February 17, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Information - Senate Bill 394 - Statewide Targeted Overdose Prevention (STOP) Act of 2022

Dear Chair Kelley:

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 394. According to Maryland’s Opioid Operation Command Center, there were 2,518 opioid-related fatalities in 2020, the most since data was first reported in 2011.1 The Centers for Disease Control and Prevention reported U.S. drug overdose deaths hit a new high—96,000—between March 2020 and March 2021.2

Naloxone is a medication that can rapidly reverse an opioid overdose. The General Assembly passed the Heroin and Opioid Prevention Effort and Treatment (HOPE) Act in 2017, which required hospitals to establish discharge protocols for patients with a substance use disorder. Four components were recognized as a key part of hospital protocols, including offering naloxone to patients in the emergency department (ED) with an opioid overdose or at risk for opioid use disorder.3

Since 2017, many hospitals adopted procedures to give naloxone to patients discharged from the ED, either directly or with a prescription. These programs, particularly direct dispensing, are often conducted in partnership with the state or local health departments, which help cover some or all the cost. In some cases, it may be more appropriate to give patients who take opioids for chronic pain a prescription for naloxone, which defrays the cost through insurance.

For the program to be effective it is essential that the organization that administers naloxone and the patient are not responsible for the full cost. The Governor’s staff indicated there will be an amendment to ensure state funding.

We hope you find this information useful as you deliberate on SB 394.

For more information, please contact:
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1 beforeitstoolate.maryland.gov/oocc-data-dashboard/