

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 791 (Delegate Barron, *et al.*)
Health and Government Operations

Overdose Response Program - Prescribing and Dispensing of Naloxone -
Noncertificate Holders

This bill authorizes specified licensed physicians and advanced practice nurses with prescribing authority to prescribe and dispense naloxone to an individual who has not completed the training program required as a qualification for a certificate under the Overdose Response Program and exempts these physicians and advanced practice nurses from related disciplinary action and liability. Accordingly, the bill specifies that the requirements of the Overdose Response Program do not prohibit (1) a licensed physician or advanced practice nurse with prescribing authority from prescribing or dispensing naloxone to an individual who is not a certificate holder; (2) a licensed pharmacist from dispensing naloxone to an individual who has a prescription but is not a certificate holder; or (3) an individual who has a prescription but is not a certificate holder from receiving, possessing, or administering naloxone to an individual experiencing, or believed to be experiencing, an opioid overdose. Additionally, *any individual* who administers naloxone to an individual experiencing, or believed to be experiencing, an opioid overdose is not considered to be practicing medicine or registered nursing under State law.

Fiscal Summary

State Effect: Medicaid expenditures (60% federal funds, 40% general funds) may increase beginning in FY 2018 but only to the extent the bill results in *additional* prescriptions for naloxone issued to Medicaid enrollees. Federal fund revenues increase by a corresponding amount.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The bill specifically authorizes a licensed physician or advanced practice nurse with prescribing authority to prescribe and dispense naloxone to an individual who does not hold a certificate under the Overdose Response Program. A licensed physician or advanced practice nurse with prescribing authority who is employed by a local health department may also prescribe and dispense naloxone to an individual who has not completed the training program required as a qualification for a certificate under the program by issuing a standing order; these physicians and advanced practice nurses may also delegate dispensing authority to a licensed registered nurse employed by a local health department. Further, any licensed health care provider who has dispensing authority may dispense naloxone to an individual who has not completed the training requirements of the program in accordance with a standing order issued by a licensed physician.

Current Law: Chapter 299 of 2013 established the Overdose Response Program within the Department of Health and Mental Hygiene (DHMH) to authorize certain individuals (through the issuance of a certificate) to administer naloxone to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available. Chapter 356 of 2015 expanded the program to authorize standing orders for naloxone and provided additional legal protections for prescribers and administrators of naloxone.

To qualify for a certificate to administer naloxone, an individual must (1) be 18 or older; (2) have, or reasonably expect to have, the ability to assist an individual who is experiencing an opioid overdose; and (3) successfully complete an educational training program offered by a private or public entity authorized by DHMH.

An educational training program must be conducted by a licensed physician, an advanced practice nurse, a pharmacist, or an employee or volunteer of a private or public entity who is supervised in accordance with a specified written agreement. Educational training must include (1) the recognition of opioid overdose symptoms; (2) the proper administration of naloxone; (3) the importance of contacting emergency medical services; (4) the care of an individual after the administration of naloxone; and (5) any other topics required by DHMH.

Under the Overdose Response Program, a licensed physician or advanced practice nurse with prescribing authority may prescribe and dispense naloxone to a certificate holder. A registered nurse may dispense naloxone to a certificate holder in a local health department if the registered nurse complies with specified requirements.

A licensed physician or advanced practice nurse with prescribing authority may prescribe and dispense naloxone to a certificate holder by issuing a standing order if the physician or

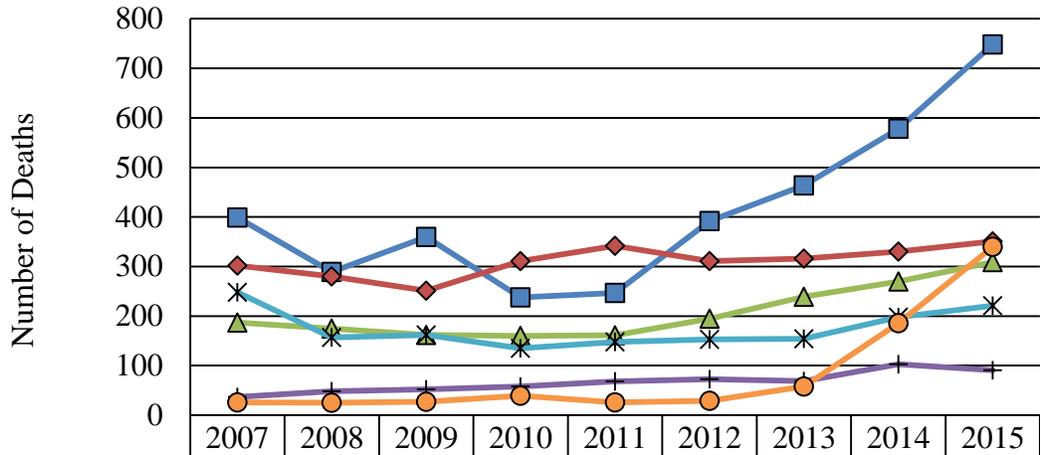
nurse is employed by DHMH or a local health department or supervises or conducts an educational training program under the Overdose Response Program. These physicians and nurses may also delegate dispensing authority to a licensed registered nurse who meets specified requirements or to an employee or volunteer of a private or public entity who is authorized to conduct an educational training program under the Overdose Response Program.

Any licensed health care provider who has dispensing authority may also dispense naloxone to a certificate holder in accordance with a physician's standing order. Licensed health care providers may also prescribe naloxone to a patient who is believed to be at risk of experiencing an opioid overdose or in a position to assist an individual who is at risk of experiencing an opioid overdose. A patient who receives a naloxone prescription does not need to hold a certificate from the Overdose Response Program.

Background: Naloxone (also known as Narcan[®]) is an opioid antagonist long used in emergency medicine to rapidly reverse opioid-related sedation and respiratory depression. DHMH launched the Overdose Response Program in March 2014. As of February 8, 2017, 42,084 individuals have received training under the program. Additionally, there have been 45,498 dispensed doses of naloxone and 1,572 reported naloxone administrations.

According to DHMH's 2016 report, *Drug and Alcohol-Related Intoxication Deaths in Maryland*, drug- and alcohol-related intoxication deaths in Maryland increased for the fifth year in a row, totaling 1,259 deaths in 2015 – a 21% increase since 2014 and an all-time high. Of all intoxication deaths, 1,089 deaths (86%) were opioid related, including deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl. Opioid-related deaths increased by 23% between 2014 and 2015 and have more than doubled since 2010. Heroin- and fentanyl-related deaths have risen particularly sharply. The number of heroin-related deaths increased by 29% between 2014 and 2015 and has more than tripled between 2010 and 2015. The number of fentanyl-related deaths increased by 83% between 2014 and 2015 and has increased nearly twelvefold since 2012. **Exhibit 1** shows trends in drug- and alcohol-related intoxication deaths in Maryland from 2007 through 2015.

Exhibit 1
Total Number of Drug- and Alcohol-related Intoxication Deaths
By Selected Substances in Maryland
2007-2015



	2007	2008	2009	2010	2011	2012	2013	2014	2015
Heroin	399	289	360	238	247	392	464	578	748
Prescription Opioids	302	280	251	311	342	311	316	330	351
Alcohol	187	175	162	160	161	195	239	270	309
Benzodiazepines	37	48	52	58	68	73	69	103	91
Cocaine	248	157	162	135	148	153	154	198	221
Fentanyl	26	25	27	39	26	29	58	186	340

Source: Department of Health and Mental Hygiene

Preliminary data from DHMH indicates that the number of intoxication deaths increased at an even steeper rate in 2016, with 1,468 deaths from January through September 2016 compared to 904 deaths during the same period in 2015 (a 62% increase). Additionally, for January through September 2016, the number of heroin-related deaths increased 72% and the number of fentanyl-related deaths increased nearly fourfold compared to the same period in 2015.

Medicaid covers naloxone prescriptions; in 2016, Medicaid enrollees filled 4,631 naloxone prescriptions. DHMH advises that, in response to the increasing number of opioid-related deaths in the State and amongst Medicaid enrollees, DHMH and its eight Medicaid managed care organizations (MCOs) have collaborated on policy changes and recommendations to promote changes in prescribing practices based on guidance from the U.S. Centers for Disease Control and Prevention. DHMH and those MCOs have advised providers that naloxone should be prescribed to patients who meet certain risk factors,

namely (1) a history of substance use disorder; (2) high-dose or cumulative prescriptions that result in over 50 morphine milligram equivalents; (3) prescriptions for both opioids and benzodiazepine or non-benzodiazepine sedative hypnotics; or (4) other factors such as friends or family that use drugs.

Additional Information

Prior Introductions: None.

Cross File: SB 868 (Senator Klausmeier, *et al.*) - Finance.

Information Source(s): Judiciary (Administrative Office of the Courts); Department of Health and Mental Hygiene; Department of Legislative Services

Fiscal Note History: First Reader - February 19, 2017
mm/jc

Analysis by: Sasika Subramaniam

Direct Inquiries to:
(410) 946-5510
(301) 970-5510