



DEPARTMENT OF HEALTH

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

April 2, 2024

The Honorable Joseline A. Peña-Melnyk
Chair, Health and Government Operations Committee
Room 241, House Office Building
Annapolis, Maryland 21401

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

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 1099 – Emergency Services - Automated External Defibrillator and Naloxone Co-Location Initiative - Requirements for Public Buildings.

This bill mandates the State Emergency Medical Services Board and the Maryland Department of Health to establish and execute a program that expands the Public Access Automated External Defibrillator (PAD) Program. The program requires the co-location of up to two doses of 4 mg naloxone, an FDA-approved medication for reversing known or suspected opioid overdose, with each AED in a public building, as defined in § 13–518.

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) oversees Maryland's Public Access Automated External Defibrillator (AED) PAD program, as mandated by the Annotated Code of Maryland, Education Article § 13-517. This program is voluntary and aims to place AEDs in communities throughout Maryland. Since its creation in 1997, more than 17,263 AEDs have been placed at thousands of locations in the state. Currently, approximately 4,500 PAD AED sites are located in places that fall under the definition of "public building" as defined under §§ 13–518 of the bill. The implementation of the state-wide initiative, as required by the legislation, requires substantial investment resources inclusive of education, training, and staffing. This initiative would involve placing 4 mg naloxone kits in the 4,500 sites that are part of the AEDs PAD program, as well as in other public buildings that meet the definition criteria of public buildings mentioned in §§ 13–518 but are currently not participating in the PAD program.

The Department's analysis of current 4 mg naloxone distribution indicates that all Maryland jurisdictions meet the definition for naloxone saturation. Annually, counties are currently provided funding to support naloxone distribution and saturation throughout their communities. In addition, the Opioid Restitution Fund (ORF) may not be the best resource for this program. The actual ORF amount is still very much in flux, but much of the funding is already required to be distributed to participating subdivisions through noncompetitive grants in accordance with the State-Subdivision Agreements. For discretionary funds, the Department has received recommendations made by the ORF Advisory Council and is now in the process of determining how distribution will be made. The Department has conducted a needs assessment that demonstrates where there are gaps in our continuum of care. This needs assessment was presented to the Commission on Behavioral Health Treatment and Access, and an updated analysis will be shared with the Commission in spring 2024. In accordance with the needs assessment, settlement agreements, and state

statute, competitive award opportunities will be made available in summer 2025. This process is also being used for discretionary funding for fiscal 2024. Funding the program as currently outlined in this bill through the ORF would limit the award opportunities available for other projects.

As a result, the Department echoes the MIEMSS suggestion 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, and other key best practices. In particular, the Department would recommend concentrating naloxone sites in the jurisdictions with the highest number of opioid overdose fatality and opioid treatment utilization in the fiscal years 2021-2024. In addition to utilizing data to inform the selected jurisdictions, we propose prioritization aligned with the local abatement plans as outlined by the opioid settlements. A study would allow MIEMSS and the Department to evaluate the most effective way to implement a Public Access Naloxone Program and to determine whether the Opioid Response Fund is the most appropriate funding source.

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

Sincerely,

A handwritten signature in blue ink, appearing to read 'LH Scott', is enclosed within a faint, light-blue outline of the state of Maryland.

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

