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Chair, Charles, St. Mary's and Calvert
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Sponsor Written Testimony: Favorable

Senate Bill 594: Public Health – Use of Opioid Restitution Fund and Training Under the Overdose Response Program

Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee:

As many of us know, the opioid crisis has devastated countless communities across the country, including communities in Maryland. Senate Bill 594 simplifies the authorized uses from a multi-line breakdown of authorized uses in current law to a few streamlined categories that prioritize compassionate, evidence-based substance use disorder services, training, and programs throughout the entire continuum of care. Senate Bill 594 also adds critical language that acknowledges the disparities in access to treatment and health outcomes.

The Maryland Opioid Restitution Fund was created in 2019 to receive funds awarded from legal settlements with pharmaceutical companies and providers who contributed to fueling the opioid crisis in Maryland and other states.¹ While current law allows the Maryland Department of Health to authorize government agencies and non-governmental organizations to provide opioid overdose response training,² improvements are needed to ensure that all

¹ See, Opioid Restitution Advisory Council, *Maryland's Opioid Restitution Fund*, Maryland Department of Health: Maryland's Office of Overdose Response, <https://stopoverdose.maryland.gov/orf/> (last visited Feb. 12, 2025); see also, Maryland Attorney General Anthony G. Brown, *Attorney General Brown Completes Opioids Settlements with Teva, Allergan, Walmart, and Walgreens* (Feb. 28, 2024), <https://www.marylandattorneygeneral.gov/press/2024/022824a.pdf>.

² Maryland Statutes, Art. Health - General §13-3103(b)(2)(ii) (available at: <https://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=ghg§ion=13-3103&enactments=false>).

responders are providing evidence-based, compassionate care to individuals. To better prioritize evidence-based and human-centered approaches as called for by the Centers for Disease Control and Prevention (CDC), and public health scholars,³ Senate Bill 594 would clarify that opioid overdose response training should emphasize restoring the person’s breathing, helping that person avoid withdrawal symptoms, and providing the person with compassionate post-overdose support and care. As we continue to fight stigma and encourage individuals struggling with substance use disorder or other drug misuse to access resources Maryland offers, this clarity and guidance will be important to ensuring that all responders, no matter their biases or background, have the necessary response training to not further stigmatize or exacerbate the recovery process at any stage of the continuum of care for substance use response.⁴

Additionally, Senate Bill 594 will streamline and strengthen the authorized uses of the opioid overdose fund to reduce redundant language and add new language that emphasizes the need for racial disparities to be addressed in access to prevention, harm reduction, treatment, and recovery support services along the continuum of care. Senate Bill 594 will continue to authorize use of funds for evidence-based substance use disorder prevention, treatment, recovery, or harm reduction programs, services, supports, and resources, including community-based nonprofits that provide nonclinical substance use recovery support services.⁵ This authorization of community-based and evidence-based care allows Maryland residents to access a broad range of services in addressing substance use disorder at all stages, helping to repair the communities who were and continue to be harmed by the opioid crisis.

Senate Bill 594 then strengthens the current authorized uses by making sure that all races have equitable access to treatment programs throughout the continuum of care, ensuring that gaps in health equity related to substance use disorder and overdose⁶ can be reduced. According

³ Jessica Wolff, et. al., *The Overdose Response Strategy: Reducing Drug Overdose Deaths Through Strategic Partnership Between Public Health and Public Safety*, 28(6) J. Public Health Management Practice (Nov./Dec. 2022) p. S364 - S365 (available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9531982/pdf/jpump-28-s359.pdf>); see also, Jennifer J. Carroll, et. al., *Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States*, CDC (2018) p. 1, 4 <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Evidence-based-strategies-for-prevention-of-opioid-overdose.pdf>.

⁴ See, Redonna Chandler, et. al., *Community Selected Strategies to Reduce Opioid-Related Overdose Deaths in the HEALing (Helping to End Addiction Long-termSM) Communities Study*, 245 Drug and Alcohol Dependence Journal (2023) p. 1, 6-7 (available at: <https://doi.org/10.1016/j.drugalcdep.2023.109804>); see also, Erin Russell, et. al., *A Call for Compassionate Opioid Overdose Response*, 133 Int’l J. Drug Policy (2024) p. 1, 5-6 (available at: <https://doi.org/10.1016/j.drugpo.2024.104587>).

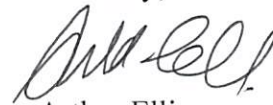
⁵ See, Maryland Senate Bill 594 (2025) p. 3, line 18 and p. 4, line 12 (available at: <https://mgaleg.maryland.gov/2025RS/bills/sb/sb0594f.pdf>).

⁶ Theresa Winhusen, et. al., *The Opioid-Overdose Reduction Continuum of Care Approach (ORCCA)*:

to a 2022 Maryland Racial Disparities in Overdose Task Force report, while overdose deaths have been reduced for non-Hispanic white Marylanders, overdose deaths have continued to rise for non-Hispanic Black Marylanders.⁷ Senate Bill 594 highlights the authorization for racial-equity focused solutions to ensure that opioid settlement funds and programming will be tailored to help all victims of this opioid crisis in Maryland.

Thank you and I ask for a favorable report on Senate Bill 594.

Sincerely,



Arthur Ellis

Evidence-based practices in the HEALing Communities Study, 217 *Drug and Alcohol Dependence Journal* 1, 4 (2020), <https://doi.org/10.1016/j.drugalcdep.2020.108325>; *see also*, Redonna Chandler, et. al., *Community Selected Strategies to Reduce Opioid-Related Overdose Deaths in the HEALing (Helping to End Addiction Long-termSM) Communities Study*, 245 *Drug and Alcohol Dependence Journal* (2023) p. 1, 6-7 (available at: <https://doi.org/10.1016/j.drugalcdep.2023.109804>).

⁷ *See*, Policy and Programmatic Recommendations for Addressing Widening Disparities in Overdose Outcomes Among Black Marylanders, Inter-Agency Heroin and Opioid Coordinating Council: Racial Disparities in Overdose Task Force (Oct. 25, 2022) p. 5, <https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2023/04/Racial-Disparities-in-Overdose-Task-Force-Policy-and-Programmatic-Recommendations.pdf>.