



Maryland's Office of Overdose Response

Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Overdose Response

February 18, 2025

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

RE: SenateBill 793- Public Health - Opioid Overdose Reversal Drugs

Dear Chair Beidle:

Maryland's Office of Overdose Response (MOOR) respectfully submits this letter of opposition for Senate Bill (SB) 793, which aims to require a licensed health care provider, when issuing a standing order for an opioid overdose reversal drug, to allow an individual to choose any FDA-approved overdose reversal drug in any formulation, and which prohibits a requirement for certain public and private entities that prescribe and dispense opioid overdose reversal drugs to stock all FDA-approved overdose reversal drugs.

The Maryland Department of Health currently operates the Overdose Response Program (ORP) which provides naloxone to community-based organizations and other entities for distribution at no cost. Naloxone is safe, effective, and a proven life-saving tool in community-based environments. MOOR believes that MDH's efforts at overdose education and naloxone distribution are highly effective and rooted in best practices.

SB 793 would require the standing order issued by MDH to cover newer overdose reversal drugs, such as nalmefene. Nalmefene has not been used extensively in the community setting in the same way as naloxone, and nalmefene runs the risk of inducing more significant precipitated opioid withdrawal in patients. Opioid withdrawal may manifest moderate symptoms such as dysphoria or gastrointestinal problems, or it may manifest more severely with agitation or cardiac problems.¹ Precipitated withdrawal may lead someone who has just had an overdose reversed to avoid further treatment in the moment in favor of self-medicating. In 2023, the American College of Medical Toxicology and the American Academy of Clinical Toxicology released a joint position statement that expressed concern at the use of nalmefene and cautioned against using it in place of naloxone due to its potential to cause unintended harm.²

¹ Stolbach, A. I., Mazer-Amirshahi, M. E., Nelson, L. S., & Cole, J. B. (2023). American College of Medical Toxicology and the American Academy of Clinical Toxicology position statement: nalmefene should not replace naloxone as the primary opioid antidote at this time. *Clinical Toxicology*, 61(11), 952-955

² Ibid

Additionally, nalmeferne and other newer opioid overdose reversal drugs may incur a higher cost on the State's efforts to address the overdose crisis. For these reasons, MOOR believes that SB 793 does not improve the state's overdose response efforts.

If you would like to discuss this further, please do not hesitate to contact Benjamin Fraifeld, Associate Director for Policy & Advocacy at MOOR, 443-346-3013.

Sincerely,

A handwritten signature in black ink that reads "Emily Keller". The signature is fluid and cursive, with the first name "Emily" written in a larger, more prominent script than the last name "Keller".

Emily Keller
Special Secretary of Overdose Response
