

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). 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. 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. It also cannot make someone "high." 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

 $^{^{}m v}$ 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%20u se.