

# **SB0394 STOP Act.pdf**

Uploaded by: Dan Martin

Position: FAV

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

Finance Committee

February 17, 2022

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 394.

SB 394 authorizes EMS workers to dispense naloxone to an individual who received treatment for a nonfatal drug overdose or was evaluated by a crisis evaluation team. The bill also requires certain community services programs, health care providers, local health departments, hospitals, and more to establish protocols requiring the dispensing of naloxone, free of charge, to individuals who have an opioid use disorder or are at risk of experiencing a drug overdose. Lastly, it provides immunity to businesses and business owners who in good faith make naloxone available to their employees or patrons.

The public health and safety threat from drug- and alcohol-related intoxication continues to grow. Americans are now more likely to die from opioid overdoses than car crashes.<sup>1</sup> Maryland has made progress in recent years to address this epidemic, but we are still in the midst of a crisis that is devastating families across the state.

Maryland has battled a persistent overdose crisis since well before COVID-19, but pandemic-related stress, grief and despair have exacerbated these concerns. An estimated 2,876 Marylanders lost their lives to overdose between April 2020 and April 2021, a rate that ranked 7<sup>th</sup> highest in the country during that period.<sup>2</sup> And as with COVID-19, this overdose epidemic has not affected us all equally. Black Marylanders have experienced a substantial and disproportionate increase in fatal overdoses.<sup>3</sup>

SB 394 offers additional tools to assist in combating Maryland's overdose crisis. For this reason, MHAMD supports this bill and urges a favorable report.

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<sup>1</sup> <https://www.nsc.org/in-the-newsroom/for-the-first-time-were-more-likely-to-die-from-accidental-opioid-overdose-than-motor-vehicle-crash>

<sup>2</sup> Keating, Dan; Bernstein, Lenny. "100,000 Americans died of drug overdoses in 12 months during the pandemic." Washington Post, November 17, 2021. <https://www.washingtonpost.com/health/2021/11/17/overdose-deaths-pandemic-fentanyl/>

<sup>3</sup> <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/09/OOCC-Q2-2021-Quarterly-Report.pdf>

*For more information, please contact Dan Martin at (410) 978-8865*

**SB394\_SMART\_FAV.pdf**

Uploaded by: Deborah Burrell

Position: FAV



## Strengthening the Mid-Atlantic Region for Tomorrow

Four States, One Region, Infinite Possibilities

February 15, 2022

The Honorable Delores Kelly  
Chairwoman, Finance Committee  
Maryland Senate  
Annapolis, MD 21401

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

Dear Chairwoman Pendergrass and Committee Members,

We write to support Senate Bill 394 the STOP Act of 2022 sponsored by the Administration which will expand naloxone access and provide the dispensing of naloxone for those at high-risk of overdose.

The Strengthening the Mid-Atlantic Region for Tomorrow (SMART) is a non-profit group that supports Maryland, Pennsylvania, New Jersey and Delaware on legislative and policy issues affecting the Mid-Atlantic Region. SMART has 15 working groups comprised of industry and community leaders across the 4 states in healthcare, veteran's issues, and workforce development.

We are gravely concerned about the on-going opioid overdose epidemic and the rise of substance use disorder during the global pandemic which is resulting in an average 192 deaths daily according to Addiction Policy Forum. More than 75% of these take place outside medical settings, with the majority of these (54%) taking place in homes. Our 4 states are among the most impacted in the nation. Not only are these losses unnecessary, there are enormous direct and indirect costs to families, healthcare systems, employers and society that may be greatly mitigated through existing channels.

According to the CDC approximately 81,230 drug overdose deaths occurred in the United States in the 12-months ending in May 2020. In Maryland the Opioid Operation Command Center stated in their 2020 report that *"in the first six months of 2020, there was a total of 1,326 reported unintentional intoxication deaths from all types of drugs and alcohol in Maryland. This represents an increase of 9.1 percent from the 1,215 intoxication deaths reported in the first half of 2019. Opioids were involved in 89.5 percent of all fatalities."* 2021 saw an increase of over 15% from 2020. Unfortunately, each of the SMART states have seen similar statistics.

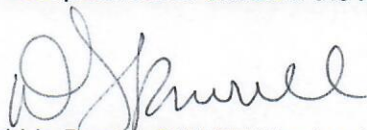
Consistency of policies in the Mid-Atlantic transient region is essential to combatting the opioid epidemic. The federal Comprehensive Addiction and Recovery Act, State Targeted Response Grants and State Opioid Response Grants target and reference evidence based best practices for implementation in the States. The American Medical Association, Substance Abuse and Mental Health Administration, and the Centers for Disease Control and Prevention issued guidelines which call for physicians to offer naloxone when factors that increase risk for opioid overdose, such as a history of overdose, substance use disorder, high-dose opioids, or opioids prescribed concurrently with benzodiazepines, are present. The STOP Act helps create consistency, and the intent of SB 394 helps support naloxone access for those at highest risk of overdose by allowing community service programs: homeless shelters, treatment centers, an opioid treatment program or re-entry program to dispense an overdose reversal drug. This bill is another tool in the toolbox to ensure best practices are implemented in the region.

With close proximity of the Mid-Atlantic Region, SMART Healthcare Group works to promote consistent best practices among the region in closing the gap between legislative policy and implementation of best practice.

For these reasons, the STOP Act is consistent with best practices of states in the Mid-Atlantic region.

Sincerely,

  
Robert Carullo  
SMART Executive Director  
[bcarullo@smartstates.com](mailto:bcarullo@smartstates.com)  
609-304-2904

  
Debbie Burrell, SMART Maryland Board Member  
Chair, Health Working Group  
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**SB0394-FIN\_MACo\_SUP.pdf**

Uploaded by: D'Paul Nibber

Position: FAV



## **Senate Bill 394**

### *Statewide Targeted Overdose Prevention (STOP) Act of 2022*

MACo Position: **SUPPORT**

To: Finance Committee

Date: February 17, 2022

From: D'Paul Nibber

The Maryland Association of Counties (MACo) **SUPPORTS** SB 394. This bill would, among other provisions, require community services programs to provide naloxone, free of charge, to those individuals who have an opioid use disorder or are at risk of experiencing a drug overdose.

In each of the last two years, Maryland has set records for opioid-related overdoses. For individuals suffering from an opioid-related overdose, naloxone is a life-saving intervention. It works to block opioids from binding to receptors in the brain, resulting in the almost instant reversal of an overdose.

Many county operators of community services ranging from re-entry programs to shelters recognize the effectiveness of naloxone, and regularly keep it on hand when providing services to communities with known substance use disorders. Moreover, Maryland Medical Assistance fully covers the cost of naloxone for most individuals engaged with these programs.

Altogether, SB 394 would codify best practices in combatting opioid overdose without placing a burden on existing government resources. For this reason, MACo **SUPPORTS** SB 394 and urges a **FAVORABLE** report.

**9a - SB 394 - X - FIN - MDH - LOS - ADMINISTRATION**

Uploaded by: Heather Shek

Position: FAV



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

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 – 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) 394 – Statewide Targeted Overdose Prevention (STOP) Act of 2022. SB 394 will authorize emergency medical service providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team. SB 394 will also require certain programs and entities, including homeless services programs, opioid treatment programs, and hospitals to create protocols for the dispensation of naloxone.

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 currently 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.

Research recommends making naloxone available at points of contact that serve high-risk individuals. If passed, SB 394 will bolster current naloxone distribution strategies in Maryland and help close the gap in availability at locations that serve high-risk clients, including behavioral health treatment programs, hospital emergency departments, homeless shelters, and correctional re-entry services.

For all these reasons, MDH fully supports SB 394 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>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.



**Park LOS SB394.pdf**

Uploaded by: Ju Nyeong Park

Position: FAV

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

Dr. Ju Nyeong Park, PhD MHS  
2122 E Pratt St, Apt 1  
Baltimore, MD 21231

February 15, 2022

**Letter of Support for SB 394: Statewide Targeted Overdose Prevention (STOP) Act of 2022**

Dear Chairwoman Kelley and members of the Committee,

I am writing to express my support for Senate Bill 394 to expand naloxone distribution across hospitals, detention centers and housing facilities. As an epidemiologist and Assistant Professor of Medicine at Brown University, I study and teach graduate students about the determinants of the U.S. opioid crisis and harm reduction solutions, including naloxone programs.<sup>1,2,3,4</sup> The views that I express are mine and not those of Brown University.

I have lived, worked and volunteered in Baltimore City, Maryland for the past ten years and seen firsthand the positive impact of naloxone in the community as a naloxone educator and evaluator. My current work, funded in part by the Maryland Department of Health and the Centers for Disease Control and Prevention, focuses on examining the state-level impact of naloxone programs. I have provided extensive technical advice to the Maryland Department of Health and the Maryland Opioid Operational Command Center established by Governor Larry Hogan to combat the opioid crisis.

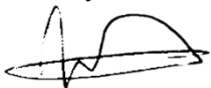
We are still battling the ‘Fentanyl Wave’ of the opioid crisis, which is driven by the proliferation of illicitly-made fentanyl and its various related compounds (analogs). Fentanyl and other opioids continue to claim thousands of lives in Maryland – in 2020, we saw a record of 2,499 opioid overdose deaths. Fentanyl is 100 times stronger than morphine and more quickly absorbed. While it can be administered safely under clinical supervision, accidental overdoses can easily occur within minutes if illicit versions are used.

Naloxone is an evidence-based intervention that safely and effectively reverses a fentanyl overdose if administered in time. However, dispensing naloxone to the wider community is critical given that first responders may arrive too late.<sup>5</sup> Harm reduction is a critical lifesaving pillar of overdose response. The U.S. Surgeon General’s report<sup>6</sup> showed that a staggering 41% of people with substance use disorder report not being ready or willing to enter drug treatment – such communities are often reached by low-threshold naloxone programs such as those proposed in this bill.

Researchers like myself and others have written extensively about the need for practical and lifesaving tools—although these types of “harm reduction” programs may seem counterintuitive, they have been proven to save lives. In order to achieve “saturation” we need to act quickly to address gaps in naloxone coverage. These gaps and consequent risk of overdose are profound among those leaving institutions such as correctional facilities, hospitals and temporary housing. A prominent modeling paper published in *Lancet Public Health* led by my colleagues at Brown University<sup>7</sup> demonstrated that Maryland, like many other states facing fentanyl-driven epidemics, has yet to reach naloxone saturation levels (defined as naloxone being available in 80% of witnessed overdoses). In order to achieve saturation, the model estimates that over 120,000 doses need to be distributed to Marylanders each year. Given this evidence, any measure that increases naloxone distribution to communities at risk of overdose would be valuable especially in this time of urgent need.

I hope that you will consider providing a favorable vote for SB394. Thank you.

Sincerely,



Dr. Ju Nyeong Park, PhD MHS  
[ju\\_park@brown.edu](mailto:ju_park@brown.edu)

## References

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- <sup>1</sup> Park, JN, Rouhani S, Beletsky L, Vincent L, Saloner B, Sherman SG. Situating the Continuum of Opioid Overdose Risk in the Social Determinants of Health: A New Conceptual Framework. Invited to revise and resubmit.
- <sup>2</sup> Park JN, Owczarzak J, Urquhart G, Morris M, Weicker NP, Rouhani S, Sherman SG. HIV Risk Among Urban and Suburban People Who Inject Drugs: Elevated Risk Among Fentanyl and Cocaine Injectors in Maryland. *AIDS Behav.* 2021 Jul 21:1–7. doi: 10.1007/s10461-021-03381-y. Epub ahead of print. PMID: 34287755.
- <sup>3</sup> Park JN, Frankel S, Morris M, Dieni O, Fahey-Morrison L, Luta M, Hunt D, Long J, Sherman SG. Evaluation of fentanyl test strip distribution in two Mid-Atlantic syringe services programs. *Int J Drug Policy.* 2021 Mar 10;94:103196. doi: 10.1016/j.drugpo.2021.103196. Epub ahead of print. PMID: 33713964.
- <sup>4</sup> Schneider KE, Urquhart GJ, Rouhani S, Park JN, Morris M, Allen ST, Sherman SG. Practical implications of naloxone knowledge among suburban people who use opioids. *Harm Reduct J.* 2021 Apr 28;18(1):47. doi: 10.1186/s12954-021-00466-8. PMID: 33910565.
- <sup>5</sup> Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/mmwr/volumes/66/wr/mm6614a2.htm>
- <sup>6</sup> U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- <sup>7</sup> Irvine, M. A., Oller, D., Boggis, J., Bishop, B., Coombs, D., Wheeler, E., Doe-Simkins, M., Walley, A. Y., Marshall, B., Bratberg, J., & Green, T. C. (2022). Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. *The Lancet. Public health*, S2468-2667(21)00304-2. Advance online publication. [https://doi.org/10.1016/S2468-2667\(21\)00304-2](https://doi.org/10.1016/S2468-2667(21)00304-2)

**9b - SB 394 - X - FIN - OCCC - LOS.pdf**

Uploaded by: Maryland Department of Health /Office of Governmen Bennardi

Position: FAV

**STATE OF MARYLAND**  
**OFFICE OF THE GOVERNOR**  
**OPIOID OPERATIONAL COMMAND CENTER**



**ROBIN E. RICKARD**  
EXECUTIVE DIRECTOR  
100 COMMUNITY PLACE  
CROWNSVILLE, MARYLAND 21032

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 (OCCC) 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.<sup>1</sup>

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, OOC Deputy Director, by phone at 443-381-4377 or by email at [marianne.gibson@maryland.gov](mailto:marianne.gibson@maryland.gov).

Sincerely,



Robin E. Rickard  
Executive Director  
Opioid Operational Command Center

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<sup>1</sup> DORM Report  
2020: <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/10/Data-Informed-Overdose-Risk-Mitigation-DORM-2020-Annual-Report---Revised-9-20-2021.pdf>

**CEBall\_SB 394\_Support\_STOP Act 2022\_Final.pdf**

Uploaded by: Maureen Evans Arthurs

Position: FAV



## HOWARD COUNTY OFFICE OF COUNTY EXECUTIVE

3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2013 Voice/Relay

Calvin Ball  
Howard County Executive  
cball@howardcountymd.gov

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February 17, 2022

Senator Delores Kelley, Chair  
Senate Finance Committee  
Miller Senate Office Building, 3 East  
Annapolis, MD 21401

Re: Testimony **IN SUPPORT** of SB 394: Statewide Targeted Overdose Prevention (STOP) Act of 2022

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

The COVID-19 pandemic has clearly highlighted the disparities in our healthcare system, including the need for greater resources dedicated to prolonged substance misuse in Maryland and throughout the country. Though Howard County has seen a 27% decrease in nonfatal overdoses from 2017 through 2021, drug overdoses continue to hit communities in our State and nation hard.

Recent data from the Centers for Disease Control (CDC) show that from April 2020 to April 2021, overdose deaths rose 21 percent in Maryland. The CDC also reports that during the same time period, nationally more than 100,000 people died from drug overdoses. This is a new record high, with overdose deaths rising nearly 30 percent in just one year. Senate Bill 394 would allow designated emergency first responders to dispense naloxone to individuals who received treatment for nonfatal drug overdose, this expanded scope of services will help save lives.

I remain committed to expanding access to life-saving treatment and developing solutions to have a more robust overdose response strategy. Since I took office in 2019, Howard County opened both Howard House and Hilda's Place, which are treatment houses for men and women recovering from substance use disorders. We also opened Sheppard Pratt's new campus in Elkridge, which contains 17 medically managed detox beds for people with co-occurring mental health challenges.

My Administration has invested \$1.5 million in these residential treatment facilities to create a continuum of care that funds case managers, peer support specialists and a reliable transportation network. Additionally, we provide nearly \$600,000 annually to support behavioral health navigation support.

Despite the ongoing COVID-19 pandemic, over the past year our Health Department has trained nearly 600 individuals in its Overdose Response Program. This program includes naloxone administration and has distributed 550 naloxone kits and more than 4,500 Detera Bags, which allow for safe drug disposal.

I believe these types of transformational and innovative interventions will help reverse disturbing opioid trends and serve as long-term commitments to minimizing substance misuse in Maryland.

I welcome your partnership and support and urge a favorable report on Senate Bill 394.

All the best,

Howard County Executive



# **SB 394 - Statewide Targeted Overdose Prevention ST**

Uploaded by: Pegeen A. Townsend

Position: FAV



**Pegeen A. Townsend**  
Vice President, Government Affairs  
9 State Circle, Suite 303  
Annapolis MD 21401  
410-292-8824 CELL

## **SB 394 – Statewide Targeted Overdose Prevention (STOP) Act of 2022**

**Position: *Support***  
February 17, 2022  
Senate Finance Committee

### **Bill Summary**

SB 394 would require hospitals, on or before June 30, 2024, to dispense Naloxone, free of charge, to a patient who received treatment for a substance abuse disorder, opioid use disorder, or nonfatal drug overdose event.

### **MedStar Health's Position**

Drug overdoses have become a serious public health challenge in Maryland and across the country. The Maryland Department of Health statistics show state overdose deaths from opioids continues to rise. From January to September 2016, there were 317 opioids overdose deaths, up from 270 in 2015. More concerning is the spike in heroin and fentanyl use, two cheaper, more easily obtainable alternatives for opioid users. Deaths from those drugs during the same period more than doubled, rising to 1,656 in 2016 from 726 in 2015. In 2020 the number of fatal overdoses reached 2,799, an increase of 17.7 percent from the prior year and the largest annual total in Maryland's history. In the first six months of 2021, there were 1,217 fatal opioid overdoses representing an increase of 1.2 percent from the first six months of 2020.

Naloxone is a medicine that rapidly reverses an opioid overdose. It attaches to the opioid receptors and reverses and blocks the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an overdose and should be given to any person who shows signs of an opioid overdose or when an overdose is suspected. It has proven extremely effective in preventing overdose fatalities. Equipping patients who have experienced a nonfatal overdose with Naloxone is an important public health tool to prevent potential future fatal overdoses to those at high risk.

For the reasons listed above, we respectfully ask that you give SB 394 a ***favorable*** report.

**SB394- STOP Act Support .pdf**

Uploaded by: Ralph "Doug" Taylor

Position: FAV

## COMMISSIONERS FOR SOMERSET COUNTY

11916 SOMERSET AVENUE, ROOM 111  
PRINCESS ANNE, MARYLAND 21853  
TELEPHONE 410-651-0320, FAX 410-651-0366

### COMMISSIONERS

CRAIG N. MATHIES, SR., PRESIDENT  
CHARLES LAIRD, VICE-PRESIDENT  
REX SIMPKINS  
ELDON WILLING  
RANDY LAIRD



COUNTY ADMINISTRATOR-CLERK  
RALPH D. TAYLOR

COUNTY ATTORNEY  
KIRK G. SIMPKINS

February 16, 2022

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

Re: SB 394 – Statewide Targeted Overdose Prevention (STOP) Act of 2022-Letter of Support

Dear Madam Chair and Committee Members:

The Board of Commissioners for Somerset County respectfully requests your consideration to vote favorably on SB 394 – Statewide Targeted Overdose Prevention (STOP) Act of 2022.

In 2020, 54 Somerset County residents experienced a non-fatal opioid overdose, and 8 people sadly lost their lives. In 2021, Somerset County Health Department distributed 370 free Naloxone kits to many types of community service providers and businesses, as well as to people who use drugs and their loved ones. We saw a decrease in non-fatal overdoses to 44 in 2021, and a decrease in fatalities to 7. We believe that our ability to provide free Naloxone kits is making a positive impact. Due to the many kinds of Covid-19 restrictions that have been in place, we are having to work even harder now to get Naloxone kits into the hands of the people who need them. At the same time, even more people are overdosing nationwide because of factors related to the pandemic, such as lack of access to treatment and isolation.

To expand free Naloxone distribution capability to local EMS would, in our opinion, be extremely beneficial at this time in our battle to save lives in Somerset County. Therefore, we respectfully ask your favorable consideration regarding SB 394.

Sincerely,

A handwritten signature in blue ink that reads "Ralph D. Taylor". The signature is written in a cursive style with a long horizontal line extending to the right.

Ralph D. Taylor  
County Administrator

Cc: Senator Carozza  
Delegate Otto

**Final - MD SB 394 - testimony - Sarah Wall.pdf**

Uploaded by: Sarah Wall

Position: FAV



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Testimony from:

Sarah Wall, Government Affairs Region Manager, Northeast Region, R Street Institute

In SUPPORT of SB 394 – “Statewide Targeted Overdose Prevention (STOP) Act of 2022”

February 17, 2022

Senate Committee on Finance

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

My name is Sarah Wall and I am the Government Affairs Northeast region manager at the R Street Institute, a nonprofit, nonpartisan public policy research organization focused on advancing limited, effective government in many policy areas, including opioid harm reduction. In recent years, opioid-related overdoses have been on the rise throughout the United States, driven by an illicit drug supply that is increasingly tainted by ultra-potent synthetic drugs such as fentanyl.<sup>1</sup> In 2020 in Maryland, 2,518 people died of an opioid-related overdose.<sup>2</sup> While abstinence from all non-prescribed opioids is the public health ideal, abstinence-only policies do not work at the population level, and even the best cessation and prevention programs leave people behind. Thus, R Street supports harm reduction as an evidence-based approach that saves lives.

One harm reduction tool is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses.<sup>3</sup> In studies, naloxone efficacy has ranged between 75 and 100 percent.<sup>4</sup> One study from Brigham and Women’s hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose.<sup>5</sup> Furthermore, when administered in appropriate doses to those in active overdose, side-effects are minimal and manageable.<sup>6</sup> It is not possible to get high from naloxone and it cannot cause an overdose.<sup>7</sup> Because SB 394 would expand access to this life-saving medication, R Street urges your **favorable report**.

SB 394 would expand access to naloxone in two ways. First, it would authorize emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation would establish that by June 30, 2024, community services programs, including those specializing in homeless services, opioid treatment and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both of these approaches help get naloxone into the hands of those who are most at risk.

It is worth noting that Maryland leaders in the legislature and the governor’s administration have already taken steps to increase the availability of naloxone to those at risk of overdose. It is already legal for both Maryland EMS personnel and laypeople to administer naloxone to someone experiencing an overdose; SB 394 would simply expand these laws to allow health providers to dispense naloxone



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[www.rstreet.org](http://www.rstreet.org)

“leave-behind” or “take-home” kits so that opioid users have ready access to them if needed.<sup>8</sup> The Maryland Department of Health also issued a two-year standing order on June 1, 2021 to allow pharmacists to dispense two doses of naloxone without a prescription from a doctor.<sup>9</sup>

R Street urges this Committee to continue this trajectory of loosening restrictions and expanding access to this life-saving medication, especially considering the toll the COVID-19 pandemic has taken on Marylanders who suffer from opioid use disorder. While 2019 saw the first drop in years of overdoses in Maryland, these gains were quickly reversed in 2020, which saw a 19.6 percent increase in fatal opioid overdoses and the largest total figures in state history at 2,518 deaths.<sup>10</sup> Alarmingly, the first half of 2021 saw an even higher increase in fatal overdoses, with a 1.1 percent increase over figures in the same period of 2020.<sup>11</sup> Importantly, these trends crossed demographic divides in the state, with the largest numerical increase seen in urban Baltimore City (51 more opioid-related deaths in Q1 and Q2 2021 compared to Q1 and Q2 in 2020) and the largest percent increase seen in rural Kent County (150 percent) during the same period.<sup>12</sup>

Putting naloxone into the hands of more opioid users and those in contact with them is one of the clearest, least controversial solutions to addressing this tragic epidemic. Community services professionals and EMTs are some of the best-equipped individuals to dispense medication to the people they serve. Similar take-home naloxone programs have shown significant success. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases.<sup>13</sup> The results of a pilot program in Howard County were also successful, not just in reducing overdose deaths as isolated events but also in overall recovery efforts. Patients were more likely to seek out support from addiction specialists when take-home naloxone kits were distributed to a family member (5.19 times more likely) or a friend (3.69 times more likely).<sup>14</sup> Additionally, a study from a take-home kit program in Vermont found 85.5 percent of those offered take-home naloxone kits by EMS personnel accepted them, which prevented at least 279 deaths in 2020 alone.<sup>15</sup>

Senate Bill 394 is well-grounded in research, and the positive impacts of similar programs in other states and jurisdictions reflect how much Maryland could benefit from adopting this legislation. Expanding access to the life-saving medication of naloxone by allowing it to be dispensed as take-home kits by EMS personnel and community services providers is one clear way to help reverse the upward trajectory of fatal opioid overdoses in the state. Therefore, R Street urges a favorable report on Senate Bill 394. Thank you for your consideration.

Respectfully submitted,

Sarah Wall  
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R Street Institute  
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- <sup>1</sup> National Center for Health Statistics, “Drug Overdose Deaths in the U.S. Top 100,000 Annually,” Centers for Disease Control and Prevention, Nov. 17, 2021.  
[https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm).
- <sup>2</sup> “Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2020,” Maryland Department of Health, June 2021. [https://health.maryland.gov/vsa/Documents/Overdose/Annual\\_2020\\_Drug\\_Intox\\_Report.pdf](https://health.maryland.gov/vsa/Documents/Overdose/Annual_2020_Drug_Intox_Report.pdf).
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- <sup>5</sup> Nadia Kounang, “Naloxone reverses 93% of overdoses, but many recipients don’t survive a year,” CNN Health, Oct. 30, 2017. <https://www.cnn.com/2017/10/30/health/naloxone-reversal-success-study/index.html>.
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- <sup>7</sup> “Naloxone: Frequently Asked Questions,” Anne Arundel County Department of Health, Aug. 6, 2022.  
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- <sup>8</sup> Legal Science, “Naloxone Overdose Prevention Laws,” Prescription Drug Abuse Policy System, July 1, 2017.  
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- <sup>9</sup> Jinlene Chan, MD, MPH, “Maryland Overdose Response Program Statewide Naloxone Standing Order,” Maryland Department of Health, June 1, 2021.  
<https://drive.google.com/file/d/1rEonwqUXrIruRmrHDjWESyLOBAWZCf1L/view>.
- <sup>10</sup> “Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2020,” Maryland Department of Health (2021). [https://health.maryland.gov/vsa/Documents/Overdose/Annual\\_2020\\_Drug\\_Intox\\_Report.pdf](https://health.maryland.gov/vsa/Documents/Overdose/Annual_2020_Drug_Intox_Report.pdf).
- <sup>11</sup> “2021 Second Quarter Report: January 1-June 30, 2021,” Maryland Opioid Operational Command Center, Sept. 27, 2021. <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/09/OOCC-Q2-2021-Quarterly-Report.pdf>.
- <sup>12</sup> “2021 First Calendar Quarter Report: January 1 – March 31, 2021,” Maryland Opioid Operational Command Center, June 24, 2021. <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/06/OOCC-Q1-2021-Quarterly-Report.pdf>.
- <sup>13</sup> Rebecca McDonald and John Strang, “Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria,” *Addiction*, 111:7 (July 2016), pp. 1177-87.  
<https://onlinelibrary.wiley.com/doi/10.1111/add.13326>.
- <sup>14</sup> Samantha J. Bissonette, “Preliminary Analysis of Vermont’s EMS Naloxone Leave-Behind Program,” Larner College of Medicine at University of Vermont, 2021.  
<https://scholarworks.uvm.edu/cgi/viewcontent.cgi?article=1017&context=m4sp>.
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**SB394\_HamesRN.pdf**

Uploaded by: Shari Hames

Position: FAV

February 16, 2022

The Honorable Shane E. Pendergrass  
Chairman  
Health and Government Operations Committee  
Maryland House  
Annapolis, MD 21401

**RE: Support for SB394 Statewide Targeted Overdose Prevention (STOP) Act of 2022**

Dear Chairwoman Pendergrass and Health and Government Operations Committee Members,

As a healthcare professional who has significant experience working with diverse patient populations in a variety of healthcare settings, I write to you today in support of the STOP Act. I believe increasing access to opioid reversal medications in community settings is critical for those at high-risk of overdose.

Over the past 20 years I have provided care to individuals who would directly benefit from initiatives covered under the STOP Act. My experience with patients suffering from substance use disorder (SUD), mental health disorders, homelessness, and other care needs, gives me a unique perspective on the benefits this legislation could provide to a substantial portion of our population that is often overlooked and underserved.

Considering there is a common comorbidity between substance abuse and mental health disorders, mental health disorders and homelessness, and homelessness and substance abuse, it is critical settings serving populations most high-risk for overdose have resources on hand to mitigate life threatening situations. Allowing the dispensing of overdose reversal medications at homeless service programs, intensive outpatient programs, opioid treatment programs, and reentry programs, as well as at emergency room discharge, would provide an additional failsafe to patients. Patients who have already been significantly impacted by the pandemic, as evidenced by [CDC data](#) which presents an alarmingly high rate of overdose deaths. Maryland is not exempt from the rest of the nation. We have experienced nearly a 16% jump in overdose deaths. The epidemic has not subsided, instead it has been catalyzed and exacerbated by a public health emergency that is straining already scarce resources.

I thank you for the work that you do in supporting the health and wellbeing for Marylanders. While all overdose deaths cannot be prevented, the number can be reduced if action is taken to provide critical lifesaving resources to high-risk patients. I ask that you consider supporting SB394 to ensure that some of the most vulnerable members of our population can be provided resources with the potential to save their lives.

Sincerely,  
Shari Hames, RN  
Woodbine, MD

# **SB 394\_Statewide Targeted Overdose Prevention (STO**

Uploaded by: Theodore Delbridge

Position: FAV



State of Maryland

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## SB 394 – Statewide Targeted Overdose Prevention (STOP) Act of 2022

### MIEMSS Position: Support

**Bill Summary:** SB 394 expands targeted naloxone distribution to individuals at highest risk of overdose. SB 394 will: 1) permit EMS Clinicians to dispense naloxone to individuals who received treatment for a nonfatal overdose or who was evaluated by a crisis evaluation team; 2) permit community services programs and other entities to dispense naloxone under protocol to individuals with a substance use disorder or at risk of a drug overdose; and 3) protect businesses and business owners for acts or omissions when they in good faith make naloxone available to business patrons.

### Rationale:

- Increasing naloxone access is an effective strategy to reduce opioid overdose deaths.
- To supplement community naloxone training and distribution access points, Maryland implemented the “EMS Naloxone Leave Behind” Program in 2017 where EMS may “leave behind” naloxone kits on the scene of an overdose. The cost of the naloxone is borne by the health department.
- Currently, 19 EMS jurisdictions participate in the Leave Behind Program in the following counties / cities:

Annapolis	Caroline	Harford	Queen Anne’s
Allegany	Cecil	Howard	St. Mary’s
Anne Arundel	Charles	Montgomery	Talbot
Baltimore City	Dorchester	Ocean City	Washington
Baltimore County	Frederick	Prince George’s	

- Feedback regarding the EMS Naloxone Leave Behind Program from participating EMS jurisdictions has been very positive. Howard County EMS personnel published a paper about the program, “Best Practices for a Novel EMS-Based Naloxone Leave Behind Program.” See <https://pubmed.ncbi.nlm.nih.gov/32420791/>.
- SB 394 creates the statutory authority for the EMS Naloxone Leave Behind program, remedying a structural issue. Currently, the program functions under a standing order issued by the Maryland Department of Health because EMS distribution of naloxone in this manner would have otherwise been considered “dispensing.” SB 394 will provide a firm statutory foundation for the EMS Naloxone Leave Behind Program.
- SB 394 provides an opportunity to expand naloxone access for individuals at high risk for future overdoses and to provide a firm statutory foundation to continue effective programs that currently exist.

**MIEMSS Supports SB 394 and Urges a Favorable Report**

**NCADD-MD - SB 394 FWA - Naloxone.pdf**

Uploaded by: Ann Ciekot

Position: FWA



**Senate Finance Committee  
February 17, 2022**

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

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*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.*

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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.

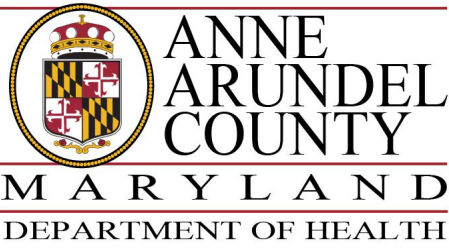
We also are seeking clarification on the need for creating a new definition of "community service programs" in §8-408 that combines two levels of licensed health care providers along with other important human services. As all health care services are included under §13-3104, it is unclear why the bill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

# **Copy of Statewide Targeted Overdose Prevention Act**

Uploaded by: Christina Shaklee

Position: FWA



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**Nilesh Kalyanaraman, MD, FACP**  
**Health Officer**

**2022 SESSION**  
**Written Testimony**

**BILL NO:** SB0394  
**COMMITTEE:** Finance  
**POSITION:** Letter of Support with Amendments  
**TITLE:** Statewide Targeted Overdose Prevention Act of 2022

**Bill Analysis:**

SB0394 addresses several elements to increase the availability of naloxone to individuals experiencing non fatal opioid overdoses as well as individuals in treatment for substance use disorders by authorizing EMS, Homeless services programs, intensive outpatient programs, Opioid Treatment Programs and Reentry Programs to dispense naloxone or otherwise make it available at no charge to participants.

**Proposed Amendments:**

We are proposing an amendment on Page 3 item (4), American Society of Addiction Medicine (ASAM) does not designate the level of care, the state (BHA) licenses and certifies providers' levels of care. Also, on Page 3 item (5), COMAR 10.47.02.11. has been replaced by COMAR 10.63. We would also like to ensure that funding is provided to agencies and local health departments to supply the naloxone. This bill should not pass as an unfunded mandate.

**Position Rationale:**

The Anne Arundel County Department of Health supports SB0394 with appropriate funding. The CDC, SAMHSA, NIDA, FDA and NIH all endorse that Naloxone saves lives. The efficacy of bystander



administration of naloxone was recently reaffirmed by meta analysis.<sup>1</sup> The more readily available naloxone is within high risk and PWUD communities, the more likely it is to be used during an overdose when early intervention is most effective. Our own experience providing naloxone as well as research indicates that dispensing naloxone is more effective at getting these life saving medications into the community than other methods (such as prescribing).

SB0394 provides the legislative authority for EMS to provide leave behind naloxone. Emergency Medical Services are trusted messengers within their communities and are likely to engage with individuals, their families and social network and thus widening the availability of the life saving medication to reach those most at risk of dying from an opioid overdose.<sup>2</sup> EMS has been a valuable partner in battling the opioid crisis and expanding their scope enhances this partnership.

SB0394 would reduce barriers and stigma associated with accessing naloxone through prescription by assuring that the medication was provided by service providers and healthcare workers likely to interact with those with substance use disorders and or experiencing a nonfatal opioid overdose.

Dispensing this life saving medication reduces stigma and other barriers (getting to the pharmacy, finding naloxone in stock, cost, and eliminate concerns that insurance may be impacted). Requiring healthcare providers and other service providers to dispense naloxone increases its availability within the community and reduces provider resistance to providing it.

Naloxone is an antidote to an opioid overdose and we believe that increasing its availability within the community will save more lives.

Sources:

<sup>1</sup>Giglio, Rebecca & Li, Guohua & Dimaggio, Charles. (2015). Effectiveness of bystander naloxone administration and overdose education programs: A metaanalysis. *Injury Epidemiology*. 2. 10.1186/s40621-015-0041-8.

<sup>2</sup>Scharf BM, Sabat DJ, Brothers JM, Margolis AM, Levy MJ. Best Practices for a Novel EMS-Based Naloxone Leave behind Program. *Prehosp Emerg Care*. 2021 May-Jun;25(3):418-426. doi: 10.1080/10903127.2020.1771490. Epub 2020 Jun 23. PMID: 32420791.

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# **Senate Bill 394 - Statewide Targeted Overdose Pre**

Uploaded by: Jake Whitaker

Position: FWA



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TTY USERS CALL VIA MD RELAY

**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."



**SB0394 - Naloxone - SWA.pdf**

Uploaded by: Jennifer Beskid

Position: FWA



## Department of Public Safety and Correctional Services

### Office of Government and Legislative Affairs

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GARY McLHINNEY  
ASSISTANT SECRETARY

JENNIFER A. BESKID  
DIRECTOR

**BILL: SENATE BILL 394**

**POSITION: SUPPORT WITH AMENDMENTS**

**EXPLANATION:** This bill would require the Department to provide Naloxone to incarcerated/detained individuals upon release who are at risk for overdose or determined to have substance use disorder.

### Comments:

- The Department's Division of Correction (DOC) operates 13 State correctional facilities which house offenders sentenced to incarceration for 18 months and longer. The Department also oversees the Division of Pretrial Detention and Services which operates the Baltimore City Pretrial Complex.
- Successful re-entry is absolutely critical to the Department's mission of public safety and distributing Naloxone to at-risk individuals would provide an additional resource to aid incarcerated individuals with re-entry.
- The Department began the distribution of Naloxone to individuals under the supervision of the Division of Parole and Probation in 2021 and recognizes the value of extending the program to the pretrial and incarcerated populations.
- Compliance with this bill would require the Department to receive authorization for Naloxone so that it could be distributed under a blanket order. This would require the appropriate medical director to sign off on the certification for both the Division of Correction (DOC) and the Division of Pretrial Services (DPDS).
- In addition, the bill would require any individual distributing Naloxone to participate in training and any individual receiving Naloxone to be trained in the administration of the nasal spray. This will require additional personnel as the protocols will include receiving, storing, tracking, and administering Naloxone.
- The bill defines a Reentry Program as a program established by any government or community based organization serving previously incarcerated individuals returning to their communities. This definition is

extremely broad and would include any government agency as well as any programs serving previously incarcerated individuals, including educational services, libraries, job centers, and other entities that may not realize they are serving previously incarcerated individuals.

- The Department supports amendments to the bill that would clarify that Naloxone is to be provided to sentenced individuals who have a substance use disorder or are at risk of experiencing a drug overdose and are being released from state and local correctional facilities; or are under the supervision of the Division of Parole and Probation.
- As such, the Department is supportive of the amendments outlined in the Administration's written testimony.

**CONCLUSION:** The Department of Public Safety and Correctional Services respectfully requests the Committee to vote **FAVORABLE** on Senate Bill 394 **with amendments**.



**MATOD - SB 394 FWA - Naloxone.pdf**

Uploaded by: Joshua Grollmes

Position: FWA



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## Senate Finance Committee February 17, 2022

### Senate Bill 394 Support with Amendments

The Maryland Association for the Treatment of Opioid Dependence (MATOD) urges a favorable opinion on SB 394 with certain amendments. MATOD represents over 65 healthcare organizations across Maryland that provide and promote high-quality, effective medication assisted treatment for opioid addiction. MATOD programs serve over 35,000 Marylanders enrolled in opioid treatment programs (OTPs) receiving methadone and buprenorphine, in conjunction with counseling and other medical services.

Senate Bill 394 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. MATOD supports this effort as long as organizations are able to receive the supplies of naloxone free of charge from MDH. We understand the Administration is offering amendment to clarify that MDH will provide the naloxone to organizations being mandated to dispense it. We support this amendment so the bill 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 (OTPs) and intensive outpatient programs under this new definition.

We will continue to work with the Administration and the HGO Subcommittee to work out language that meets these needs, especially ensuring that MDH provides the naloxone that the bill requires be distributed.

*MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.*

**SB 394-CBH-FWA.pdf**

Uploaded by: Lori Doyle

Position: FWA



**Testimony on SB 394**  
**Statewide Targeted Overdose Prevention (STOP) Act of 2022**  
Senate Finance Committee  
February 17, 2022  
**POSITION: SUPPORT WITH AMENDMENTS**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

Our members provide intensive outpatient (IOP) services for those with opioid addiction or other substance use disorders. We support this effort to address the spiking overdose mortality rates in Maryland by supplying free naloxone to the individuals we serve in our IOP programs. However, it is important that these programs – and the others listed in this bill – also have free access to naloxone to avoid imposing a financial hardship on them.

Our conversations with the Administration indicate that the plan is to provide free naloxone to the programs listed in SB 394, and their intent is reflected in the amendments they offered to the cross file (HB 408) yesterday. We know from experience that drug prices often rise when statute requires that a drug be made available to certain populations. According to a recent article in The Guardian, *“harm reduction groups used to buy naloxone from Pfizer to create kits that cost about \$2.50 each. Now they have to pay \$37 for a different generic medication or \$75 for Narcan – a 15- to 30-fold increase.”* Our providers also note that naloxone has a shelf life and must be replenished as it expires. We thank the Administration for reflecting our concerns in their amendment language.

We urge a favorable report on SB 394 with the Administration’s amendment language.

*For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or [lori@mdcbh.org](mailto:lori@mdcbh.org).*

**9c - SB 394 - FIN - MACHO LOSWA.pdf**

Uploaded by: Maryland Department of Health Office of Governmental Affairs

Position: FWA



**2022 SESSION  
POSITION PAPER**

**BILL:** SB 394 – Statewide Targeted Overdose Prevention (STOP) Act of 2022  
**COMMITTEE:** Senate Finance Committee  
**POSITION:** Letter of Support As Amended  
**BILL ANALYSIS:** SB 394 authorizes certain providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team and requires certain community services programs, to dispense naloxone to certain individuals free of charge under certain circumstances, and other related activities.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) supports the amended version of SB 394 and its goal of reducing overdose deaths in Maryland.

After discussions with leadership of the Opioid Operations Command Center addressing funding barriers, the Governor’s Office has submitted amendments allaying local health departments’ concerns. With the following modification to the original bill language, the state’s Health Officers are in support of this worthwhile bill.

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."

The American Society of Addiction Medicine (ASAM) cites studies linking increases in community access to naloxone with decreases in overdose deaths. Greater availability of naloxone is not associated with an increase in opioid use.<sup>1</sup> In a position statement, ASAM encourages the elimination of barriers to distribution of naloxone to those at risk of overdose and people close to them. SB 394 furthers the goal of reducing fatal opioid overdoses.

2020 and 2021 produced the highest numbers of overdose deaths in state history. SB 394 will strengthen one important component of a multi-layered strategy to curb potentially preventable fatalities.

For these reasons, the Maryland Association of County Health Officers submits this letter of support as amended for SB 394. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

<sup>1</sup><https://www.asam.org/docs/default-source/public-policy-statements/use-of-naloxone-for-the-prevention-of-opioid-overdose-deaths-final.pdf>

**2022 -SB394-FAVAMEND-OOOMD.pdf**

Uploaded by: Michelle Livshin

Position: FWA



**On Our Own of Maryland, Inc.**  
7310 Esquire Court, Mailbox 14  
Elkridge, MD 21075

Phone 410.540.9020  
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onourownmd.org

**TESTIMONY IN SUPPORT WITH AMENDMENTS**  
**Senate Bill 394 - Statewide Targeted Overdose Prevention (STOP) Act of 2022**  
Finance Committee - Senate - February 16, 2022

Thank you Chair Kelley, Vice-Chair Feldman, and committee members for the time, work, and care that you put into improving the quality and accessibility of healthcare services for all Marylanders. On Our Own of Maryland is a statewide behavioral health (BH) education and advocacy organization. Our network of 20+ affiliated peer-run Wellness & Recovery Centers throughout the state offer free, voluntary recovery support services to 5,000+ community members with mental health and substance use disorders.

**We are writing to share our support of Senate Bill 394 with amendments.** This bill seeks to authorize Emergency Medical Service (EMS) workers to dispense naloxone to individuals experiencing an opioid-related overdose, and would require community-based organizations to dispense and make naloxone available for free to individuals receiving services through their programs.

Naloxone is an FDA-approved prescription drug medication that has been proven to be highly effective at rapidly reversing an opioid overdose.<sup>1</sup> Expanding community access to naloxone is a critical step toward reducing both the number of lives lost due to overdoses and the stigma associated with opioid use.

In 2014, the Department of Health launched Maryland's Overdose Response Program (ORP) model to authorize and train individuals to administer naloxone in the event of an opioid overdose<sup>2</sup>. Now administered through the Maryland Department of Health's Center for Harm Reduction Services (CHS), this program already provides a process through which community-based organizations can become authorized to dispense naloxone through partnerships with prescribers.<sup>3</sup> CHS is currently working to update and streamline the ORP application process for community-based organizations.

We commend the administration for recognizing the necessity of making naloxone more readily available in the community to prevent unnecessary opioid-related overdose deaths. We do, however, have concerns that the bill as it stands could unintentionally complicate or duplicate a process that already exists within CHS, and will create an unfunded mandate for grassroots nonprofit organizations like our network of independent, peer-run Wellness & Recovery Centers. We are aware that organizations such as the National Council on Alcoholism and Drug Dependence (NCADD)-MD and the Maryland Association for the Treatment of Opioid Dependence (MATOD) have been engaged in identifying appropriate and clarifying amendments to the bill.

We ask the committee to adopt these recommended amendments to ensure SB 394 will be maximally effective by utilizing the existing Overdose Response Program model process and its associated supports.

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<sup>1</sup> Bird, S. M., Parmar, M. K., & Strang, J. (2015). Take-home naloxone to prevent fatalities from opiate overdose: protocol for Scotland's public health policy evaluation, and a new measure to assess impact. *Drugs: Education, Prevention and Policy*, 22(1), 66-76

<sup>2</sup>Maryland Department of Health & Mental Hygiene (2016). Overdose Response Pilot Program Report. <https://health.maryland.gov/pha/NALOXONE/Documents/Detention%20Center%20Naloxone%20Pilot%20Summary%20Report%20Ofy16.pdf>

<sup>3</sup> Website for Maryland Department of Health's Center for Harm Reduction Services Overdose Response Program <https://health.maryland.gov/pha/NALOXONE/Pages/Home.aspx>



**SB394\_BHRC\_FAV WITH AMENDMENT\_STOP ACT.pdf**

Uploaded by: Rajani Gudlavalleti

Position: FWA



February 17, 2022

The Honorable Delores Kelley  
Chair, Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**Senate Bill 394 [Statewide Targeted Overdose Prevention Act of 2022] - FAVORABLE WITH AMENDMENT**

Dear Chair Kelley and Senate Finance Committee members,

Baltimore Harm Reduction Coalition (BHRC) is an advocacy organization that mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti-sex worker policies. As a certified Overdose Response Program, naloxone distributor, and syringe service program, we have provided essential health care services across the state for years. To expand upon the life-saving services provided by harm reduction programs across Maryland, BHRC supports Senate Bill 394 [Statewide Targeted Overdose Prevention (STOP) Act of 2022] in its attempts to ensure naloxone is more accessible for people who use opioids.

This bill is an essential next step in strengthening the public health and safety impact of Maryland's Overdose Response Program. Though the program has grown over the years, the Maryland Department of Health reports that there are still many health and human services organizations that provide regular services to people who use opioids but do not consistently distribute naloxone. If passed, SB394 will require a variety of healthcare and community service providers to develop a protocol to make naloxone available, free of charge, to program participants they know are at risk of experiencing an overdose. For this bill to truly have an effect, we hope that these protocols will not include making naloxone passively available, such as in a restroom that is often locked, but rather *actively* available through intentional service provision.

While we support the intentions of this bill, BHRC would like to see an amendment made to increase its effectiveness. Namely, to change the amount of time an agency must develop a naloxone protocol from 2 years to 1 year. As a small community-based organization, we understand that protocol development can be a strain on time and resources, and despite that cannot in good faith support such an extensive time to transition. 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. If we want to curb this increase we must be more proactive and reduce the delay.

**In the midst of multiple public health crises, Marylanders deserve straightforward access to life-saving medication at all points in the continuum of care for people who use opioids. With that in mind, we ask that the Finance Committee give SB394 a favorable report with amendment.**

For more information about Baltimore Harm Reduction Coalition or our position, please contact our Director of Mobilization, Rajani Gudlavalleti at [rajani@baltimoreharmreduction.org](mailto:rajani@baltimoreharmreduction.org)

**SB394 - Hopkins - LOI.pdf**

Uploaded by: Annie Coble

Position: INFO

**SB394**  
**Letter of Information**

**TO:** The Honorable Delores Kelley, Chair  
Senate Finance Committee

**FROM:** Annie Coble  
Assistant Director, State Affairs, Johns Hopkins University and Medicine

**DATE:** February 17, 2022

Johns Hopkins would like to provide information relating to SB394 Statewide Targeted Overdose Prevention (STOP) Act of 2022. This bill would require community service programs (homeless service program, intensive outpatient program, OTP and Reentry program), public entities (health care provider, local health department, community-based organization, substance abuse treatment organization) to deliver naloxone free of charge. The State Integrated Health Improvement Strategy requires a statewide approach to reduce the opioid mortality rate. Broader distribution of naloxone is a reasonable tool to work to achieve this goal.

As the Committee is aware, naloxone is an important tool in the fight against the opioid epidemic and should be widely available. Johns Hopkins is the only health system in the state that is designated as an Overdose Response Program (ORP). This allows all of the hospitals in our health system to dispense naloxone at no cost to patients at risk for an opioid overdose at the point of discharge from the emergency departments. In 2021, across all the hospitals, Johns Hopkins distributed 382 naloxone kits. A large reason this program is successful is because the naloxone supply is provided by the State at no cost.

If the State is requiring expanded naloxone distribution, the State should provide the naloxone to all of the programs listed in the bill, mirroring what is in place to supply naloxone currently for all state approved ORPs. Additionally, special consideration should be made to ensure there is enough naloxone supply available in the State for the expanded distribution. Finally, it would be helpful to understand if all community service programs and public entities outlined in the bill would be required to become an ORP or if a separate pathway would be created to obtain naloxone supply, meet naloxone training requirements, and report any required data back to the state.

# **SB 394 Statewide Targeted Overdose Prevention (STO)**

Uploaded by: Erin Dorrien

Position: INFO



Maryland  
Hospital Association

February 17, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Information- Senate Bill 394 - Statewide Targeted Overdose Prevention (STOP) Act of 2022

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 394. According to Maryland's Opioid Operation Command Center, there were 2,518 opioid-related fatalities in 2020, the most since data was first reported in 2011.<sup>1</sup> The Centers for Disease Control and Prevention reported U.S. drug overdose deaths hit a new high—96,000—between March 2020 and March 2021.<sup>2</sup>

Naloxone is a medication that can rapidly reverse an opioid overdose. The General Assembly passed the Heroin and Opioid Prevention Effort and Treatment (HOPE) Act in 2017, which required hospitals to establish discharge protocols for patients with a substance use disorder. Four components were recognized as a key part of hospital protocols, including offering naloxone to patients in the emergency department (ED) with an opioid overdose or at risk for opioid use disorder.<sup>3</sup>

Since 2017, many hospitals adopted procedures to give naloxone to patients discharged from the ED, either directly or with a prescription. These programs, particularly direct dispensing, are often conducted in partnership with the state or local health departments, which help cover some or all the cost. In some cases, it may be more appropriate to give patients who take opioids for chronic pain a prescription for naloxone, which defrays the cost through insurance.

For the program to be effective it is essential that the organization that administers naloxone and the patient are not responsible for the full cost. The Governor's staff indicated there will be an amendment to ensure state funding.

We hope you find this information useful as you deliberate on SB 394.

For more information, please contact:  
Erin Dorrien, Vice President, Policy  
Edorrien@mhaonline.org

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<sup>1</sup> [beforeitstoolate.maryland.gov/oocc-data-dashboard/](https://beforeitstoolate.maryland.gov/oocc-data-dashboard/)

<sup>2</sup> [www.cnn.com/2021/10/13/health/overdose-deaths-march-2021/index.html](https://www.cnn.com/2021/10/13/health/overdose-deaths-march-2021/index.html)

<sup>3</sup> [www.mhaonline.org/docs/default-source/publications/update-links/recommendations-for-components-of-emergency-department-discharge-protocols.pdf?sfvrsn=83ebda0d\\_2](https://www.mhaonline.org/docs/default-source/publications/update-links/recommendations-for-components-of-emergency-department-discharge-protocols.pdf?sfvrsn=83ebda0d_2)