



The Maryland State Medical Society  
1211 Cathedral Street  
Baltimore, MD 21201-5516  
410.539.0872  
Fax: 410.547.0915  
1.800.492.1056  
www.medchi.org

House Health and Government Operations Committee  
February 5, 2025  
House Bill 572 – *Public Health – Opioid Overdose Reversal Drugs*  
**POSITION: OPPOSE**

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **opposes** House Bill 572. The bill proposes the inclusion of novel opioid reversal drugs as a mandatory part of Maryland's public health strategy. We appreciate the intent behind the bill to address the opioid overdose crisis, but we believe that this legislation, as written, could have unintended and harmful consequences for public health in our State.

The Maryland Department of Health (MDH) currently operates an evidence-based Overdose Education and Naloxone Distribution (OEND) strategy, which reflects best practice standards and is supported by a substantial body of scientific evidence. Naloxone remains the most widely accepted and proven treatment for opioid overdoses. Given this evidence, we are concerned that the proposed bill would divert resources from a successful, established program and create logistical and financial burdens that could ultimately reduce the effectiveness of overdose reversal efforts in Maryland.

One of the core elements of House Bill 572 is the inclusion of Nalmefene as an opioid reversal drug. However, we have significant reservations about its effectiveness and safety, particularly in community overdose settings. Nalmefene has not been adequately tested in real-world overdose situations, and the available evidence suggests that its efficacy is not yet sufficiently established. The drug's approval was granted through an abbreviated process based on an earlier formulation primarily tested in hospital settings. This raises concerns about whether Nalmefene is suitable for emergency use in the field.

Additionally, clinicians have raised alarms about Nalmefene's potential to induce more severe opioid withdrawal symptoms compared to Naloxone. Given that Nalmefene binds more strongly to opioid receptors and has a prolonged duration of action, there is a significant risk that its use in overdose reversal could complicate recovery and prolong withdrawal symptoms, which is especially problematic in emergency settings where immediate treatment is critical. There is also concern that these prolonged withdrawal symptoms could overwhelm emergency departments, leading to more extensive treatment requirements and longer observation times.

Multiple respected medical and professional organizations, including the MD-DC Society of Addiction Medicine, the American College of Medical Toxicology, and the American Academy of Clinical Toxicology, have voiced concerns about the safety and efficacy of Nalmefene. These organizations recommend that Nalmefene should not replace Naloxone as the primary opioid antidote at this time, as it does not meet the standards required to ensure patient safety and the best possible outcome in overdose situations.

In conclusion, while we share the goal of reducing opioid overdose deaths, we believe that House Bill 572 could undermine the State's existing, successful harm reduction strategies. For these reasons, we urge an unfavorable vote.

**For more information call:**

Christine K. Krone  
J. Steven Wise  
Danna L. Kauffman  
Andrew G. Vetter  
410-244-7000