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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 Order¹. 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

¹ 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.² 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.

Sincerely,



Dennis R. Schrader
Secretary

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

NCADD-MD - SB 200 FAV - Naloxone PDMP.pdf

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Senate Finance Committee
January 27, 2022

Senate Bill 200
**Public Health - Prescription Drug Monitoring Program - Naloxone Medication Data
Support**

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 200 to add the Prescription Drug Monitor Program (PDMP) data regarding the dispensing of naloxone at a pharmacy.

This bill is intended to provide the State a more complete picture of where naloxone, a life-saving drug, is getting out to the community and where it is not. The bill is clear that the data would not be shared with clinical users or investigative users but could be shared in aggregate for public health surveillance/research purposes. The point is to use data to identify where in Maryland the State and local programs need to target the distribution of more naloxone.

While NCADD-Maryland supports the bill, we must recognize the concerns raised by people in the community. People have had the experience where life insurance companies have used medical records showing the prescribing of naloxone to discriminate against them. This has happened to people in Maryland. There is also enough mistrust of government that there are concerns that people simply will not have their prescriptions for naloxone filled if they know the data is being added to a state database.

The fear of discrimination is real and the need to prevent this data from being accessed in a de-identified way is essential. PDMP staff has indicated the Department is committed to work with stakeholders in the development of regulations of this new provision to the PDMP to ensure data privacy.

We urge your support of Senate Bill 200.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

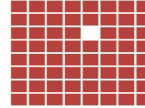
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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Maryland Department of Health

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone

DATE: January 27, 2022

RE: **SUPPORT** – Senate Bill 200 – *Public Health – Prescription Drug Monitoring Program –
Naloxone Medication Data*

The Maryland State Medical Society and the Maryland Chapter of the American College of
Emergency Physicians **support** Senate Bill 200.

Senate Bill 200, introduced at the request of the Maryland Department of Health, will require the
Prescription Drug Monitoring Program (PDMP) to monitor the dispensing of naloxone medication. The
bill specifically excludes Naloxone medication from the definition of “monitored prescription drug”,
which are controlled dangerous substances and establishes standards surrounding the disclosure of
naloxone medication data.

Given the increase in overdoses generally and overdose deaths specifically, including the
distribution of naloxone medication in the PDMP will give the State a valuable tool to evaluate the
State’s policies and programs to address overdoses and broadly encourage the use of naloxone to prevent
overdose deaths. The restrictions reflected in the bill for disclosure of naloxone data will preserve patient
and provider confidentiality. Passage of Senate Bill 200 will enhance the ability to comprehensively
address substance use disorders and the escalating incidences of drug overdoses. A favorable report is
requested.

For more information call:

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