Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 21, 2023

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 408 – Public Health - Opioid Overdose Reversal Drugs - Standing Orders – Letter of Opposition

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of opposition for Senate Bill (SB) 408 – Public Health - Opioid Overdose Reversal Drugs - Standing Orders.

SB 408 would require health care providers, when writing standing orders for an opioid reversal drug, to allow an individual to choose *any formulation* of *any opioid overdose reversal drug* (OORDs) approved by the Food and Drug Administration (FDA). MDH is dedicated to addressing the overdose crisis in Maryland and is actively providing overdose reversal medications via a statewide standing order, which includes all formulations of naloxone and technical support for pharmacists on how to educate individuals who access naloxone via the standing order on how best to utilize the medication. Additionally, through the Overdose Response Program (ORP) housed within the Center for Harm Reduction Services, MDH provides overdose reversal education technical assistance and distributes naloxone to community-based organizations at no cost to those organizations. Naloxone is a well-known opioid overdose reversal medication with a long-standing history of safe use in community-based settings. MDH has provided years of public health education to the community around the appropriate administration of this formulation in conjunction with the activation of the emergency medical system. The effectiveness of MDH's overdose education and naloxone distribution strategies (OEND), as described above, reflect best practice standards based on a large body of evidence within the scientific literature.[1]

SB 408, if passed as written, would require MDH to include novel formulations of overdose reversal medications approved by the FDA, which lack evidence of efficacy in community-based settings. New OORDs, namely nalmefene hydrochloride, have recently become available - however, in the case of nalmefene hydrochloride, clinicians have expressed concern about the use of the formulation in the community setting due to the increased likelihood of inducing opioid withdrawal and have urged further study of the formulation.. .This view has also been expressed by the American College

[1] Razaghizad, A., Windle, S. B., Filion, K. B., Gore, G., Kudrina, I., Paraskevopoulos, E., ... & Eisenberg, M. J. (2021). The effect of overdose education and naloxone distribution: an umbrella review of systematic reviews. American journal of public health, 111(8), e1-e12.

of Medical Toxicology and the American Academy of Clinical Toxicology, which released a joint statement expressing concern about the utilization of nalmefene as an overdose reversal agent in community-based settings until additional studies supporting its utility can be conducted.[2]

The current formulations of overdose reversal medications MDH provides via standing order and through the ORP have decades of scientific evidence supporting their utilization and are more competitively priced than new formulations on the market. Given these dynamics, MDH believes SB408 will not be helpful to the state's efforts to reduce overdose mortality and may create additional harm. The newer formulations of overdose reversal agents should undergo additional study in community-based settings prior to being incorporated into public health strategy.

If you have any further questions, please contact Sarah Case-Herron, Director, Office of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

[2] Stolbach, A. I., Mazer-Amirshahi, M. E., Nelson, L. S., & Cole, J. B. (2023). American College of Medical Toxicology and the American Academy of Clinical Toxicology position statement: nalmefene should not replace naloxone as the primary opioid antidote at this time. Clinical Toxicology, 61(11), 952-955.