



## Statement of Maryland Rural Health Association

To the House Health and Government Operations Committee

Chair: Delegate Pena-Melnyk

February 28, 2025

House Bill 1013: Maryland Medical Assistance Program and Health Insurance – Nonopioid Drugs for the Treatment of Pain

### **POSITION: SUPPORT**

Chair Pena-Melnyk, Vice Chair Cullison, Delegate Kerr, and members of the Committee, the Maryland Rural Health Association (MRHA) is in **SUPPORT** of House Bill 1013: Maryland Medical Assistance Program and Health Insurance – Nonopioid Drugs for the Treatment of Pain

Prescribing appropriate and effective therapies for pain management is critical for providing safe and comprehensive care. Many acute and chronic pain conditions can be treated “most effectively with nonopioid medications” (CDC). Not only can these nonopioid drugs manage pain, but they do not pose the same risks of opioid drugs. For example, an estimated “3% to 19% of people who take prescription pain medications develop an addiction to them” (Psychiatry.org). Thus, as approximately 100 million people in the United States suffer from some sort of acute or chronic pain, it is important to utilize nonopioid treatments, when appropriate, to prevent future addictions (Dey et al., 2024).

This is exceedingly important for Maryland and rural Marylanders as the opioid epidemic is still ongoing (Maryland Department of Health). Moreover, this bill’s support of nonopioid drugs is important for rural communities as “individuals in counties outside metropolitan areas have higher rates of drug poisoning deaths, including deaths from opioids” as well as a more than threefold increase in opioid poisonings compared to metropolitan areas (Keyes et al., 2014). Therefore, efforts to utilize nonopioid medications in the treatment of pain management are likely to have a significant impact on rural Marylanders. Furthermore, in order to achieve this impact, it is critical that nonopioid drugs not be limited by strict “step-therapy” or “fail-first” protocols. These protocols can be “applied with little regard to individual medical histories or vital treatment needs, as determined by the patient’s physician, increasing the risk of patients experiencing harmful consequences” (National Organization for Rare Disorders).

The Maryland Rural Health Association believes in safe, effective care. We believe that House Bill 1013 is important to support the health and well-being of rural Marylanders. We urge the committee to support HB 1013.

*On behalf of the Maryland Rural Health Association,  
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Centers for Disease Control and Prevention. (n.d.). Nonopioid therapies for pain management. Centers for Disease Control and Prevention. <https://www.cdc.gov/overdose-prevention/hcp/clinical-care/nonopioid-therapies-for-pain-management.html#:~:text=Many%20acute%20pain%20conditions%20can,without%20risk%20for%20serious%20harms>.

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Step therapy (fail first). National Organization for Rare Disorders. (2025, January 28). <https://rarediseases.org/policy-issues/step-therapy-fail-first/>