

SB 594 - Ellis Written Testimony.pdf

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Position: FAV

ARTHUR ELLIS, CPA
Legislative District 28
Charles County

DEPUTY MAJORITY LEADER

Finance Committee

Senate Chair

Joint Committee on the
Management of Public Funds

Chair, Charles, St. Mary's and Calvert
Counties' Senate Delegation



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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>).

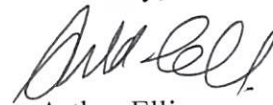
⁵ See, Maryland Senate Bill 594 (2025) p. 3, line 18 and p. 4, line 12 (available at: <https://mgaleg.maryland.gov/2025RS/bills/sb/sb0594f.pdf>).

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>.

NCADD-MD - 2025 SB 594 FWA - ORF Streamline - Sena

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee
February 18, 2025

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

NCADD-Maryland strongly supports Senate Bill 594 with one clarifying amendment. The intent of this bill is to ensure the expenditures Maryland can make with funds from the Opioid Restitution Fund (ORF) are in line with the allowable expenses specified in the National Settlement Agreement (NSA) and other settlements.

The General Assembly was prescient in establishing a special fund to receive and hold income to the State generated from the lawsuits against the manufactures, wholesalers, distributors and retailers for the actions that led directly to the opioid overdose crisis. Maryland created the ORF before the first, major national settlement was reached. As Maryland has begun the process of spending some of those settlement dollars, there is a realization that some of the language in the state statute is unintentionally limiting.

The intent of the section of the bill related to the allowable uses of the ORF is to have the state's uses match the uses described in the NSA and other settlement agreements. We believe this will add clarity, and actually expand the uses to some activities that were not included in our 2019 statute.

Importantly, **these changes do not eliminate any of the existing allowable expenditures.** Allowable expenses under current statute are included in the settlements. The changes proposed in the bill will explicitly allow items that are in alignment with settlements, including:

- Transportation
- Child care
- Housing
- Job training/placement
- Administrative costs that will better support community-based nonprofits

Due to an error in the bill as introduced, it does not fully remove the items from existing statute. We ask for an amendment to delete all the items under (1) on page 3 (lines 21 through page 4 line 11).

In general, this change would allow more projects and services related to social determinants of health to be funded. The allowable expenses in the settlements also consist only of evidence-based and evidence-informed practices. Having this alignment will make it more clear what state and local governments are allowed to fund. The bill also adds an emphasis on services that address racial disparities. While overdose deaths are down in Maryland, we continue to see a disproportionate number of people of color impacted.

Finally, the bill adds language to the training component of Overdose Response Programs regarding best practices in responding to overdoses, focusing on compassionate overdose response. While we support consumer choice with regard to all medications, NCADD-Maryland also believes that overdose reversal products that deliver high dosages and are long-acting are not needed as there is no evidence they are more effective than lower dosages. We also continue to have concerns about the potential harm caused by precipitating opioid withdrawal when higher dosages are used.¹

With one amendment, we ask this committee to give SB 594 a favorable report.

¹ <https://www.sciencedirect.com/science/article/pii/S0955395924002718#sec0013>

SB594_DanielCarlTorschFoundation_FAV

Uploaded by: Toni Torsch

Position: FAV



**Daniel Carl Torsch
Foundation**
New day. New beginning.

Date: February 14, 2025
Bill Number: SB 594
Position: Favorable

SB 594 - Public Health - Use of Opioid Restitution Fund and Training Under the Overdose Response Program

The Daniel Carl Torsch Foundation is strongly in favor of SB 594 that will expand the allowable uses of the opioid restitution fund. As we continue to confront the opioid crisis in our communities, it is vital that we take a holistic approach to addressing social determinants of health. The crisis has had a profound impact on families, particularly those who have lost loved ones and those who are working hard to rebuild their lives and futures.

The opioid epidemic has left many families grappling with not only the health consequences but also significant social and economic challenges. In addition to healthcare services and addiction recovery programs, families affected by opioid misuse face a range of barriers to achieving stability, such as lack of access to affordable childcare, transportation, and housing. These barriers can often delay or even derail the recovery process for individuals and families, making it harder for them to maintain employment, secure stable housing, and provide for their children's needs.

By allowing the opioid restitution fund to be used for programs that offer critical services like childcare, transportation assistance, and housing support, this legislation will provide much-needed relief to families working to overcome the effects of addiction. This expanded use of the fund recognizes the interconnected nature of recovery—ensuring families have access to the resources they need to thrive not just in their recovery journey, but in everyday life.

In addition, a vital point of this bill is to recognize the imperative language to include in the training component of the Overdose Response Programs. It's important to note that while naloxone is often life-saving, the goal is to reverse the overdose just enough to allow the person to breathe normally and to seek further medical care, rather than pushing them into severe withdrawal. There is a need for compassionate use and care. The right dose of naloxone balances saving the individual's life while minimizing the trauma of withdrawal symptoms. It is not best practice to use higher dosages of naloxone.

I urge you to support and advocate for the passage of this law, which will significantly improve the quality of life for families impacted by the opioid crisis. By helping families and individuals with these foundational needs, we will foster stronger, more resilient communities in the long term.

Thank you for your attention to this important issue. I am confident that with your leadership, we can make a positive and lasting difference for those most affected by the opioid epidemic.

Toni Torsch, Director
Daniel Carl Torsch Foundation
501(c)(3) non profit

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SB 594 - MML - FWA.pdf

Uploaded by: Bill Jorch

Position: FWA



Maryland Municipal League
The Association of Maryland's Cities and Towns

TESTIMONY

February 18, 2025

Committee: Senate Finance Committee

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

Position: Favorable with Amendments

Reason for Position:

The Maryland Municipal League (MML) supports Senate Bill 594 with amendment. The bill, as introduced, alters the eligible uses of opioid settlement dollars from Maryland's opioid restitution fund (ORF). MML's proposed amendment further aligns the eligible uses of ORF dollars with those in the national settlements, providing the State and local governments additional flexibility.

The ORF was originally established as a mechanism to receive disbursements from pending national settlements involving various actors in the production, distribution, and sale of opioid medication. It was created before the first opioid settlement agreement was finalized and allowed Maryland to be prepared to receive funds from the first, and future, settlements. However, along with the creation of the ORF, the State established eligible uses, as guardrails, for how money from the ORF could be spent by the State and other entities receiving ORF payments.

As the settlements have been completed, they too attached eligible uses to the funds disbursed by the national settlement administrator to the States. Now there are two sets of eligible uses that are not exactly aligned. In fact, the eligible uses in the settlements are now less restrictive than those in the State statute. In conjunction with the bill's provisions on page 3, lines 13-17, MML's proposed amendments align the eligibles uses with those in the settlements and remove any potential conflict with language in future settlements. This in turn provides the State and local governments with more flexibility to spend these settlement funds.

Amendment:

Strike lines 17-30 on page three.



Maryland Municipal League
The Association of Maryland's Cities and Towns

For these reasons, the Maryland Municipal League respectfully requests a favorable report on Senate Bill 594 with the above amendment. For more information, please contact Bill Jorch, Director, Public Policy and Research at billj@mdmunicipal.org. Thank you for your consideration.

The Maryland Municipal League uses its collective voice to advocate, empower and protect the interests of our 160 local governments members and elevates local leadership, delivers impactful solutions for our communities, and builds an inclusive culture for the 2 million Marylanders we serve.

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SB594 - MOOR - LOSWA.docx.pdf

Uploaded by: Emily Keller

Position: FWA



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: Senate Bill 0594 - Public Health - Use of Opioid Restitution Fund and Training Under the Overdose Response Program

Dear Chair Beidle:

Maryland's Office of Overdose Response (MOOR) respectfully submits this letter of support with amendments for Senate Bill (SB) 0594, which would amend the allowable uses of the Opioid Restitution Fund (ORF) in State Finance and Procurement Article 7331. The suggested amendments proposed in HB0729 would better align Maryland's ORF statute with the national opioid settlement allowable uses.

MOOR is in support of efforts to align State Finance and Procurement Article 7331 with the national settlement documents, as this was a recommendation from the ORF Advisory Council in 2024, however we believe that additional amendments would provide more clarity to state and local fund administrators and grantees.

Our suggested amendments are below:

- Change any reference to the Maryland Department of Health to Maryland's Office of Overdose Response
- Change any reference to the Secretary of Health to the Special Secretary of Overdose Response
- page 3, lines 18-20:
remove "that have the 20 purpose of:"
- page 3-4:
remove "i-xi"
- In Section 7-331(j), changing the date of the report due to the General Assembly from November 1 to December 15th annually which will allow more spending data to be included.

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,

Emily Keller, Special Secretary of Overdose Response

SB0594-FIN_MACo_SWA.pdf

Uploaded by: Sarah Sample

Position: FWA



Senate Bill 594

Public Health - Use of Opioid Restitution Fund and Training Under the Overdose Response Program

MACo Position: **SUPPORT**

To: Finance Committee

WITH AMENDMENTS

Date: February 18, 2025

From: Karrington Anderson and Sarah Sample

The Maryland Association of Counties (MACo) **SUPPORTS SB 594 WITH AMENDMENTS**. This bill makes necessary improvements to the existing framework governing the use of Opioid Restitution Fund (ORF) dollars, expanding the range of allowable uses to better align with the National Settlement Agreement.

Under current law, these funds are restricted to a specific list of activities outlined in §7-331 of the State Finance and Procurement Article, which predates the final terms of the National Settlement Agreement. SB 594 would modernize the law to ensure local governments have the flexibility needed to address the opioid crisis comprehensively and effectively.

MACo strongly supports the bill's intent to repeal the outdated statutory list and replace it with language referencing the National Settlement Agreement, which provides a broader and more adaptable framework for deploying settlement funds. This change acknowledges that opioid-related harm reduction and response efforts continue to evolve, and counties require a wider range of eligible expenditures to meet the unique needs of their communities.

Counties and Local Health Departments serve as the front-line responders to the opioid epidemic, using settlement funds to expand public health and safety interventions. Counties recommend some clarifying amendments to ensure that the expanded list of eligible uses is truly inclusive of the National Settlement Agreement's Appendix E, ensuring counties have full access to resources for innovative and effective programs.

These changes will provide local governments with the tools and flexibility necessary to combat the ongoing opioid crisis while remaining accountable to the public and aligned with national best practices. For these reasons, MACo urges the Committee to give SB 594 a **FAVORABLE WITH AMENDMENTS** report. MACo's proposed amendments are included on the following page.

MACo Proposed Amendments to SB 594

- On page 3, in lines 19-20, strike “that have the purpose of”
- On page 3, in lines 21 through 30, strike beginning with “(i)” down through “administrative expenses” in line 30.