



Howard Beard Health Services Building
3 Harry S. Truman Parkway
Annapolis, Maryland 21401
Phone: 410-222-7095 Fax: 410-222-7294
Maryland Relay (TTY): 711
www.aahealth.org

Nilesh Kalyanaraman, MD, FACP
Health Officer

2022 SESSION
Written Testimony

BILL NO: HB0408
COMMITTEE: Health and Government Operations
POSITION: Letter of Support with Amendments
TITLE: Statewide Targeted Overdose Prevention Act of 2022

Bill Analysis:

HB0408 addresses several elements to increase the availability of naloxone to individuals experiencing non-fatal opioid overdoses as well as individuals in treatment for substance use disorders by authorizing EMS, Homeless services programs, intensive outpatient programs, Opioid Treatment Programs and Reentry Programs to dispense naloxone or otherwise make it available at no charge to participants.

Proposed Amendments:

We are proposing an amendment on Page 3 item (4), American Society of Addiction Medicine (ASAM) does not designate the level of care, the state (BHA) licenses and certifies providers' levels of care. Also, on Page 3 item (5), COMAR 10.47.02.11. has been replaced by COMAR 10.63. We would also like to ensure that funding is provided to agencies and local health departments to supply the naloxone. This bill should not pass as an unfunded mandate.

Position Rationale:

The Anne Arundel County Department of Health supports HB0408 with appropriate funding. The CDC, SAMHSA, NIDA, FDA and NIH all endorse that Naloxone saves lives. The efficacy of bystander

administration of naloxone was recently reaffirmed by meta analysis.¹ The more readily available naloxone is within high risk and PWUD communities, the more likely it is to be used during an overdose when early intervention is most effective. Our own experience providing naloxone as well as research indicates that dispensing naloxone is more effective at getting these life saving medications into the community than other methods (such as prescribing).

HB0408 provides the legislative authority for EMS to provide leave behind naloxone. Emergency Medical Services are trusted messengers within their communities and are likely to engage with individuals, their families and social network and thus widening the availability of the life saving medication to reach those most at risk of dying from an opioid overdose.² EMS has been a valuable partner in battling the opioid crisis and expanding their scope enhances this partnership.

HB0408 would reduce barriers and stigma associated with accessing naloxone through prescription by assuring that the medication was provided by service providers and healthcare workers likely to interact with those with substance use disorders and or experiencing a nonfatal opioid overdose.

Dispensing this life saving medication reduces stigma and other barriers (getting to the pharmacy, finding naloxone in stock, cost, and eliminate concerns that insurance may be impacted). Requiring healthcare providers and other service providers to dispense naloxone increases its availability within the community and reduces provider resistance to providing it.

Naloxone is an antidote to an opioid overdose and we believe that increasing its availability within the community will save more lives.

Sources:

¹Giglio, Rebecca & Li, Guohua & Dimaggio, Charles. (2015). Effectiveness of bystander naloxone administration and overdose education programs: A metaanalysis. *Injury Epidemiology*. 2. 10.1186/s40621-015-0041-8.

²Scharf BM, Sabat DJ, Brothers JM, Margolis AM, Levy MJ. Best Practices for a Novel EMS-Based Naloxone Leave behind Program. *Prehosp Emerg Care*. 2021 May-Jun;25(3):418-426. doi: 10.1080/10903127.2020.1771490. Epub 2020 Jun 23. PMID: 32420791.