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**SB1071**

March 14, 2024

**TO:** Members of the Senate Finance Committee  
**FROM:** Nina Themelis, Interim Director of Mayor's Office of Government Relations  
**RE:** Senate Bill 1071 – Hospitals - Opioid Overdose - Medication-Assisted Treatment  
**POSITION:** **FAVORABLE**

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 1071.

Senate Bill 1071 will mandate hospitals to establish and maintain certain protocols and capacities related to the treatment of patients who are being treated for an opioid-related overdose, require hospitals to connect patients who are administered or prescribed medication-assisted treatment (MAT) to an appropriate provider to voluntarily continue treatment under certain circumstances, and urge the Governor to include an appropriation of \$500,000 in the annual budget bill for fiscal year 2026 from the Opioid Restitution Fund to fund training for healthcare professionals and provide resources to hospitals to implement the requirements of this Act.

Hospitals play a critical role in addressing the opioid crisis, serving as hubs for comprehensive care and essential treatment resources. In Maryland, nearly 9,000 residents who received care through the state's hospital system – either in an inpatient or ED facility – from 2016 through 2021 subsequently lost their lives to an overdose. Of those individuals, 41% had received care for an overdose-related encounter during the same time period.<sup>i</sup> **Had this 41% (nearly 4,000 people) received the care and referrals mandated under this bill, they might still be with us today. These statistics highlight a crucial opportunity for hospitals to serve as a conduit to sustained treatment and recovery.**

Implementing the protocols and procedures required by this bill will help ensure people receive evidence-based, high-quality care, thereby increasing the likelihood of successful recovery and reducing the risk of recurring overdose incidents. The bill's inclusion of MAT is also critical to this mission. MAT combines medications (such as methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies. It is proven to be safe and effective in managing opioid use disorders (OUD) and can help people stay in recovery.<sup>ii</sup> Research indicates that engagement in long-term MAT significantly reduces the risk of overdose among individuals with OUD by up to 50%.<sup>iii</sup> By connecting patients to MAT providers and other resources for sustained recovery, hospitals can serve as lifelines for those in need, offering not only immediate medical intervention but also a pathway to long-term recovery.

Furthermore, the inclusion of a \$500,000 appropriation in the annual budget bill for fiscal year 2026 from the Opioid Restitution Fund is a strategic investment in the health and well-being of communities across Maryland. These funds will allow hospitals to implement the requirements of SB 1071, supporting the work needed to carry out our state's commitment to saving lives and improving the well-being of our communities.

Overdose deaths are preventable. By establishing standardized protocols, promoting continuity of care, and allocating necessary funds, we can strengthen our healthcare system's response to overdose and substance use disorder.

For these reasons, the BCA respectfully requests a **favorable** report on SB 1071.

<sup>i</sup> Maryland Department of Health. (2023, August 15). *2022 Annual Report Data-Informed Overdose Risk Mitigation*. Retrieved from Stop Overdose: <https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2023/08/8-15-2023-2022-DORM-Annual-Report-Final.pdf>

<sup>ii</sup> US Food and Drug Administration. (2023). Information about Medication-Assisted Treatment (MAT). Retrieved from <https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>

<sup>iii</sup> National Academies of Science. (2019, March 30). *The Effectiveness of Medication-Based Treatment for Opioid Use Disorder*. Washington, DC: National Academies Press.