

**Hospitals – Opioid Overdose – Medication-Assisted Treatment (SB 1071)**  
**Senate Finance Committee**  
**March 14, 2024**  
**FAVORABLE**

Thank you for the opportunity to submit testimony in support of SB 1071, which would require hospital emergency departments (EDs) to develop protocols and deliver evidence-based care to patients who present with an opioid overdose. My endorsement of this bill is based on nearly a decade of research on ED-based interventions for opioid use disorder, my past role as a clinical social worker in the addiction field, and my lived experience as someone in long-term recovery from opioid use disorder (OUD). The views and opinions expressed in this testimony are my own and do not reflect the official policy or position of Boston University.

Extensive research underscores the central role of EDs in addressing OUD, particularly as many people with OUD forego routine health care services and only engage with the health care system during acute care visits. Life-threatening events like overdose can also serve as pivotal [“teachable moments”](#) when individuals may be more receptive to services. Notably, a seminal [study in 2015](#) demonstrated that administering buprenorphine, an OUD medication that is [highly effective](#) in reducing overdose risk, in EDs resulted in improved treatment adherence post-discharge, with [subsequent studies](#) corroborating these findings. Other ED-based interventions, such as [addiction medicine consultation, screening, brief intervention, and referral to treatment](#), and [peer navigation](#) have also been shown to help link patients to treatment from EDs. Based on the emerging evidence, the [American College of Emergency Physicians](#) issued consensus recommendations in 2021, stating that ED physicians should initiate OUD medications and provide direct linkage to treatment for patients with OUD.

Despite these recommendations and growing evidence of effectiveness, OUD services remain underutilized in EDs. SB 1071 offers a pathway to enhance ED-based OUD care by mandating the provision of specific services to individuals treated for opioid overdose. Critically, the bill gives hospitals the flexibility to tailor the implementation of services based on their resources and unique circumstances. Further, SB 1071 allocates funding and resources to support implementation, addressing a significant barrier – [lack of expertise](#) – that has prevented greater uptake of ED-based OUD services.

In closing, I urge the Committee to support SB 1071 as a means to improve the delivery of evidence-based OUD services in Maryland's EDs. Thank you for considering my perspective.

Sincerely,

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