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 1071 Hospitals - Opioid Overdose - Medication-Assisted Treatment
Finance Committee March 14, 2024

FAVORABLE WITH AMENDMENTS

Dear Chair Beidle and members of the committee,

This bill can significantly improve opioid use disorder (OUD) treatment, reduce emergency department and hospital admissions, reduce healthcare costs, and **significantly reduce fatal overdoses.**

Regarding House Bill 1155 as amended by HB1155/973521/1 (03/11/24)
We support the amendments offered by the Legal Action Center with the following additions:

> **Rationale: Individuals with OUD may often present for care with miscellaneous problems that are not obviously or definitely "opioid-related,"** e.g., minor trauma, motor vehicle crash, pneumonia, other medical illnesses, vomiting, dehydration, feeling poorly etc. Also, those who present with "opioid-related" problems are already known to likely have OUD.

MDDCSAM RECOMMENDED AMENDMENTS (in bold):

In Subsection (B) paragraph (1):

In addition to amendments from the Legal Action Center, MDDCSAM recommends that hospitals and emergency departments shall establish and maintain protocols and capacity to provide, before discharging a patient, appropriate, evidence-based interventions that reduce the subsequent harm following an opioid-related overdose, a visit for an opioid-related emergency medical condition, **or opioid use disorder.**

In Subsection (C) paragraphs (2):
In addition, MDDCSAM recommends that hospital and emergency department protocols include uniform practices for screening for and diagnosing **opioid use disorder (OUD)** not limited just to individuals who present with an opioid-related overdose or opioid-related emergency medical condition.

In Subsection (B) paragraph (2):
In addition, MDDCSAM recommends that hospital shall establish and maintain emergency services protocols and capacity to provide appropriate evidence-based interventions … following an opioid-related overdose, a visit for an opioid related emergency medical condition, **and for opioid use disorder.**

In subsection (C) paragraph (3):

In addition, MDDCSAM recommends that hospitals and emergency department protocols include offering and administering opioid agonist medication for treatment of patients **who are diagnosed with an opioid use disorder,** not limited just to those presenting with an opioid-related overdose, or an opioid-related emergency medical condition … (as recommended by the treating health care practitioner and agreed to by the patient).

In subsection (D) and new subsection (E):

In addition to suggested amendments, MDDCSAM recommends the following:

(D): BEFORE DISCHARGING A PATIENT WHO IS **DIAGNOSED WITH AN OPIOID USE DISORDER OR** ADMINISTERED OR PRESCRIBED MEDICATION **FOR OPIOID USE DISORDER,** A HOSPITAL SHALL:

(1) **MAKE A REFERRAL OF THE PATIENT TO AN APPROPRIATE PROVIDER OR FACILITY FOR A TIMELY APPOINTMENT, WHERE POSSIBLE, TO VOLUNTARILY CONTINUE TREATMENT IN THE COMMUNITY; AND**

(2) **WORK WITH PEER SUPPORT PROFESSIONALS, AS AVAILABLE, OR OTHER RESOURCES TO ASSIST THE PATIENT IN ACCESSING THE IDENTIFIED TREATMENT SERVICES.**

(E): USING ELECTRONIC HEALTH DATA, A HOSPITAL SHALL:

(1) QUANTIFY PATIENTS WITH:

(I) AN OPIOID USE DISORDER, AND

(II) AN OPIOID-RELATED OVERDOSE, AND

(2) OF PATIENTS WITH AN OPIOID USE DISORDER AND WITH AN OPIOID-RELATED OVERDOSE, CALCULATE:

(I) ADMINISTERED OR DISPENSED A MEDICATION FOR OPIOID USE DISORDER, AND/OR

(II) PRESCRIBED A MEDICATION FOR OPIOID USE DISORDER.

Rationale: Change is relatively unlikely to occur on the basis of establishing a protocol only. According to the Institute for Healthcare Improvement (IHI), "Measurement lies at the heart of quality improvement."

Multiple published studies have demonstrated the effectiveness of initiating buprenorphine specifically in the emergency department (ED). Most recently, Herring and colleagues showed that 86**% of ED patients with opioid use disorder (OUD) agreed to receive buprenorphine treatment, and 50% of these remained engaged in OUD treatment 1 month later, double the likelihood vs. those who did not receive buprenorphine.** This compares favorably with buprenorphine initiation in office settings. (Herring)

Nationally, only 20% of people with OUD are receiving treatment, often attributed to the notion that they are not interested in treatment with medications. But this study shows the vast majority will accept treatment when it is easy to access.

According to Dr. Herring, the system of EDs in the U.S. is one of the most valuable components of our public health infrastructure, providing 24-7 access for all. **EDs are the ideal setting to successfully reach and initiate treatment for people suffering from OUD.**

More than 5% of overdose patients seen at an emergency department (ED) die within the year, many in the first 2 days after discharge. There is an **urgent need** to roll out large-scale interventions to reduce opioid-related overdose deaths. In 2021, opioid use disorder (OUD) contributed to more than 80 000 overdose deaths in the US, up 24% from 2020.

The Standard of Care:

Whether in the ED or elsewhere, initiating treatment with medication is the standard of care for OUD, reducing fatal overdose by half. **OUD is unique** among substance use disorders in that **medications are the primary effective treatment** for the great majority of those affected, particularly opioid agonists treatments (OAT: methadone or buprenorphine). **Treatments without medication are ineffective** on their own, except possibly for mild or recent-onset OUD. *When combined with medication treatment*, evidence of effectiveness of concomitant counseling or psychotherapy on abstinence rates or retention in treatment is mixed. However, "buprenorphine without concomitant counseling is vastly superior to no treatment" according to the Director of the National Institute of Drug Abuse (NIDA) in a 2021 review. (Volkow)

According to NIDA, "Decades of research have shown beyond doubt the overwhelming benefit of medication for opioid use disorder (MOUD): … proven to be life-savers, keeping patients from illicitly using opioids, enabling them to live healthy and successful lives, and facilitating recovery. . . The efficacy of MOUD has been supported in clinical trial after clinical trial…". (NIDA) (SSN). Psychosocial interventions are an important part of comprehensive treatment whenever possible. The use of MOUD **is endorsed by every major health organization world-wide** that has addressed this issue.

The California Bridge program has established the initiation of medication treatment for OUD (MOUD) as **a standard of care in emergency departments**. Launched in 2018 by the California Department of Health Care Services, **it now operates in 85 percent of the state's E.D**s. (CA-Bridge)

"MOUD," not "MAT"

Note that the older term 'Medication Assisted Treatment' (MAT) has been replaced by Medication for Opioid Use Disorder (MOUD) by the Substance Abuse and Mental Health Services Administration (SAMHSA), NIDA, the Centers for Disease Control and Prevention (CDC), and the Drug Enforcement Administration (DEA), since 'MAT' promotes harmful medication stigma by inaccurately implying that medication for OUD is only a secondary part of treatment without medications. (Saitz))(Adams)

With these amendments, we urge a favorable report.

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

REFERENCES:

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- Volkow 2021: Volkow, ND & Blanco, C. The Changing Opioid Crisis: development, challenges and opportunities Mol Psychiatry. 2021 January ; 26(1): 218–233.
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- NIDA: Five Areas Where "More Research" Isn't Needed to Curb the Overdose Crisis. August 31, 2022 https://nida.nih.gov/about-nida/noras-blog/2022/08/five-areas-where-more-research-isnt-needed-to-curb-overdose-crisis

- (SSN) https://www.stopstigmanow.org/research-articles

- CA-Bridge: https://bridgetotreatment.org/addiction-treatment/ca-bridge/

- Saitz R, et. al. Recommended Use of Terminology in Addiction Medicine Journal of Addiction Medicine: J Addict Med , May 29, 2020
  https://facesandvoicesofrecovery.org/wp-content/uploads/2020/06/Saitz-2020-JAM-Editorial Terminology_in_Addiction4.pdf

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