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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony in Support of HB 1155
Testimony by Delegate Vaughn Stewart
March 1, 2024 • Health and Government Operations Committee

What the Bill Does:

HB 1115 will require emergency department doctors to offer one of the three FDA-approved medications for the treatment of opioid use disorder (MOUD) to patients who are brought into emergency rooms for an overdose or otherwise exhibit signs of opioid use disorder. The bill will allocate \$500,000 from the Opioid Restitution Fund to the Department of Health to be used to train and provide resources for emergency room doctors on MOUDs.

Why the Bill is Important:

The opioid crisis has increased dramatically in North America in recent decades, due to both illegal and prescription drugs. More than [2 million people](#) in the United States are estimated to have opioid use disorder (OUD), a chronic brain disease caused by prolonged use of prescription opioids, heroin, and other illicit opioids. Opioid-related deaths continue to rise: [in the United States](#), the number increased by 345% between 2001 and 2016, and more recently, [in Maryland](#), by 8.28% between 2018 and 2021. In 2021 alone, the state saw 13,623 overdose deaths.

MOUDs are an essential component of treatment for OUD. By ‘occupying’ the brain receptor sites affected by opioids, they stabilize brain chemistry, block euphoric effects of opioids, relieve physiological cravings, and normalize body functions without the harmful effects of the drug. These medications are essential because, by decreasing the response to future drug use, they allow people with OUD to restore functionality and re-integrate into their communities and families. The three most commonly prescribed medications are methadone, buprenorphine, and naltrexone.

However, at present, the majority of people with OUD in the United States do not receive this treatment. This is in part due to existing biases in favor of non-medication-based treatments, as well as the fact that the availability of MOUDs in many parts of the country is limited. Further, OUD treatment delivery settings are often separate from the rest of medical care. Many emergency rooms

only treat withdrawal or overdose symptoms, while referring the patient to a community provider to obtain further medication-based treatment.¹

Large proportions of patients who are brought into EDs to be treated for an overdose will experience a repeat overdose visit in the absence of outpatient care.² Therefore, one strategy to reduce the treatment gap and increase the use of MOUDs is through emergency department visits, by providing medication initiation in the ED and linking patients to ongoing care. This is how EDs treat anyone presenting with other chronic diseases, like diabetes or asthma, and evidence shows that individuals with OUD benefit from a similar approach.³

Once treated for OUD with medication, patients are less likely to experience a repeat overdose and more likely to continue long-term treatment. [In a study of 464 patients with OUD](#), results showed that when 86% received buprenorphine treatment in the ER, 50% remained engaged in treatment 1 month later. Buprenorphine treatment was therefore associated with a 2 times higher likelihood of 30-day engagement. Further, [in a recent study](#), Yale researchers found that physicians are more likely to prescribe and endorse medication-based treatments if they see their colleagues doing so. Thus, the measure could have a positive effect by reversing physician stigma around administering MOUDs.

Why the Committee Should Vote Favorably:

Bringing EDs across the state of Maryland on board and on pace with evidence-based medication-assisted treatment for OUD is essential. This strategy would ensure that more affected individuals are gaining access to life-saving treatment options at the point of care, and it would provide a much-needed missing link in the treatment gap. While the approach is already mandated in state prisons, and many hospitals have begun to voluntarily adopt it, the numbers show that it is not enough.

HB1115 will allow Maryland to take a critical step forward in addressing the opioid crisis. I urge a favorable report.

¹ [Emergency department-based efforts to offer medication treatment for opioid use disorder: What can we learn from current approaches?](#) (2021) Stewart, Maureen et. al.

² [Utilizing Buprenorphine in the Emergency Department after Overdose](#) (2018) Johns, Sade et. al.

³ [Initiating Buprenorphine Treatment in the Emergency Department](#) National Institute on Drug Abuse (NIDA)