

Maryland Chiefs of Police Association Maryland Sheriffs' Association



MEMORANDUM

TO: The Honorable Joseline Pèna-Melnyk, Chair and

Members of the Health and Government Operations Committee

FROM: Darren Popkin, Executive Director, MCPA-MSA Joint Legislative Committee

Andrea Mansfield, Representative, MCPA-MSA Joint Legislative Committee Natasha Mehu, Representative, MCPA-MSA Joint Legislative Committee

DATE: March 2, 2023

RE: HB 571 Overdose Response Program – Opioid Overdose Reversal Drugs – Choice of

Formulation and Dosage

POSITION: SUPPORT

The Maryland Chiefs of Police Association (MCPA) and the Maryland Sheriffs' Association (MSA) SUPPORT HB 571. This bill requires the Maryland Department of Health to provide choice in the selection of formulation or dosage of opioid overdose reversal drugs approved by the Federal Food and Drug Administration (FDA).

MCPA and MSA are composed of leadership from local law enforcement agencies who protect the safety and well-being of more than 16,000 officers across the state. Our officers are often the first to respond to overdose situations. Officers need the tools to save the lives of those who may be overdosing, but also need to protect themselves from substances that may be laced with fentanyl. Just recently, a deputy sheriff in Indiana collapsed after coming into contact with fentanyl while patting down a suspect. This could easily occur right here in Maryland.

Currently, officers carry two 4 mg nasal doses of naloxone. These doses are distributed to law enforcement agencies by the local health departments through the Maryland Department of Health's Center for Harm Reduction. Oftentimes, officers administer both doses to reverse an overdose, leaving officers out in the field without additional doses for another overdose victim or for themselves should they encounter a harmful substance.

MCPA and MSA are aware of higher dose forms of naloxone approved by the FDA and believe access to this option could benefit officers in the field. However, the Maryland Department of Health's Center for Harm Reduction only provides access to 4 mg nasal doses of naloxone. Law enforcement agencies are not able to access higher dose formulations of naloxone through distribution mechanisms. MCPA and MSA believe access should be provided to ALL tools to keep Marylanders and officers alive.

For these reasons, MCPA and MSA strongly SUPPORT HB 571 and urge a favorable committee report.