

**greeting SB 914.pdf**

Uploaded by: Arthur Ellis

Position: FAV

(Opening)

Good Afternoon Madam Chair Griffith and Madam Vice Chair Klausmeier, members of the Finance committee.

I am Senator Arthur Ellis representing the 28th Legislative District of Maryland, Charles County.

I am here today to present **Senate Bill 914 – Hospitals – Overdoses – Testing for Fentanyl**. I will now ask that my witness panel come join me.

The purpose of this bill is require the emergency department of a hospital to conduct a rapid urine drug test for fentanyl in patients with a known or suspected drug overdose if a toxicology report is required by a treating health care provider.

(Closing)

Thank you to Madam Chair and Madam Vice Chair for the opportunity to present **Senate Bill 914 and I ask for your favorable report**.

# **CarylSiems\_SB914\_Fav.pdf**

Uploaded by: Caryl Siems

Position: FAV

## Senate Bill 914

### Hospitals – Overdoses – Testing for Fentanyl – Favorable

March 20, 2023

Chair Griffith  
Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

**Individual Providing Testimony:** Caryl Siems

**Position:** Favorable

Thank you for considering SB 914 / HB 811,

We lost our son, Joshua Christian Siems, to a drug overdose on his 31st birthday. He had been using fentanyl and cocaine.

A few days into his stay at the ICU, we inquired as to his toxicology screen. Only the cocaine was revealed. We were perplexed. Didn't the reports test for opiates? Yes, but not fentanyl. That drug, fully synthetic, does not show on the standard toxicology screen. Our son's death would not be added to the "count" of fentanyl overdoses. This should concern everyone.

We know that overdoses from opiates included on the "Federal Five" have decreased significantly in recent years, while overdoses involving fentanyl have increased exponentially. The numbers are staggering. The numbers are wrong. We are in the midst of epidemic the scope of which we can only guess.

This bill is an attempt to bring us closer to truth. These deaths will still be undercounted. Admittedly, the opioid epidemic is complex and must be addressed by comprehensive multi-pronged strategies, which will require real work. We know the power of good information, as our daughter, Laney, has cystic fibrosis. The power of a robust data-sharing network has made a huge difference in the care, treatment, and drug developments that have more than doubled life expectancy since she was born. Can't we do the same for the disease of substance use disorder?

This is a drop in a bucket that, hopefully, will ripple out to create significant changes. How? From a public health standpoint, treatments, interventions, and drug development rely on knowledge and data. The data supports investment, both private and public. The data can alert us to concentrations of the drug in particular geographic areas. The data drives our behavior – medically, societally, politically.

This data, as we have seen with the impetus for the California law on which this bill is modeled, can also save lives. In that case, a young man, Tyler, could have received the proper treatment had the hospital tested him for fentanyl. In other words, he might still be alive. In addition, many drug users unwittingly ingest fentanyl. This can alert them to the sad fact that fentanyl can be in every street drug.

## **Senate Bill 914**

### **Hospitals – Overdoses – Testing for Fentanyl – Favorable**

Josh, yes, was an addict. He had a good job, a nice apartment, and a loving partner, friends and family. He was a bright light, talented and inquisitive, and a kind and giving soul. Four people were recipients of a new lease on life due to his organ donations. He would want his legacy to carry on in a meaningful way and help others. He never met a stranger. He loved with abandon.

SB 914, and its House crossfile, HB 811, give you the chance to tell your constituents you care about them - all of them. It is, in fact, an act of love. I can hear Josh's enthusiastic "Yes!!!" when this bill passes.

Thank you for your consideration.

Respectfully,

Caryl and Bob Siems

# Senate Testimony.pdf

Uploaded by: Melanie Yates

Position: FAV

## Senate Bill 914

### Hospitals - Overdoses - Testing for Fentanyl

**Individual Providing Testimony:** Melanie Yates, SB 914 Advocate

**Position:** Favorable.

Dear Chairwoman Griffith and the Finance Committee,

My name is Melanie Yates, I am a Master's of Social Work student and I am the advocate behind SB 914.

On October 14, 2022, my partner Josh died from an overdose. At the hospital, Josh was pronounced brain dead. Several days later, we got his urine drug screen back, which showed only cocaine, despite his family and I finding fentanyl in his apartment. It turns out the hospital hadn't tested for fentanyl, a test that costs on average, 75 cents to run.

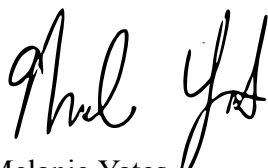
According to a Center for Substance Abuse Research study, only 5% of all toxicology screens are being tested for fentanyl, with a more than 40 percent positivity rate. SB 914 would require that fentanyl be included in the standard urine drug screening in hospitals. It is not mandating what a healthcare provider should or should not do, it is simply saying that if a provider in a hospital chooses to run a urine drug screening, that fentanyl should be included in that test.

This bill has a 3-fold impact:

1. It will better inform the Opioid Operational Command Center's data on nonfatal overdoses, if we're not testing for fentanyl then we are vastly undercounting the number of overdoses in Maryland.
2. It will inform those who unknowingly ingest fentanyl and allow those individuals to make better decisions and inform others in their community.
3. It will close the patient care gap that can occur if a provider misses the sign of a fentanyl overdose.

This bill is a simple, logical step we can take towards addressing the fentanyl crisis in Maryland, and I truly do believe it has the ability to save hundreds of lives. Thank you, and I urge you to support SB 914.

Sincerely,



Melanie Yates

# **SB914\_PriscillaBarton-Metcalfe\_FAV**

Uploaded by: Priscilla Barton-Metcalfe

Position: FAV



## Senate Bill 914

### “The Josh Siems Act” - Hospitals - Overdoses - Testing for Fentanyl

**Individual Providing Testimony:** Priscilla Barton-Metcalf, Student – Johns Hopkins Bloomberg School of Public Health;

**Position:** Favorable.

Dear Chair Griffith,

I am voicing my support for SB914.

**It would be fiscally and ethically irresponsible to continue enabling willful ignorance of the scope of a problem that has already killed more Americans than were killed in WWII.<sup>1 2</sup>**

The rapid urine fentanyl test costs \$0.75. This is an extremely cost effective way to gather information critical to informing an effective public health response.

**This bill does not seek to legislate clinical practice.** Only after a clinician has ordered a toxicology screen on their own volition does this bill apply. Furthermore, the bill imposes no limitations on clinical decision making based on the results of a rapid urine fentanyl test. Results of these tests may empower clinicians to make different decisions in the presence of more complete information, but those decisions will be made on clinicians’ own volition based on professional judgement, best practices, and standard of care. This bill seeks to obtain and provide accurate vital statistics and morbidity and mortality data of crucial importance to public health in Maryland and beyond. This information will not only enable individuals and families in Maryland to make informed decisions about healthcare and risk management but will also inform public health prevention and response efforts.

Sincerely,

Priscilla Barton-Metcalf

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<sup>1</sup> Department of Veterans Affairs. America’s Wars. May 2021 [https://www.va.gov/opa/publications/factsheets/fs\\_americas\\_wars.pdf](https://www.va.gov/opa/publications/factsheets/fs_americas_wars.pdf) Congressional Research Service. American War and Military Operations Casualties: Lists and Statistics July 29, 2020 Page 2 <https://crsreports.congress.gov/product/pdf/RL/RL32492>

<sup>2</sup> U.S. Centers for Disease Control and Prevention. National Center for Health Statistics Vital Statistics Rapid Release



# **Dr. Lev, Senate Finance Testimony.pdf**

Uploaded by: Roneet Lev

Position: FAV

## Senate Bill 914 / House Bill 811

### Hospitals - Overdoses - Testing for Fentanyl

**Individual Providing Testimony:** Dr. Roneet Lev, Emergency/Addiction Physician - Scripps Mercy Hospital San Diego, Executive Director – Independent Emergency Physicians Consortium, former Chief Medical Officer – White House Office of National Drug Control Policy; Emergency/ Addiction Physician

**Position:** Favorable.

Dear Chair Griffith and Members of the Committee,

As an emergency physician, I have the unfortunate perspective of witnessing our nation's opioid epidemic firsthand. The opioid epidemic is primarily driven by fentanyl that has infected a wide spectrum of the drug supply. Some victims have a substance use disorder, and others are unexpectedly killed because of a fatal mistake of using a drug that contained fentanyl. Hundreds of thousands of Americans have succumbed to fatal overdoses in recent years, the vast majority of caused by fentanyl. But fentanyl, a synthetic opioid, doesn't appear on the standard five panel drug screen utilized by most hospitals.

The good news is that fentanyl testing reagents are incredibly affordable, around \$.75 each, and can be easily integrated into currently utilized urine drug testing protocols. The bad news is that too many hospitals are failing to implement these procedures. According to research compiled by the University of Maryland's Center for Substance Use and Health Research, [only 5% of emergency room overdose patients are tested for fentanyl.](#)

This testing gap is why I helped author legislation in California that mandated fentanyl be included whenever a urine drug test is ordered. The legislation passed unanimously, was supported by a coalition of physicians and patient advocates, and, according to analyses carried out by California's House and Senate chambers, had a negligible fiscal impact.

The law is now in effect across all 350+ hospital in California, including those in rural settings. I offered my personal phone number to any hospital that needed technical assistance in implementing fentanyl testing and received only one inquiry during this period of implementation.

After reading HB 811, I knew that it championed the same commonsense and lifesaving policies that we enacted in California. It is my understanding the bill's Senate crossfile, SB 914, is being amended to match HB 811's language, and thus similarly has my full support.

Closing this testing gap could mean the difference between life and death for so many Marylanders. The data will engage the medical community in solutions for the fentanyl crisis. SB 914 would help public health authorities collect more data on the prevalence of the fentanyl in certain communities, provide better care to patients who either knowingly or unknowingly ingested fentanyl, and add minimal burdens to existing hospital procedures.

This bill has my full support and I encourage the committee to give the effort its full support. Thank you for your time and please let me know if you have any questions at my email, [roneetlev@gmail.com](mailto:roneetlev@gmail.com).

Sincerely,

A handwritten signature in cursive script that reads "Roneet Lev MD".

Dr. Roneet Lev  
4077 5th Avenue  
San Diego, CA 92103  
619-203-7190

**7- X - SB 914 - FIN - OOCC - LOS .pdf**

Uploaded by: State of Maryland (MD)

Position: FAV



## OPIOID OPERATIONAL COMMAND CENTER

Wes Moore, Governor • Aruna Miller, Lt. Governor • Emily Keller, Special Secretary of Opioid Response

March 21, 2023

The Honorable Melanie Griffith  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401-1991

RE: SB 914 - Hospitals – Overdoses – Testing for Fentanyl

Dear Chair Griffith and Committee Members:

The Opioid Operational Command Center (OCCC) respectfully submits this letter of support for SB 914. The most recent data suggests that 81.5% of all fatal overdoses are fentanyl-related. Requiring emergency departments to test for the presence of fentanyl in all suspected overdose cases will improve the state's overdose data, as data on nonfatal overdoses can be particularly difficult to collect due in part to the number of overdoses that are reversed by bystanders with naloxone.

If you would like to discuss this further, please do not hesitate to contact Teresa Heath, OCCC Deputy Director at [teresa.heath@maryland.gov](mailto:teresa.heath@maryland.gov) or (443) 381-9289.

Sincerely,

Emily Keller  
Special Secretary of Opioid Response

**WilliamO'Malley\_SB914\_FAV.pdf**

Uploaded by: William O'Malley

Position: FAV



CLINICAL LAW PROGRAM

March 20, 2023

Chair Griffith  
Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

Re: SB 914 – Favorable

Dear Chair Griffith and Members of the Committee:

I am writing to inform you of the Justice for Victims of Crime Clinic's support for SB 914. As a student attorney in the clinic, I was assigned to assist my client, Melanie Yates, at the start of the new year. Like so many of her fellow Marylanders, [Melanie lost a loved one](#) to the fentanyl epidemic. Melanie came to our clinic with the goal of saving as many of her neighbors as possible from a similar fate, specifically through more standardized fentanyl testing in hospitals. Thanks to Melanie's courage, and Senator Ellis' enthusiastic sponsorship, this bill is in front of your committee today.

Over the course of our clinic's research on the issue, we became aware of how meaningful SB 914 would be in the fight against the opioid epidemic. Synthetic opioids like fentanyl caused [~70% of overdose deaths](#) in 2021. Still, shockingly, [only 5% of suspected overdose patients](#) are tested for the drug in the emergency room – a much lower rate than other drugs. Statistics like these [led California to pass similar legislation](#) to SB 914 late last year, and [why other states are starting to follow their example](#).

Senator Ellis has further conveyed to us that he has amended SB 914 to mirror language added to HB 811, the bill's crossfile that passed unanimously, 132 – 0, in the House of Delegates. These amendments more narrowly target certain testing protocols and clarify that testing data reported to the State will be anonymized. I, along with the Justice for Victims of Crime Clinic, urge you to support this commonsense measure that could save the lives of countless Marylanders. If you have any questions, please feel free to reach me at the email below.

Sincerely,

William O'Malley\*  
Clinical Law Program  
University of Maryland School of Law  
[wpomalley@clinic.law.umaryland.edu](mailto:wpomalley@clinic.law.umaryland.edu)

\*Student Attorney practicing pursuant to Rule 19-220 of the Rules Governing Admission to the Maryland Bar

# **SB 914 Hospitals- Overdoses- Testing for Fentanyl\_**

Uploaded by: Erin Dorrien

Position: FWA



Maryland  
Hospital Association

March 21, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 914 - Hospitals – Overdoses - Testing for Fentanyl

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 914.

There is no doubt that the state is still experiencing an opioid crisis. In 2020, the most recent year in which annual opioid overdose death data is available in Maryland, there were 2,518 overdose deaths—2,342 of which were attributed to fentanyl.

Most hospitals screen for fentanyl as part of regular urine toxicology screening process, or are moving in the direction of differentiating fentanyl from other opioids. The hospital field supports the amendments to the legislation adopted by the House. In particular, the field supports the amendments clarifying the use of chemical analyzer equipment rather than rapid tests, as this more accurately describes the equipment used in hospitals.

We ask the Committee to consider the amendments offered by the House sponsor and adopted by the House and urge a favorable report on this important piece of legislation.

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

**SB0914 Testimony Rpt EW v5.pdf**

Uploaded by: Erin Artigiani

Position: INFO



UNIVERSITY OF  
MARYLAND

CENTER FOR SUBSTANCE USE AND HEALTH RESEARCH

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**SB 0914**

**Written Testimony submitted by Eric D. Wish, Ph.D.,  
PI, Maryland Emergency Department Drug Surveillance (MD-EDDS) system,  
University of Maryland, College Park**

March 16, 2023

Good Afternoon,

I am pleased to submit this paper summarizing initial results from our recent study of eight Maryland hospitals participating in the Maryland Emergency Department Surveillance (MD-EDDS) system funded by the Maryland Opioid Operational Command Center (OOCC) as a grant to CESAR at the University of Maryland in College Park. As the former Director of the Center for Substance Abuse Research, CESAR, I have worked with State and local agencies for more than 30 years to identify emerging drugs and to conduct needs assessments and program evaluations.

To help Maryland hospitals assess whether they needed to initiate testing for fentanyl, MD-EDDS gave 50 fentanyl dipstick tests to each of 14 hospitals to test urines that had already been tested by the hospital's laboratory for drugs other than fentanyl. The initial results from eight hospitals show that fentanyl was detected in specimens from all participating hospitals, none of which routinely test for fentanyl. Only 19% of the fentanyl positive specimens also tested positive for opiates like heroin and therefore would not have been detected by each hospital's standard opiate screens. Many of the specimens that contained fentanyl also contained cocaine.

Routine hospital testing for fentanyl is essential to track the opioid epidemic and to alert physicians and their patients that they are being exposed to fentanyl. Methadone treatment programs should also test for fentanyl to prevent turning away persons who test negative for opiates but might have used fentanyl. Details about the EDDS methodology and findings are provided in the attached report and on our website (<https://cesar.umd.edu/landing/EDDS>). I encourage you to review the MD-EDDS results as you consider this important legislation.

My colleague, Erin Artigiani, and I will be happy to answer any questions you may have about the MD-EDDS project. We can be reached at [eartigiani@umd.edu](mailto:eartigiani@umd.edu) or [ewish@umd.edu](mailto:ewish@umd.edu).

# Maryland Emergency Department Drug Surveillance (MD-EDDS) System: *Summary of Initial Maryland Fentanyl Findings*

March 3, 2023

Prepared by Eric D. Wish, Ph.D.<sup>a</sup>; Amy S. Billing<sup>a</sup>, MSSA; E. Erin Artigiani, MA<sup>a</sup>; Ebonie Massey, MA<sup>a</sup>; Margaret Hsu, MHS<sup>a</sup>; and Zachary D.W. Dezman, MD, MS<sup>b</sup>



CESAR: Center for Substance Use, Addiction, and Health Research

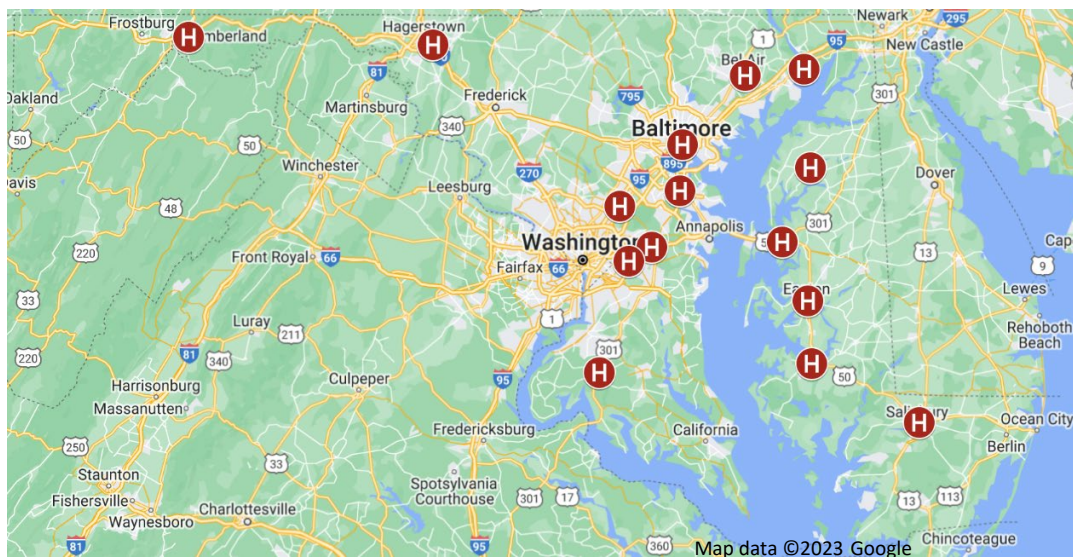
## SUMMARY

The MD-EDDS research project has collected information critical to the discussion regarding HB0811/SB0914. Fentanyl is the leading cause of fatal opioid overdoses (MDH, June 2021), but most Maryland hospitals do not regularly test patients for exposure to fentanyl. MD-EDDS provided rapid urine fentanyl dipstick tests to eight Maryland hospitals that do not routinely test patients for the drug. The hospitals then tested 50 consecutive specimens that were selected from any unit of the hospital that tested positive for at least one drug on the hospital's standard urine screen. Fentanyl was detected in specimens from every study site. Only 19% of the fentanyl positive specimens also tested positive for opiates like heroin. These cases of fentanyl exposure may have been missed if the treating clinicians had relied solely on the results of the hospitals' routine tests. Specimens that tested positive for fentanyl were significantly more likely to test positive for cocaine (63% vs 24%,  $p < .001$ ) and amphetamine (21% vs 9%,  $p < .05$ ) than those negative for fentanyl, suggesting that patients may have been exposed to stimulants intentionally or unintentionally mixed with fentanyl. These initial findings demonstrate the need for fentanyl to be a part of the standard drug screen in healthcare facilities throughout Maryland.

## MD-EDDS Overview

The State of Maryland's Opioid Operational Command Center (OCCC) recently awarded the Center for Substance Use, Addiction and Health Research (CESAR) at the University of Maryland, College Park, with a grant to launch the first statewide EDDS program in the nation. MD-EDDS is working with 20 hospitals across the state (Figure 1). Hospitals were selected so that all areas of the state participated. MD-EDDS collects two types of data from each participating hospital: 1) a limited data set of hospital drug test results, demographic, and clinical information stored in patients' electronic health records (EHRs) for all patients treated in the ED for a drug overdose, and 2) fentanyl

Figure 1:



dipstick test results for 50 deidentified urine specimens where the specimen had tested positive for at least one drug on the hospital’s standard urine drug screen, see Limitations section for details. The quarterly EHR data are used to track trends in the urinalysis results for all drugs included in the hospital’s standard panel. The dipstick testing enables hospitals that do not currently test for fentanyl to determine if their routine testing is missing patient exposure to fentanyl. This report presents initial findings from the dipstick testing in eight hospitals. The EHR data and the results of the dipstick testing for all participating hospitals will be summarized in future reports.

**Initial Fentanyl Dipstick Test Results**

***Fentanyl Detected in All Participating Maryland Hospitals.*** Fentanyl was detected in hospital positive specimens from all eight study sites. Fentanyl was detected in 2-24% of specimens in each hospital (Table 1) and in 12% of specimens across all sites. Only 19% of the fentanyl positive specimens also tested positive for opiates like heroin.

**Table 1: Few Fentanyl Positive Specimens Had Also Tested Positive for Opiates by the Hospitals’ Screens**  
(50 specimens submitted by each hospital)<sup>a</sup>

	Positive for Fentanyl by Dipstick	Of Specimens Positive for Fentanyl, also Positive for Opiates
UM* Shore Medical Center at Chestertown, Chestertown, MD	(n=50) 24%	(12) 8%
Meritus Medical Center, Hagerstown, MD	(50) 20%	(10) 30%
UM Baltimore Washington Medical Center, Glen Burnie, MD	(50) 14%	(7) **
UM Upper Chesapeake Medical Center, Bel Air, MD	(50) 14%	(7) **
UM Shore Medical Center at Cambridge, Cambridge, MD	(50) 12%	(6) **
UM Capital Region Medical Center, Largo, MD	(50) 6%	(3) **
UM Charles Regional Health Center, La Plata, MD	(50) 4%	(2) **
UM Shore Medical Center at Easton, Easton, MD	(50) 2%	(1) **
<b>All Hospitals</b>	<b>(400) 12%</b>	<b>(48) 19%</b>

<sup>a</sup>Consecutive specimens were selected from any hospital unit that the hospital’s testing had found positive for at least one drug. Patients that were administered fentanyl as part of their medical care at the hospital were excluded.

\*UM=University of Maryland \*\*Too few cases to calculate meaningful statistics.

We found no statistically significant differences in the demographic characteristics of the patients with fentanyl positive or negative specimens. Both groups were a majority male and White. The average age of the patients who submitted the fentanyl positive specimens was 38.4 and the fentanyl negative specimens was 41.2.

***Cocaine most frequent other drug found in fentanyl positive specimens.*** Cocaine was detected in 63% of the fentanyl positive specimens compared with 24% of the fentanyl negative specimens (p<.001, Table 2). Amphetamines and methadone were also more likely to be detected in fentanyl positive specimens. In contrast, marijuana was more likely to be detected in fentanyl negative specimens.

**Table 2: Comparison of the Drugs Detected by the Hospital in Specimens that the Dipstick found Positive or Negative for Fentanyl**  
(N=400 specimens submitted by 8 hospitals)<sup>a</sup>

<b>Hospital Found Positive for:</b>	<b>Positive for Fentanyl by Dipstick</b> (N=48) %	<b>Negative for Fentanyl by Dipstick</b> (N=352) %
Cocaine	63***	24***
Marijuana	(n=47) 43*	(n=350) 58*
Methadone	(n=39) 39***	(n=214) 8***
Benzodiazepines	27	21
Amphetamines	21*	9*
Opiates	19	10
Oxycodone	(n=26) 8	(n=224) 10
PCP	(n=29) 7	(n=221) 7
Barbiturates	4	5
Buprenorphine	(n=10) 0	(n=47) 9

<sup>a</sup>Consecutive specimens were selected from any hospital unit that the hospital's testing had found positive for at least one drug. Patients that were administered fentanyl as part of their medical care at the hospital were excluded.

Hospitals include: UM Shore Medical Center at Chestertown (Chestertown, MD), Meritus Medical Center (Hagerstown, MD), UM Baltimore Washington Medical Center (Glen Burnie, MD), UM Upper Chesapeake Medical Center (Bel Air, MD), UM Shore Medical Center at Cambridge (Cambridge, MD), UMD Capital Region Medical Center (Largo, MD), UM Charles Regional Health Center (La Plata, MD), and UM Shore Medical Center at Easton (Easton, MD).

N's vary due to hospitals not testing for each drug.

\*p<.05 by Chi-Square or Fisher's Exact Test; \*\*\*p<.001 by Chi-Square or Fisher's Exact Test.

## **Discussion**

Fentanyl was detected in specimens from each of the eight hospitals that participated. None of the hospitals detailed in this initial report routinely test patients for fentanyl as part of their standard urine drug screen. Like most hospitals, they rely on an opiate screen to infer heroin use. This strategy might allow hospitals to also extrapolate this result to fentanyl use if most fentanyl users were also exposed to heroin. However, only 19% of the fentanyl positive specimens had tested positive by the hospitals' opiate screen, suggesting that many of these patients were not exposed to heroin. These results are consistent with an earlier study conducted in Baltimore that examined emergency department patients presenting with complaints of withdrawal, overdose, or requesting treatment for substance use. More than 80% of those patients tested positive for fentanyl by urine dipstick. Like the current study, less than half of those emergency department patients tested positive for opiates on the hospital's standard drug screen. After it was added to the standard drug screen at the University of Maryland Medical Center and University of Maryland: Midtown Campus, fentanyl was detected in patients nearly twice as often (80%-95%) as most other drugs (Dezman, MMWR, 2019). As with the current study, few of the fentanyl positive patients also tested positive for opiates. These three studies all show that the standard opiate screen used by most hospitals cannot substitute for fentanyl-specific testing.

We found that many of the fentanyl positive specimens contained stimulants, suggesting that cocaine and amphetamines may be intentionally or unintentionally mixed with fentanyl. These results are consistent with the rising number of fatal overdose deaths involving opioids and stimulants in Maryland (MDH, June 2021). Our findings also raise important questions for future research to understand how patients are being exposed to both stimulants and opioids and the types of treatment and recovery services they may most benefit from.

The new capacity of the MD-EDDS to collaborate with hospitals across Maryland, along with the national EDDS project, present a unique opportunity for EDDS to further monitor fentanyl exposure and its impact on public health across the country. For example, Dr. Roneet Lev, an emergency physician at Scripps Memorial Hospital in San Diego,



used EDDS findings to work with state legislators and local advocates to pass legislation (SB 864, “Tyler’s Law”) requiring all California hospitals to begin testing for fentanyl.

CESAR is conducting fentanyl dipstick testing with collaborating physicians in six additional hospitals in Maryland and will update these initial analyses as additional results are received.

### **Limitations of Dipstick Results**

To reduce the burden to each hospital from the dipstick testing and to make the process rapid and feasible, CESAR researchers trained each hospital lab liaison to test 50 consecutive specimens submitted by any hospital unit for which the hospital’s routine urinalysis testing had detected one or more drugs. Our prior research indicated that fentanyl is most likely to be detected along with other drugs and we did not want to waste resources by testing specimens that had tested totally negative. For these reasons, our estimates of fentanyl positives from the dipstick test samples are higher than we might get by testing both positive and negative specimens from the hospital. On the other hand, our estimates may be lower than what would be obtained from specimens obtained solely from emergency department drug overdose patients. More precise estimates of fentanyl will require testing larger samples of specimens that can control for the above possibilities.

### **Acknowledgement**

We would like to thank the administrators, physicians, and laboratory staff at each of our participating hospitals for their support in making this study possible.

### **Source**

Source: Emergency Department Drug Surveillance (EDDS) system, Center for Substance Use, Addiction, And Health Research (CESAR), University of Maryland, College Park, 3/2/2023. <https://cesar.umd.edu/landing/EDDS>. MD-EDDS is supported by a grant awarded to CESAR by the Opioid Operational Command Center. The views presented here are those of CESAR and not necessarily those of the OOC, its Executive Director, or its staff.

### **References**

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Dezman, Z.; Schwartz, B.; Billing, A.; et al. Notes from the Field: High Prevalence of Fentanyl Detected by the Maryland Emergency Department Drug Surveillance System — Baltimore, Maryland, 2019. *MMWR Morb Mortal Wkly Rep* 2020;69:724–726. DOI: [http://dx.doi.org/10.15585/mmwr.mm6923a3external icon](http://dx.doi.org/10.15585/mmwr.mm6923a3external%20icon)

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Wish, Eric D.; Billing, Amy S.; Heine, Kimberley; Al-Nassir, Marwa F.; Massey, Ebonie C.; Hsu, Margaret; & Artigiani, E. Erin. (2021). Toward a National System of Expanded Testing of Existing Urine Specimens: The Drug Outbreak Testing Service (DOTS), *Substance Use & Misuse*, 56:11, 1576-1585, DOI: [10.1080/10826084.2021.1928213](https://doi.org/10.1080/10826084.2021.1928213) <https://www.tandfonline.com/doi/full/10.1080/10826084.2021.1928213>

<sup>a</sup> Center for Substance Use, Addiction, and Health Research, University of Maryland College Park

<sup>b</sup> Departments of Emergency Medicine and Epidemiology and Public Health, University of Maryland School of Medicine