STATE OF MARYLAND OFFICE OF THE GOVERNOR OPIOID OPERATIONAL COMMAND CENTER



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February 17, 2022

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

RE: SB 394 - Statewide Targeted Overdose Prevention (STOP) Act of 2022

Dear Chair Kelley and Committee Members:

The Opioid Operational Command Center (OOCC) is submitting this letter of support for Senate Bill (SB) 394 – Statewide Targeted Overdose Prevention (STOP) Act of 2022.

The opioid and overdose crisis claims the lives of about seven Marylanders every day, making it one of the deadliest public health challenges of our lifetime. Naloxone can safely and effectively reverse an overdose, and studies show that when distribution is targeted to populations at high risk of overdose in sufficient quantities, access to naloxone can significantly decrease mortality rates.

Maryland has made substantial progress in developing the programmatic infrastructure to distribute naloxone to those at the highest risk of overdose through authorized Overdose Response Programs overseen by the Center for Harm Reduction Services (CHRS) at the Maryland Department of Health. The State of Maryland also has a statewide standing order that makes naloxone available for purchase at any Maryland pharmacy. Despite the progress Maryland has made in distributing naloxone, gaps in access remain for individuals at high risk of overdose due to the lack of standardized distribution of the medication through certain systems-level touchpoints.

SB 394 closes the gap in naloxone availability for Marylanders. Named entities that would be required to develop protocols that require dispensing naloxone include individuals engaging with the behavioral health treatment system, individuals being released from incarceration, and those who have received treatment for an overdose at an emergency department. Additionally, the bill authorizes emergency medical services to dispense the medication to individuals who are treated for a non-fatal overdose.

The named entities in SB 394 were identified using data insights presented in the Data-Informed Overdose Risk Mitigation (DORM) 2020 Annual Report and through other research findings. For instance, according to DORM, approximately 70 percent of individuals who died from an overdose had an interaction with a Maryland hospital in the four years preceding their death.

Additionally, individuals who had received outpatient mental health services in the Public Behavioral Health System within 30 days of their death in Maryland were more likely to receive both mental health and substance use disorder services.¹

Lastly, SB 394 will assist the State of Maryland in achieving its stated population health goal of improving overdose mortality, which is an identified priority in the Statewide Integrated Health Improvement Strategy (SIHIS). Achieving our SIHIS goals and milestones are critical for demonstrating the success of Maryland's Total Cost of Care Model (TCOC), which holds Maryland accountable for reducing the total cost of care of Medicare beneficiaries through unique payment structures for hospitals and non-hospital providers. The Maryland TCOC Model builds on the success of the Maryland All-Payer Model by creating greater incentives for health care providers to coordinate with each other and provide patient-centered care, and by committing the state to a sustainable growth rate in per capita total cost of care spending for Medicare beneficiaries. To achieve our SIHIS goal, Maryland needs to take bold action to reduce overdose mortality, and this can be achieved through more targeted naloxone distribution.

Through the passage of SB 394, Maryland will be a national leader in reducing gaps to naloxone access. With the urgency of addressing the overdose crisis, we urge a favorable report for SB 394. Thank you for your time and consideration. If you would like to discuss this further, please contact Marianne Gibson, OOCC Deputy Director, by phone at 443-381-4377 or by email at maryland.gov.

Sincerely,

Robin E. Rickard Executive Director

Opioid Operational Command Center

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¹ DORM Report