



**House Health & Government Operations Committee
March 27, 2024**

Senate Bill 1071 – Hospitals - Opioid Overdose - Medication-Assisted Treatment

Support

NCADD-Maryland supports Senate Bill 1071 with the sponsor’s amendments. The evidence is clear that additional interventions in many hospitals are needed to ensure that people who enter emergency departments due to opioid overdoses receive effective help. While it is common for hospitals to provide people with naloxone, and more and more hospitals employ peers to work with individuals, there are many hospitals that do not initiate medications used in the treatment of opioid use disorders (OUDs) and also facilitate connection to community-based services upon discharge.

Many studies in numerous countries point to these best practices. As far back as 2015, research indicated that medication induction in emergency departments resulted in greater engagement in treatment in the community. The Baltimore City Health Department, in 2018, launched the Levels of Care initiative to rank the capacity of area hospitals to provide effective interventions with the highest level including medication initiation.

Just last month, additional research showed yet again that implementing low-threshold access to medications for OUD in emergency departments was associated with a substantially higher likelihood of follow-up treatment engagement one month later.

Senate Bill 1071, with the sponsor’s amendments, requires all hospitals to implement protocols that offer medication to people with opioid use disorders in emergency departments. Community-based treatment programs providing treatment with buprenorphine and/or methadone have long partnered with many hospitals and desire to develop new relationships where they do not exist. In areas of the state where community-based programs are scarce, primary care providers who prescribe buprenorphine can be connected to hospitals to receive referrals.

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In all jurisdictions in the state, peers and recovery community organizations stand willing and able to assist with these connections. The provision of medication while in the emergency department can be used to manage withdrawal symptoms and allow for the time needed for facilitated connection to ongoing treatment outside the hospital.

The number of overdose deaths in Maryland in August of 2023 increased by nearly 3% compared to August of 2022. The tens of millions of dollars coming to the state from the opioid manufacturers must be spent on activities that provide intervention, treatment and recovery support services.

We believe it is time for all hospitals to provide these services in order to address the overdose crisis and we urge a favorable report with the sponsor's amendments.