chance of survivability improved from 43.0% to 66.5%, and the chance of favorable restoration of function improved from 32.7% to 57.1% (Pollack et al., 2018). Without easy access to AEDs, bystanders would not be able to help those in need, and lives would be lost. Although the risk of death by sudden cardiac arrest has decreased since AEDs were placed in public buildings, global society is facing startling mortality due to opioid abuse. Naloxone, otherwise known as Narcan, is one of the front-line drugs used to combat the opioid epidemic. For Narcan to reach peak therapeutic effect, it must be administered as soon as possible. Over the last several years, there has been ample public education on the signs of overdose and what to do in the event you encounter someone overdosing. Just as the implementation of AEDs helps to improve chance of survivability of those who go into sudden cardiac arrest, naloxone also serves as the first line of defense to reverse an opioid overdose. According to the most recently published annual report on unintentional drug and alcohol intoxication deaths in Maryland, there were 2,800 unintentional drug or alcohol related deaths in 2021. Of those 2,800 deaths, nearly 90% (2,507 deaths) were opioid related (Maryland Vital Statistics, 2021). Fortunately, as mentioned above, one proven aid in reducing overdose deaths is the administration of naloxone. The CDC reported that in 2022, over 50% of fatal overdoses in Maryland occurred in the presence of a bystander and 70% all had at least one opportunity for intervention. (Centers for Disease Control and Prevention, 2024). Given the number of deaths that could have been prevented, the Maryland Rural Health Association is in favor of Senate Bill 1099. Residents of rural Maryland have an additional disadvantage due to fewer resources and long EMS response times. In those circumstances, the administration of naloxone can be lifesaving. Placing it with AEDs will not only make it convenient but also easy to locate in an emergency. Maryland as a state must take action to improve the public's preparedness for future overdoses.

*On behalf of the Maryland Rural Health Association,
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Centers for Disease Control and Prevention. (2024). SUDORS dashboard: Fatal overdose data. <https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html>
Maryland Vital Statistics. (2021). *Unintentional drug- and alcohol-related intoxication deaths in Maryland, 2021*. Maryland Department of Health.
https://health.maryland.gov/vsa/Documents/Overdose/2021_AnnualIntoxDeathReport.pdf

Pollack, R. A., Brown, S. P., Rea, T., Aufderheide, T., Barbic, D., Buick, J. E., Christenson, J., Idris, A. H., Jasti, J., Kampp, M., Kudenchuk, P., May, S., Muhr, M., Nichol, G., Ornato, J. P., Sopko, G., Vaillancourt, C., Morrison, L., & Weisfeldt, M. (2018). Impact of bystander automated external defibrillator use on survival and functional outcomes in shockable observed public cardiac arrests. *American Heart Association*. 137(20). <https://doi.org/10.1161/CIRCULATIONAHA.117.030700>