



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

March 1, 2024

The Honorable Joseline A. Peña-Melnyk
Chair, Health and Government Operations Committee
Room 241, House Office Building
Annapolis, Maryland 21401

RE: House Bill 1155 – Hospitals - Opioid Overdose - Medication-Assisted Treatment – Letter of Support with Amendments

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for HB1155 - 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

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/S0740547222001192>)

start this work with the remaining hospitals that implemented the Reverse the Cycle program previously.

Given the work currently underway, the Department proposes two amendments to this bill. One, to assess the current readiness and capacity for Maryland hospitals to treat patients for opioid-related overdose. Two, connect patients that are administered to prescribed MAT to an appropriate provider to continue treatment prior to appropriation of Opioid Restitution Funds or other funds.

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

AMENDMENT NO. 1

On page 3, strike in their entirety lines 7 through 28 and insert the following:

(E) THE DEPARTMENT WILL COORDINATE WITH THE MARYLAND HOSPITAL ASSOCIATION TO CONDUCT A SURVEY OF ALL HOSPITAL EMERGENCY DEPARTMENTS.

- (1) THE SURVEY WILL CONSIST OF QUESTIONS ABOUT CURRENT POLICIES, PROCEDURES, AND TRAINING AROUND SUBSTANCE USE PREVENTION, HARM REDUCTION, EARLY INTERVENTION AND TRANSITION TO COMMUNITY TREATMENT, AND CRISIS INTERVENTION ACROSS THE LIFESPAN
- (2) THE DEPARTMENT WILL DEVELOP THE SURVEY WITH INPUT FROM THE MARYLAND HOSPITAL ASSOCIATION
- (3) THE MARYLAND HOSPITAL ASSOCIATION WILL ADMINISTER THE SURVEY ON BEHALF OF THE DEPARTMENT, COLLATE THE RESULTS, DEDUPLICATE RESPONSES (ONE PER FACILITY) AND PROVIDE DATA TO THE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIVING THE SURVEY FROM THE DEPARTMENT
- (4) THE DEPARTMENT WILL ANALYZE THE RESULTS OF THE SURVEY AND PROVIDE A REPORT ON OR BEFORE JANUARY 1, 2025 CONTAINING A SUMMARY OF THE RESULTS AND RECOMMENDATIONS TO EXPAND ACCESS TO MEDICATION-ASSISTED TREATMENT SERVICES IN MARYLAND HOSPITAL EMERGENCY DEPARTMENTS

Rationale:

The amendment will allow the Department and the Maryland Hospital Association to assess the current readiness and capacity of Maryland hospitals to treat patients for opioid-related overdose and connect patients that are administered to prescribed MAT to an appropriate provider to continue treatment prior to appropriation of Opioid Restitution Funds or other funds.

AMENDMENT NO. 2

On page 4, strike in their entirety lines 1 through 34.

Rationale:

The amendment will allow the Department and the Maryland Hospital Association to assess the current readiness and capacity of Maryland hospitals to treat patients for opioid-related overdose and connect patients that are administered to prescribed MAT to an appropriate provider to continue treatment prior to appropriation of Opioid Restitution Funds or other funds.

AMENDMENT NO. 3

On page 5, strike in their entirety lines 1 through 33.

Rationale:

The amendment will allow the Department and the Maryland Hospital Association to assess the current readiness and capacity of Maryland hospitals to treat patients for opioid-related overdose and connect patients that are administered to prescribed MAT to an appropriate provider to continue treatment prior to appropriation of Opioid Restitution Funds or other funds.

AMENDMENT NO. 4

On page 6, strike in their entirety lines 1 through 25.

Rationale:

The amendment will allow the Department and the Maryland Hospital Association to assess the current readiness and capacity of Maryland hospitals to treat patients for opioid-related overdose and connect patients that are administered to prescribed MAT to an appropriate provider to continue treatment prior to appropriation of Opioid Restitution Funds or other funds.