

SB394
Letter of Information

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
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DATE: February 17, 2022

Johns Hopkins would like to provide information relating to SB394 Statewide Targeted Overdose Prevention (STOP) Act of 2022. This bill would require community service programs (homeless service program, intensive outpatient program, OTP and Reentry program), public entities (health care provider, local health department, community-based organization, substance abuse treatment organization) to deliver naloxone free of charge. The State Integrated Health Improvement Strategy requires a statewide approach to reduce the opioid mortality rate. Broader distribution of naloxone is a reasonable tool to work to achieve this goal.

As the Committee is aware, naloxone is an important tool in the fight against the opioid epidemic and should be widely available. Johns Hopkins is the only health system in the state that is designated as an Overdose Response Program (ORP). This allows all of the hospitals in our health system to dispense naloxone at no cost to patients at risk for an opioid overdose at the point of discharge from the emergency departments. In 2021, across all the hospitals, Johns Hopkins distributed 382 naloxone kits. A large reason this program is successful is because the naloxone supply is provided by the State at no cost.

If the State is requiring expanded naloxone distribution, the State should provide the naloxone to all of the programs listed in the bill, mirroring what is in place to supply naloxone currently for all state approved ORPs. Additionally, special consideration should be made to ensure there is enough naloxone supply available in the State for the expanded distribution. Finally, it would be helpful to understand if all community service programs and public entities outlined in the bill would be required to become an ORP or if a separate pathway would be created to obtain naloxone supply, meet naloxone training requirements, and report any required data back to the state.