

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 14, 2024

The Honorable Pamela Beidle Chair, Senate Finance Committee 3 East, Miller Senate Office Building Annapolis, Maryland 21401

RE: Senate Bill 1071 – Hospitals - Opioid Overdose - Medication-Assisted Treatment – Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for SB 1071 - Hospitals - Opioid Overdose - Medication-Assisted Treatment.

This bill requires hospitals to establish and maintain protocols and capacity to treat patients for opioid-related overdose and connect patients that are administered or prescribed Medication-Assisted Treatment (MAT) to an appropriate provider to continue treatment and requires the Department to appropriate funds from the Opioid Restitution Fund for hospitals to provide training and resources to implement the requirements of §19–308.10 of the Health-General Article.

There are many studies showing hospital-based clinicians lack knowledge and comfort treating substance use disorder.¹²³⁴ The Department currently coordinates with the Maryland Hospital Administration and the Mosaic Group to build the capacity of hospitals in Maryland to better respond to patients that present with high-risk substance use through the integration of universal screening, the employment of teams of peer recovery coaches to help with linkage to care and the introduction of MAT initiation. Over the last two years, the Department funded Mosaic Group to re-engage with twenty-one (21) hospitals to help them enhance their programming and start this work with the remaining hospitals that implemented the Reverse the Cycle program previously.

¹ Jakubowski A, Singh-Tan S, Torres-Lockhart K, Nahvi S, Stein M, Fox AD, Lu T. Hospital-based clinicians lack knowledge and comfort in initiating medications for opioid use disorder: opportunities for training innovation. Addict Sci Clin Pract. 2023 May 18;18(1):31. doi: 10.1186/s13722-023-00386-x. PMID: 37198707; PMCID: PMC10193697.

² O'Rourke BP, Hogan TH, Teater J, Fried M, Williams M, Miller A, Clark AD, Huynh P, Kauffman E, Hefner JL. Initiation of medication for opioid use disorder across a health system: A retrospective analysis of patient characteristics and inpatient outcomes. Drug Alcohol Depend Rep. 2022 Nov 12;5:100114. doi: 10.1016/j.dadr.2022.100114. PMID: 36844164; PMCID: PMC9948916.

³ Stewart MT, Coulibaly N, Schwartz D, Dey J, Thomas CP. Emergency department-based efforts to offer medication treatment for opioid use disorder: What can we learn from current approaches? J Subst Abuse Treat. 2021 Oct;129:108479. doi: 10.1016/j.jsat.2021.108479. Epub 2021 May 15. PMID: 34080563; PMCID: PMC8380665.

⁴ Cindy Parks Thomas, Maureen T. Stewart, Cynthia Tschampl, Kumba Sennaar, Daniel Schwartz, Judith Dey, Emergency department interventions for opioid use disorder: A synthesis of emerging models, Journal of Substance Abuse Treatment, Volume 141, 2022, 108837, ISSN 0740-5472, https://doi.org/10.1016/j.jsat.2022.108837. (https://www.sciencedirect.com/science/article/pii/S074054722001192)

Given the work currently underway, the Department had offered amendments on the cross file of this bill, but supports the general intentions of the sponsors. Our main concern with the current language is the required appropriation of \$500,000 from the Opioid Restitution Fund for implementation of SB 1071. Appropriations from the Opioid Restitution Fund must follow strict requirements based on the master settlement agreements. Therefore, we request that this language be struck from the bill.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H. Secretary