



**Senate Finance Committee
February 17, 2022**

**Senate Bill 394
Statewide Targeted Overdose Prevention (STOP) Act of 2022
Support with Amendments**

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, the number of opioid-related deaths increased by 20% between 2019 and 2020, and preliminary data indicates a continued increase in 2021.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) supports Senate Bill 394 and its attempts to ensure more naloxone is provided through service providers data show interact with people with opioid use disorders. We also request several clarifying amendments that we have discussed with the Administration, and we believe there is conceptual agreement.

In 2013, the Maryland General Assembly passed legislation creating the state's Overdose Response Program (ORP). The main purpose of the ORP is to facilitate the widespread distribution of the life-saving overdose antidote, naloxone. While the program has grown over the years, the Center for Harm Reduction at the Maryland Department of Health (MDH) reports that many health care and human service agencies that provide services to people with opioid use disorders do not regularly distribute naloxone.

House Bill 408 would require a number of health care and other community service programs to dispense naloxone free of charge to people they know to have a substance use disorder or are at risk of experiencing an overdose. NCADD-Maryland supports this effort as long as organizations are able to receive the supplies of naloxone free of charge from MDH. We understand the Administration's hope is that programs will apply to become authorized ORPs and be able to access supplies of naloxone through MDH. We believe this expectation should be made clear in the law so this does not become an unfunded mandate.

We also are seeking clarification on the need for creating a new definition of "community service programs" in §8-408 that combines two levels of licensed health care providers along with other important human services. As all health care services are included under §13-3104, it is unclear why the bill includes opioid treatment programs and intensive outpatient programs under this new definition.

Finally, we do not believe two full years are needed for organizations – especially the health care programs – to develop the required protocols. We will continue to work with the Administration and this committee to work out language that meets these needs.