



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

January 27, 2022

The Honorable Delores G. Kelley  
Chair, Finance Committee  
3 East Miller Office Building  
Annapolis, MD 21401-1991

**RE: SB 200 – Public Health-Prescription Drug Monitoring Program-Naloxone Medication Data – Letter of Support**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for Senate Bill (SB) 200 – Public Health-Prescription Drug Monitoring Program-Naloxone Medication Data. SB 200 requires dispensers of controlled dangerous substances (CDS) to include naloxone distributions in their reporting to the Prescription Drug Monitoring Program (PDMP).

Naloxone is a life-saving medication that can reverse the effects of an opioid overdose, and expanding access to naloxone is key to reducing opioid related fatalities. Maryland residents have access to naloxone from their local pharmacies by presenting a prescription written by a provider or by requesting naloxone under the Maryland Standing Order<sup>1</sup>. Maryland residents can also request naloxone from their local Overdose Response Program.

Naloxone outreach and expansion can be facilitated by improved surveillance of naloxone distribution. MDH currently tracks naloxone distributed by Overdose Response Programs and naloxone dispensed by Maryland pharmacies covered by Medicaid. There is not a central repository of information on naloxone dispensed from Maryland pharmacies covered by private health insurers or paid in cash, creating a public health surveillance gap. SB 200 fills this gap by facilitating targeted naloxone distribution efforts by identifying areas in which naloxone dispenses are lower than expected.

SB 200 will allow naloxone dispenses collected by the PDMP to be shared only as aggregated data and only for public health surveillance, research, analysis, public reporting, and education purposes. This data will not be a public record and will not be disclosable to law enforcement. This is especially noteworthy because under the Maryland Standing Order, naloxone may be dispensed to individuals at risk of witnessing an opioid related overdose. Since the individual

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<sup>1</sup> Under Maryland law (Health-General Article, Title 13, Subtitle 31, Code of Maryland), a physician employed by MDH may prescribe naloxone by issuing a standing order which authorizes dispensing to any individual who may be at risk of opioid overdose or in a position to assist someone experiencing an opioid overdose.

obtaining the naloxone may not be the intended recipient, limiting the redisclosure of data may prevent unintended consequences and encourage individuals to keep this life saving medication on hand to save their community members.

According to the Training and Technical Assistance Center for PDMPs, 26 states collect naloxone dispenses or administrations in their PDMP, and 17 states use the data only for public health surveillance purposes and do not make data available to clinical users of the PDMP.<sup>2</sup> SB 200 will align Maryland with a majority of the states in the country. Collecting dispenses of non-controlled medication and storing data separately from other medications reported to the Program will require enhancements to the Maryland PDMP data collection system. MDH identified federal grant funding to support these enhancements, therefore there will not be a fiscal impact.

For all these reasons, MDH fully supports SB 200 and respectfully requests the committee return a favorable report. If you would like to discuss this further, please contact Heather Shek, Director, Office of Governmental Affairs at (443) 695-4218 or [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov).

Sincerely,



Dennis R. Schrader  
Secretary

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<sup>2</sup> Prescription Drug Monitoring Program - Training and Technical Assistance Center. *PMDP Policies and Capabilities: Maps and Tables*. PDMPAssist. <https://www.pdmppassist.org/Policies/Maps/PDMPPolicies>