

BRANDON M. SCOTT MAYOR

Office of Government Relations 88 State Circle Annapolis, Maryland 21401

February 15, 2024

HB0736

- **TO:** Members of the House Health and Government Operations Committee
- **FROM:** Nina Themelis, Director of Mayor's Office of Government Relations
- **RE:** House Bill 736 Health Insurance and Maryland Medical Assistance Program Coverage Opioid Reversal Drugs and Products

POSITION: FAVORABLE

Chair Peña-Melnyk, Vice Chair Cullison, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) <u>supports</u> House Bill (HB) 736.

HB 736 requires the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations to cover nonprescription naloxone (and any other drug or product approved by the federal Food and Drug Administration for reversing an opioid overdose) without a copayment or coinsurance requirement of more than \$10 per package.

Naloxone is a lifesaving medication used to reverse opioid overdoses. October 2022 and September 2023, Maryland saw more than 2,500 fatal overdoses.ⁱ For the two years prior, we saw the same.ⁱⁱ This means that between 2020 and today, more than 8,000 Marylanders have lost their lives due to an opioid-overdose. Ensuring affordable access to naloxone is an essential step in addressing the opioid crisis and saving lives.

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.^{iii,iv} It also cannot make someone "high."^v

By capping the co-pay costs for over-the-counter naloxone, this lifesaving medication can become more accessible to those at risk of an opioid overdose and to their loved ones. Affordability is an important factor in ensuring widespread availability, and reduced co-pays would encourage more people to obtain naloxone, thereby increasing the likelihood of timely intervention during overdose emergencies. Capping co-pays for naloxone aligns with the public health goal of making naloxone widely available and underscores the urgency of addressing the opioid epidemic.

For these reasons, the BCA respectfully requests a **favorable** report on HB 736.

ⁱ Maryland Office of Overdose Response. (2024). Maryland Overdose Data Dashboard. Retrieved from <u>https://www.arcgis.com/apps/dashboards/799cc6c21cf94e89a174fa06532febd9</u>

ⁱⁱ Maryland Office of Overdose Response. (2024). Maryland Overdose Data Dashboard. Retrieved from <u>https://www.arcgis.com/apps/dashboards/799cc6c21cf94e89a174fa06532febd9</u>

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 <u>https://www.cdc.gov/drugoverdose/featured-topics/naloxone.html</u>

^v Anne Arundel County Department of Health. (n.d.). Naloxone: Frequently Asked Questions. Retrieved from <u>https://www.aahealth.org/behavioral-health/recovery-support-services/opioid-addiction/naloxone-frequently-asked-</u> questions#:~:text=A%20person%20cannot%20get%20%E2%80%9Chigh,for%20practically%20anyone%20to%20use.