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Senate Bill 394 - Statewide Targeted Overdose Prevention Act (STOP) of 2022

Position: Favorable with Amendments

February 17, 2022

Keiffer J. Mitchell, Jr., Chief Legislative Officer

Jake Whitaker, Deputy Legislative Officer

Dear Chair Kelley, Vice Chair Feldman, and Members of the Committee,

We respectfully submit this letter of support with amendments for Senate Bill 394 - Statewide Targeted Overdose Prevention Act (STOP) of 2022.

The Statewide Targeted Overdose Prevention Act (STOP) of 2022 will ensure that naloxone, a life-saving medication that safely and effectively reverses opioid-related overdoses, is made available to those at greatest risk of overdose. The COVID-19 pandemic has resulted in a nation-wide increase in opioid overdoses and deaths, and the need for targeted access to overdose reversal drugs has never been greater. The STOP Act will increase access to life-saving opioid reversal drugs that prevent death, allowing people to be connected with treatment and other resources.

The STOP Act requires that health care facilities and other entities, including hospital emergency departments, treatment facilities, homeless service providers, and correctional facilities make naloxone available to individuals at risk of an opioid overdose. Naloxone is a fast-acting opioid overdose reversal drug and is most effective when readily-accessible to people who are likely to experience or witness an overdose. Expanding access to naloxone is key to reducing opioid-related fatalities.

This bill closes the gap on naloxone availability for Marylanders at highest risk of opioid overdose who are engaging with the behavioral health treatment system, are recently released from correctional services, recently received treatment for an overdose at an emergency department or through emergency medical services, and those experiencing homelessness. Entities named in this bill were identified based on research and findings presented in the Data-Informed Overdose Risk Mitigation 2020 Annual Report, which linked individual-level death records from overdose decedents to systems-level datasets to develop overdose risk profiles.

Since taking office, Governor Hogan and Lieutenant Governor Rutherford have remained committed to addressing the heroin and opioid epidemic, including expanding access to critical behavioral health and substance use disorder treatment services. SB 394 is another important step in eliminating barriers to behavioral health services and treatments in Maryland.

For these reasons, we respectfully request a favorable report on SB 394 with amendments.



BY: Administration

AMENDMENT TO SENATE BILL 394
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 18, after "8-408" insert "and 13-3103(d)".

On page 2, in line 18, and on page 4, in line 2 and in line 18, in each instance, strike "DISPENSE" and substitute "OFFER".

AMENDMENT NO. 2

On page 3, in line 25 strike "10.47.02.11" and substitute "**10.63.03.19**".

AMENDMENT NO. 3

On page 3 in line 27, strike "OR COMMUNITY-BASED ORGANIZATION"; and in line 28, strike "PREVIOUSLY".

AMENDMENT NO. 4

On page 4, after line 10, insert:
"13-3103.

(D)(1) SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET, THE DEPARTMENT SHALL PURCHASE AND PROVIDE NALOXONE, AT NO COST, TO THOSE PROVIDERS REQUIRED IN SECTIONS 8-408 AND 19-310.3 OF THIS ARTICLE TO DISPENSE AND MAKE AVAILABLE NALOXONE, IN ACCORDANCE WITH THE STATEWIDE TARGETED OVERDOSE PREVENTION ACT OF 2022.

(2) AN ENTITY REQUIRED IN SECTIONS 8-408 AND 19-310.3 OF THIS ARTICLE TO DISPENSE AND MAKE AVAILABLE NALOXONE IS ONLY SUBJECT TO PROVIDING NALOXONE AS LONG AS NALOXONE IS PROVIDED BY THE DEPARTMENT."

AMENDMENT NO. 5

On page 4, after line 24, insert:

"(C) ON OR BEFORE JUNE 30, 2024, STATE AND LOCAL CORRECTIONAL FACILITIES SHALL HAVE A PROTOCOL TO OFFER OR MAKE AVAILABLE NALOXONE, FREE OF CHARGE, TO SENTENCED INDIVIDUALS WHO HAVE AN OPIOID USE DISORDER OR ARE AT RISK OF EXPERIENCING A DRUG OVERDOSE PRIOR TO THEIR RELEASE.

(D) ON OR BEFORE JUNE 30, 2024, THE DIVISION OF PAROLE AND PROBATION SHALL HAVE A PROTOCOL TO OFFER OR MAKE AVAILABLE NALOXONE, FREE OF CHARGE, TO INDIVIDUALS UNDER THEIR SUPERVISION WHO HAVE AN OPIOID USE DISORDER OR ARE AT RISK OF EXPERIENCING A DRUG OVERDOSE."

