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Senate Finance Committee  
February 19, 2025  
House Bill 737 – *Public Health – Nonopioid Advance Directives*  
**POSITION: OPPOSE**

On behalf of MedChi, The Maryland State Medical Society, and the Maryland Chapter of the American College of Emergency Physicians, we submit this letter of opposition for House Bill 737. House Bill 737 authorizes a competent individual to make a nonopioid advance directive stating that the individual refuses the offer or administration of any opioid medication, including during an emergency when they cannot communicate their preference.

This bill raises significant concerns regarding patient care, clinical autonomy, and public health outcomes. While the bill intends to protect individuals from the potential harms of opioid use, it risks limiting essential pain management and complicating emergency medical interventions. First, there is the primary concern that having a separate nonopioid advance directive will cause administrative confusion, given that it could easily be separated from a patient's advance directive without the physician being aware of its existence.

Second, another concern with nonopioid advance directives is their impact on clinical decision-making, particularly in emergencies. Physicians and emergency medical providers must make rapid, evidence-based decisions to manage acute pain and trauma. By categorically prohibiting the use of opioids, even when medically necessary, this bill removes a critical tool from a physician's arsenal, potentially resulting in inadequate pain control and increased suffering for patients.

Opioids remain a cornerstone of effective pain management in certain conditions, including post-surgical recovery, severe injuries, and cancer-related pain. While concerns about opioid misuse are valid, nonopioid directives may lead to undertreatment of pain, which has been associated with negative health outcomes such as prolonged recovery times, increased psychological distress, and reduced quality of life. Patients who sign these directives may not fully understand the consequences of completely refusing opioids, particularly in unforeseen medical circumstances where nonopioid alternatives may be insufficient. Further, in situations where an opioid is the most effective option for pain relief, doctors would be legally bound to withhold necessary treatment, even if doing so contradicts their professional oath to alleviate suffering.

Additionally, hospitals and emergency departments follow well-established pain management protocols designed to balance effective pain relief with responsible opioid prescribing. A rigid nonopioid directive may disrupt these protocols, leading to inconsistencies in treatment and potential confusion among healthcare providers. We urge an unfavorable vote.

**For more information call:**

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