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February 20, 2024

Senator Pamela Beidle, Chair  
Senator Katherine Klausmeier, Vice Chair

Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

SUBJECT: SB408 – Public Health - Opioid Overdose Reversal Drugs - Standing Orders

Chair Beidle,

I am Dr. Stephen B. Thomas, Professor of Health Policy and Management and Director, the University of Maryland Center for Health Equity. I speak in my personal capacity today. I appreciate the opportunity to my support for House Bill 411 – Public Health - Opioid Overdose Reversal Drugs - Standing Orders. I urge a favorable report on Senate Bill 408.

As you are aware, in recent years the opioid epidemic has impacted too many people and families across Maryland and the United States. It is vital that our first responders, health care providers, and average citizens have the education and tools to help their fellow citizens in life threatening overdose situations. Fentanyl has emerged as the leading cause of overdose deaths in in Maryland – according to December 15th Maryland Matters article, “Deputy Secretary Lord said that between July 2022 and July 2023, there were 2,583 fatal overdoses in Maryland, and fentanyl was involved in about 81% of deaths.”

Scientists and health professionals are constantly looking to improve the responses to these overdoses, and it is important that Maryland include any formulation of any opioid reversal drug approved by the federal Food and Drug Administration in the standing order. It is my understanding that several other states have already taken the same step.

By updating the standing order to include all FDA approved opioid reversal drugs, we will be ready for the introduction of new, more effective, or less expensive medicines that may be approved in the future. As the state’s standing order is only updated annually, we do not want to be left in a situation where there is a new, more effective, or less costly reversal drug that is not available to Maryland’s first responders, health professionals and citizens.

In addition, just as fentanyl has emerged as the preeminent killer in the state’s overdoses, one day another drug will take its place, such as xylazine. By updating the standing order, Maryland will be ready to ensure that reversal drugs better suited to reversing this next drug, or the one after that, can be quickly made available.

Opioids and overdoses are a public health crisis without question. It is critical that we mobilize our communities and trusted voices within them to help spread the awareness messages to help prevent overdose deaths. That also means equipping them with the education and tools to respond to overdoses as they happen so they can help save lives.

I have spent the last two decades working to spread awareness for colorectal cancer screenings and COVID vaccinations through trusted community leaders in Black and Brown communities. I helped built the HAIR program — Health Advocates In-Reach and Research — while working with barber shops in Pittsburgh around 2005 to spread awareness for colorectal cancer screenings to a population of mostly Brown and Black people, who have a history of mistrust with the health care system. I then brought the program to the University of Maryland in 2010 and expanded it to COVID vaccinations when the pandemic hit.

My current research at University of Maryland focuses on the translation of evidence-based science on chronic disease into community-based interventions designed to eliminate racial and ethnic disparities in health and health care. I have also focused on understanding how social context shapes attitudes and behaviors of underserved, poorly served, and never-served segments of our society toward participation in health promotion and disease prevention activities. Much of my research has been centered on how the legacy of the Syphilis Study at Tuskegee (1932–72) has impacted trust and influenced the willingness of African Americans to participate in medical and public health research.

Previously I was a member of the Maryland Health Quality and Cost Council’s Health Disparity Work Group. The final report of our work was translated into legislation and passed into law as the Maryland Health Improvement and Disparities Reduction Act of 2012. In 2014, Democratic Gov. O’Malley appointed me to serve on the Maryland Health Care Commission and I was reappointed in 2019 by Gov. Larry Hogan.

I am deeply committed to helping to address the public health challenges of underserved communities across Maryland and the country, and ensuring these communities have trust in the health care system and public health systems. I believe that updating the standing order to include all FDA approved opioid reversal drugs is a smart move for Maryland and it will show our citizens that nothing is being held back from our first responders and health providers that could save lives because of where someone lives or the color of their skin.

Thank you for your consideration. Again, I urge a favorable report on Senate Bill 408.

Sincerely,

A handwritten signature in black ink that reads "Stephen B. Thomas". The signature is written in a cursive style with a large, sweeping flourish at the end.

Stephen B. Thomas  
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