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TESTIMONY IN SUPPORT WITH AMENDMENTS
Senate Bill 394 - Statewide Targeted Overdose Prevention (STOP) Act of 2022
Finance Committee - Senate - February 16, 2022

Thank you Chair Kelley, Vice-Chair Feldman, and committee members for the time, work, and care that you put into improving the quality and accessibility of healthcare services for all Marylanders. On Our Own of Maryland is a statewide behavioral health (BH) education and advocacy organization. Our network of 20+ affiliated peer-run Wellness & Recovery Centers throughout the state offer free, voluntary recovery support services to 5,000+ community members with mental health and substance use disorders.

We are writing to share our support of Senate Bill 394 with amendments. This bill seeks to authorize Emergency Medical Service (EMS) workers to dispense naloxone to individuals experiencing an opioid-related overdose, and would require community-based organizations to dispense and make naloxone available for free to individuals receiving services through their programs.

Naloxone is an FDA-approved prescription drug medication that has been proven to be highly effective at rapidly reversing an opioid overdose.¹ Expanding community access to naloxone is a critical step toward reducing both the number of lives lost due to overdoses and the stigma associated with opioid use.

In 2014, the Department of Health launched Maryland's Overdose Response Program (ORP) model to authorize and train individuals to administer naloxone in the event of an opioid overdose². Now administered through the Maryland Department of Health's Center for Harm Reduction Services (CHS), this program already provides a process through which community-based organizations can become authorized to dispense naloxone through partnerships with prescribers.³ CHS is currently working to update and streamline the ORP application process for community-based organizations.

We commend the administration for recognizing the necessity of making naloxone more readily available in the community to prevent unnecessary opioid-related overdose deaths. We do, however, have concerns that the bill as it stands could unintentionally complicate or duplicate a process that already exists within CHS, and will create an unfunded mandate for grassroots nonprofit organizations like our network of independent, peer-run Wellness & Recovery Centers. We are aware that organizations such as the National Council on Alcoholism and Drug Dependence (NCADD)-MD and the Maryland Association for the Treatment of Opioid Dependence (MATOD) have been engaged in identifying appropriate and clarifying amendments to the bill.

We ask the committee to adopt these recommended amendments to ensure SB 394 will be maximally effective by utilizing the existing Overdose Response Program model process and its associated supports.

¹ Bird, S. M., Parmar, M. K., & Strang, J. (2015). Take-home naloxone to prevent fatalities from opiate overdose: protocol for Scotland's public health policy evaluation, and a new measure to assess impact. *Drugs: Education, Prevention and Policy*, 22(1), 66-76

²Maryland Department of Health & Mental Hygiene (2016). Overdose Response Pilot Program Report. <https://health.maryland.gov/pha/NALOXONE/Documents/Detention%20Center%20Naloxone%20Pilot%20Summary%20Report%20Ofy16.pdf>

³ Website for Maryland Department of Health's Center for Harm Reduction Services Overdose Response Program <https://health.maryland.gov/pha/NALOXONE/Pages/Home.aspx>