



Maryland
Hospital Association

House Bill 515 - Public Health – Local Drug Overdose Fatality Review Teams – Membership

Position: *Oppose*
February 24, 2026
House Health Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition to House Bill 515.

Hospitals strongly support the mission of Local Drug Overdose Fatality Review Teams and share the goal of preventing overdose deaths through meaningful cross-agency collaboration. We value the work these teams do and the thoughtful intent behind HB 515.

However, the bill's proposed change to hospital representation may unintentionally limit the effectiveness of these teams. The bill requires that hospital representatives serving on local overdose fatality review teams be limited to the executive roles of vice president, chief medical officer, or assistant medical officer. Current law appropriately requires hospital participation while allowing hospitals the flexibility to designate the individual best suited to contribute meaningful expertise. This flexibility has enabled hospitals to consistently appoint highly engaged, knowledgeable representatives with direct experience in clinical, operational, or community-based overdose prevention efforts.

In practice, many hospitals designate professionals such as pharmacists leading opioid stewardship initiatives, physicians specializing in addiction medicine, or clinical program directors deeply familiar with overdose response and prevention. These individuals often have the most relevant expertise and are actively involved in the work that informs local review team discussions, decision-making, and recommendations. HB 515 would exclude these subject matter experts solely based on job title.

By contrast, very senior executives—such as hospital presidents or chief medical officers—play essential roles in overseeing systemwide operations and clinical quality. However, due to the breadth of their responsibilities, they are not always most closely involved in day-to-day overdose prevention initiatives. While they may participate when appropriate, requiring that the hospital representative be limited to certain executive titles may inadvertently restrict hospitals from appointing the most knowledgeable and actively engaged subject matter experts. -wide operations and clinical quality. However, due to the breadth of their responsibilities, they are not always -to-day overdose prevention initiatives. While they may participate when appropriate, requiring that the hospital representative be limited to certain executive titles may inadvertently

restrict hospitals from appointing the most knowledgeable and actively engaged subject-matter experts.

Additionally, we are unaware of evidence indicating a statewide concern with hospital participation under the current structure. The Maryland Department of Health's [2019 report on Local Overdose Fatality Review Teams](#) shows that hospitals were among the agencies most frequently able to provide information from their records during case reviews, reflecting meaningful participation and collaboration.

Existing law already allows hospitals to designate an executive leader when that is the most appropriate representative. Hospitals also have strong operational and communitydriven incentives to remain active contributors to overdose fatality review efforts. It is important that hospitals be able to continue designating the representatives best equipped to support this important collaborative work.-driven incentives to remain active contributors to overdose fatality review efforts.

For these reasons, we request an unfavorable report on HB 515.

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