MCF Testimony SB1099 2024.pdf
Uploaded by: Barbara Zektick
Position: FAV

SENATE BILL 1099

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

SB 1099- Position: Support - FAVORABLE

Hello Chair and Members of the Committee,

Hello, my name is Barbara Zektick, I am testifying today in support of Senate Bill 1099.

I am here on behalf of Maryland Coalition of Families; a statewide nonprofit that served nearly 5,000 families last year with Family Peer Support who had a loved one that struggled with behavioral health challenges, this include substance use disorder. I am here today to represent these caregivers, their voices--who quite frankly, are exhausted and need more support and assurances that there are protections and care for their loved ones, knowing they cannot be with their family member every waking moment.

The American Society of Addiction Medicine (ASAM) defines Addiction as **a primary, chronic disease of brain reward, motivation, memory, and related circuitry**. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. Chronic diseases are long-lasting conditions that often can be managed but ***not cured.*** People living with chronic illnesses manage daily symptoms that affect their quality of life, and experience acute health problems and complications that can shorten their life expectancy. ***For people who use opioids, the risk of overdose looms daily.***

A major component of President Biden's National Drug Control Strategy is increasing access to ***overdose reversal drugs***. The Overdose Prevention Strategy of the U.S. Department of Health & Human Services aims to tackle the overdose problem by ***providing greater access*** to the entire range of treatment and services, ***including overdose reversal medicines.*** States have acquired around 9 million naloxone kits and ***assisted in reversing over 500,000 overdoses*** with the support of federal State Opioid Response grant funds. For the first time ever, naloxone may now be bought over-the-counter at pharmacies and grocery shops all around the nation.

It is time for Maryland to offer greater access and this solution to save lives. We strongly urge a favorable report. Thank you.

MDDCSAM SB 1099 nalaxone & defibrillators.pdf
Uploaded by: Joseph Adams, MD
Position: FAV

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 1099 **Emergency Services - Automated External Defibrillator and Naloxone Co-Location Initiative - Requirements for Public Buildings**
Education, Energy & Environment Committee March 1, 2024

SUPPORT

Despite all of our efforts, the alarming increase in opioid overdose deaths is still worsening year over year. In 2021, there were more than 80 000 overdose deaths in the US, up 24% from 2020.

Naloxone distribution has been consistently found, in published peer reviewed studies, to be one of the most effective means available to prevent overdose deaths.

This has led the MD Department of Health to prioritize naloxone distribution in addiction treatment settings through the Overdose Response Program. Some local jurisdictions have made naloxone available **free in vending machines**, such as in Baltimore County, and are looking to expand this further. **The goal is to use any available means to get naloxone into the hands of people who may be able to use it.**

Keeping naloxone with defibrillators will make it much more available. People will come to learn that naloxone is available in public buildings, and will know how to find it. **It is likely to be used much more often than defibrillators to save a life.**

We urge a favorable report.

Respectfully,
Joseph A. Adams, MD, FASAM, board certified in internal medicine and addiction medicine.

MD Senate Testimony - fentanyl.pdf
Uploaded by: Kamal Bherwani
Position: FAV

Mr. Chairman, and members of the Committee, thank you for allowing me to testify today.

My son, Ethan Bherwani, was a wonderful and enormously gifted child, and at age 22, died of a fentanyl overdose, in the middle of a crowded casino floor in Connecticut almost three years ago. He had just graduated college and was celebrating with his friends before going to law school and someone he met for the first time gave him something that had a lethal dose of fentanyl in it.

Ethan collapsed and his body was without oxygen for about fifteen minutes. That's what a small dose of fentanyl does – it sends a signal to the brain that stops the respiratory system.

If Narcan, or naloxone, the generic version of Narcan, was available and administered to him, he would be alive today. In the United States, fentanyl is the leading killer of adults 18-49 years old and about 80,000 people a year are dying from it, and in about half the cases, someone is there with them who could've helped if they had access to Narcan/naloxone. 80,000 people per year is a greater than the total number of Americans we lost in the Vietnam War – just to put it in perspective.

There is enough fentanyl in this country to kill every American many times over, and more is coming in through a porous land border with Mexico and through mail packages. Imagine a Boeing 737 plane crashing every day of the year with everyone on board dying – this is how widescale the tragedy is.

On the day of his funeral, I launched Pre-Clivity, a non-profit organization whose goal is to reduce fentanyl overdoses deaths.

One day, Terry Lierman, who is a close friend, and I were together, and we talked about the idea of using the existing infrastructure of AED boxes, which contain heart defibrillators, and putting Narcan/naloxone in them as a relatively inexpensive and effective way of making sure Narcan/naloxone is available when and where it is needed. Terry and I then spoke together with Senator Smith and the idea took hold. I want to thank them both publicly – without them there would be no bill to discuss.

The bill proposed today will make great strides in lower the fentanyl deaths because it will make Narcan/naloxone much more readily available. Narcan/naloxone reverses the signal and people start breathing again before they die due to irreversible damage is done to the brain. It has a four-year shelf life, and there are no harmful effects if applied to someone who did not have a fentanyl overdose. In short, it is a miracle of modern medicine.

I hope this bill passes and become law. The world has lost the impact that Ethan would have had on the world and every day, we continue lose people who also would have had a meaningful impact. Fentanytl doesn't discriminate – all races, all genders, all neighborhoods and all socio-economic classes are being impacted. We have a chance here today to make a material difference and reverse this tragic trend – so that the next Ethan is here and smiling with us instead of us mourning the senseless loss of life.

Thank you for your time today.

NCADD-MD - 2024 SB 1099 FAV - AED & Naloxone - Sen

Uploaded by: Nancy Rosen-Cohen

Position: FAV

Senate Education, Energy, and the Environment Committee

March 1, 2024

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

Support

NCADD-Maryland supports Senate Bill 1099. Naloxone is a life-saving antidote to an opioid overdose that Maryland has been making more and more accessible to all Marylanders who need it for themselves, for a loved one, and even for a stranger. A statewide standing order allows anyone to get naloxone from a pharmacy without a prescription. The STOP Program you all established requires many community-based organizations to become Overdose Response Programs and distribute naloxone widely.

Public health officials as well as family advocates who work with people every to find treatment and recovery supports, support the availability of naloxone in just about all public places, including employment locations, schools, restaurants, State office buildings – and yes, wherever automated external defibrillators are located.

We urge a favorable report on Senate Bill 1099.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

National Council on Alcoholism & Drug Dependence – Maryland Chapter
28 E. Ostend Street, Suite 303, Baltimore, MD 21230 · 410-625-6482 · fax 410-625-6484
www.ncaddmaryland.org

SB1099-EEE-SUPP.pdf
Uploaded by: Nina Themelis
Position: FAV

BRANDON M. SCOTT
MAYOR

Office of Government Relations
88 State Circle
Annapolis, Maryland 21401

SB 1099

March 1, 2024

TO: Members of the Senate Education, Energy, and the Environment Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

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

POSITION: FAVORABLE

Chair Feldman, Vice Chair Kagan, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 1099.

SB 1099 will expand access to Naloxone by co-locating the life-saving medicine with each Automated External Defibrillator (AED) in public buildings under the Public Access AED Program. Owners and operators of participating public buildings would have certain immunities to liability if an individual used the naloxone for a suspected overdose. Taking this step would not only reduce barriers to accessing naloxone, but would also increase public awareness, reduce stigma, empower bystanders, and save lives.

Naloxone is a lifesaving medication used to reverse opioid overdoses. According to the Maryland Department of Health, 2,800 Marylanders were lost due to an overdose in 2021 (the most recent year for which data is available).[i] That is nearly eight loved ones lost every day, lives that could have been rescued by the life-saving medication, naloxone. Counties across the state face first responder shortages, with an average response time of nine minutes in Baltimore City.[ii] By co-locating naloxone with AEDs, bystanders can quickly access and administer the medication. Standardizing storage in this manner will not only heighten public awareness but also has the potential to diminish the stigma associated with its accessibility.

Naloxone is safe. It only reverses overdoses in people who have opioids in their systems and, importantly, will not harm someone if administered to a person who is not overdosing or who does not have opioids in their system.[iii,iv] It also cannot make someone "high."[v] Co-locating naloxone with AEDs can have a positive impact on overdose response and stigma by increasing accessibility, raising public awareness, reducing stigma, empowering bystanders, and potentially saving lives.

For these reasons, the BCA respectfully requests a **favorable** report on SB 1099.

[i] Maryland Vital Statistics Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2021. (2023). https://health.maryland.gov/vsa/Documents/Overdose/2021_AnnualIntoxDeathReport.pdf.

[ii] Pryor, Rebecca. (2023). "Baltimore City first responders facing demanding workloads amid staffing shortages | WBFF." Fox Baltimore. https://foxbaltimore.com/news/local/baltimore-city-first-responders-facing-demanding-workloads-amid-staffing-shortages.

[iii] NIDA. 2022, January 11. Naloxone DrugFacts. Retrieved from https://nida.nih.gov/publications/drugfacts/naloxone on 2024, January 31

[iv] Centers for Disease Control and Prevention. (n.d.). 5 Things to Know About Naloxone. Retrieved from https://www.cdc.gov/drugoverdose/featured-topics/naloxone.html

[v] Anne Arundel County Department of Health. (n.d.). Naloxone: Frequently Asked Questions. Retrieved from https://www.aahealth.org/behavioral-health/recovery-support-services/opioid-addiction/naloxone-frequently-asked-questions#:~:text=A%20person%20cannot%20get%20%E2%80%9Chigh,for%20practically%20anyone%20to%20use.

SB1099 Testimony.pdf
Uploaded by: Sarah Paul
Position: FAV

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,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org

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

SB 1099 - Support - MPS WPS.pdf
Uploaded by: Thomas Tompsett
Position: FAV

February 29, 2024

The Honorable Brian Feldman
Education, Energy, & the Environment Committee
2 West – Senate Office Building
Annapolis, MD 21401

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

Dear Chairman Feldman and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support House Bill 1099: Emergency Services - Automated External Defibrillator and Naloxone Co-Location Initiative - Requirements for Public Buildings (SB 1099). The Maryland Office of Overdose Response reports that 2,513 fatal overdoses occurred in Maryland from October 2022 to September 2023. In the previous twelve months to that, 2,549 fatal overdoses occurred in Maryland. Opioids were by far and away the primary driver of said overdoses. Also worth noting is that in the twelve months ending in September 2023, compared to the twelve months ending in September 2022, there were 1.2% fewer emergency medical services (EMS) naloxone administrations in Maryland, decreasing from 9,018 to 8,909. However, in the twelve months ending in September 2023, compared to the twelve months ending in September 2022, there were 6.5% more non-fatal, opioid-related hospital emergency department visits, increasing from 8,864 to 9,437.

The numbers are clear, opioid overdoses continue to be a significant public health concern for Maryland, with thousands of deaths still occurring each year. Thus, making naloxone and similar overdose reversal medications readily available can help prevent fatalities and reduce the burden on EMS. Many states have enacted laws to expand access to naloxone and similar overdose reversal medications, recognizing their importance in combating the opioid epidemic. SB 1099 would simply require public facilities to have naloxone stored with AEDs and provide civil immunity for citizens who administer naloxone. This is sound public policy.

Therefore, for all the reasons above, MPS and WPS ask the committee for a favorable report on SB 1099. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

SB1099_Favorablewith Amendments_SMART.pdf
Uploaded by: Deborah Burrell
Position: FWA

Strengthening the Mid-Atlantic Region for Tomorrow

Four States, One Region, Infinite Possibilities

February 29, 2024

The Honorable Dennis Feldman
Chairman
Senate Education, Energy and Environment Committee
Maryland Senate
Annapolis, MD 21401

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

Dear Chairman Feldman and Committee Members,

I write in support of the best practice described in Senate Bill 1099 to increase access to FDA approved overdose reversal medications and co-locate them near the Automated External Defribillators in public buildings.

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. The opioid epidemic remains the priority of the Healthcare Working Group and working for consistency between federal guidelines and state policy.

We are gravely concerned about the on-going opioid overdose epidemic in the United States, now resulting in an average 130 deaths daily according to Centers for Disease Control (CDC). 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. 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.

On December 21, 2023, the Biden-Harris Administration announced the historic step to recommend that every federal facility across the nation has lifesaving overdose reversal medications like naloxone on site. According to Dr. Rahul Gupta, Director of the White House Office of National Drug Control Policy, "we have worked to make overdose reversal medication more accessible and available than ever before. These lifesaving medications should be as readily available as fire extinguishers or defibrillators in all public spaces, from schools, to housing communities, to restaurants, retail, and other businesses."

Senate Bill 1099 will help to ensure Marylanders have expanded access to ensure overdose reversal medications approved for community use are readily available to save a life.

SMART supports Senator Will Smith's bipartisan bill, SB 1099, with amendments for FDA approved opioid overdose reversal drugs approved for community use and to expand the location beyond the AED and requests your favorable consideration of this important life-saving legislation.

Sincerely,

Robert Carullo
SMART Executive Director
bcarullo@smartstates.com

Deborah Burrell
SMART Board Member, Maryland
dburrell@burrellig.com

SB 1099 AED and Naloxone Co-Location Initiative_MI

Uploaded by: Theodore Delbridge

Position: INFO

State of Maryland
Maryland Institute *for* Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

February 29, 2024

The Honorable Senator Brian J. Feldman
Chair, Education, Energy, and the Environment Committee
2 West – Miller Senate Office Building
Annapolis, Maryland 21401

SB 1099 – Emergency Services – Automated External Defibrillator and Naloxone Co-Location Initiative – Requirements for Public Buildings

Dear Chair Feldman:

I am writing today to provide information that may be helpful as the Committee considers SB 1099 - Emergency Services – Automated External Defibrillator and Naloxone Co-Location Initiative – Requirements for Public Buildings.

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent State agency that administers Maryland's Public Access Automated External Defibrillator (AED) program in accordance with the Annotated Code of Maryland, Education Article § 13-517. AED Program requirements are specified by regulation (See COMAR 30.06).

The Public Access AED (PAD) Program was established in 1999 to encourage placement of AEDs in communities throughout Maryland, especially where sudden cardiac arrest is more likely or emergency medical services (EMS) response is predictably longer (e.g., high-rise office buildings). The AED Program was devised to be a voluntary program, whereby entities wishing to place AEDs on their premises could do so and, if the entities met certain requirements, would qualify for immunity from civil liability for acts or omissions in the provision of automated external defibrillation.

Since the PAD program's creation, 17,263 AEDs have been placed at thousands of locations in the State. While having an AED and participating in the PAD Program is voluntary for the vast majority of entities that participate in the program, AEDs are required to be placed at schools and county or municipally operated pools, [1] and by 2025 at certain restaurants and grocery stores. [2] There is no requirement for "public buildings" to participate in the PAD Program.

Adding a requirement of naloxone placement to a largely voluntary program is potentially problematic. We worry that adding a requirement could result in entities that have been voluntarily participating in the AED Program to decide to end their voluntary participation, especially for those who consider themselves to be at exceptionally low risk for encountering an opioid overdose victim.

[1] HB 1200 (Chapter 203) 2006; Education-High Schools or Secondary Schools – Automated External Defibrillator Program. HB 812 (Chapter 616) 2014; Education- Middle Schools-Automated External Defibrillators. HB 364 (Chapter 107) 2013; Swimming Pools-Automated External Defibrillator Programs (Conner's Law).
[2] SB 299 (Chapter 305); 2023; Grocery Stores and Restaurants – Automated External Defibrillator Program (Joe Sheya Act).

At this time, we estimate that approximately 4500 PAD AEDs are at locations that would likely fall under the bill's definition of "public building." However, we do not know how many public buildings in Maryland are not currently participating in the PAD program, so we cannot estimate the practical or financial impact of implementing the Naloxone requirement among all "public buildings."

Further, we anticipate the bill would have an impact on local and county governments, but because the ultimate number of "public buildings" under the bill's definition is unknown, we cannot estimate the costs to local governments.

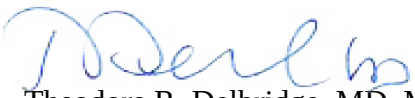
PAD site entities currently bear costs associated with making an AED available at their locations, including the cost of the device and of periodically (every three years, or so) replacing batteries and electrode pads. Requiring naloxone would add cost. "Intranasal" naloxone, the preferred route of administration, retails for more than $100 per package. Naloxone also has a shorter shelf-life than AED components, and must be replaced every one to two years. Further, providing instructions to laypersons who would administer the Naloxone needs to be considered, as its application is not necessarily intuitive among the lay public.

We share interest in making naloxone promptly available at the scenes of opioid overdoses. However, we also believe that greater understanding of overdose locations is needed to best determine how to best dedicate resources. For example, in 2023 less than one percent of Maryland EMS responses for overdose were to each of most of the location types potentially qualifying as "public building." What proportion of them have AEDs is not yet known.

Our recommendation would be to conduct a study during the interim to determine how best to implement a Public Access Naloxone Program and, in so doing, identify a strategy for determining what locations would be best for naloxone placement, how to implement the requirement of naloxone placement, track naloxone administrations, etc.

I hope you and the Committee find this information helpful. Please let me know if you have any questions or if I may provide further information.

Sincerely,



Theodore R. Delbridge, MD, MPH
Executive Director

Cc: The Honorable Senator William C. Smith, Jr.