



Senate Bill 757

Public Health – Drug Overdose Prevention

MACo Position: **SUPPORT**

To: Finance Committee

Date: March 19, 2015

From: Natasha Mehu

The Maryland Association of Counties (MACo) **SUPPORTS** SB 757. Opioid-related deaths and usage continue to rise in epidemic proportions. The Overdose Response Program (ORP) is a valuable tool for local governments as the program helps to ensure that the people who are best situated to prevent an overdose are trained and able to do so. The Prescription Drug Monitoring Program (PDMP) helps to identify and prevent prescription drug abuse and diversion that can lead to overdose or crimes.

Under the ORP, individuals are trained and certified to administer naloxone, a life-saving medicine that reverses an opioid overdose. The program is overseen by the Department of Health and Mental Hygiene which authorizes private or public entities, such as local health departments or public safety agencies, to conduct educational training programs for the use of the medication.

SB 757 alters the ORP to increase program flexibility and access. The bill expands who is authorized to provide trainings to include advanced practice nurses and pharmacists. SB 757 also authorizes naloxone to be prescribed and dispensed through standing orders issued by a licensed physician or an advanced practice nurse who is either employed by the Department or a local health department, or who supervises or conducts trainings under the ORP. This authority can be delegated to certain nurses, and employees or volunteers of entities authorized to conduct trainings under the ORP. The standing order provision also allows any health care provider with dispensing authority to dispense naloxone to any certificate holder. Furthermore, any licensed physician or advanced practice nurse may prescribe and dispense naloxone to any individual they believe may be in a position to assist an individual experiencing an opioid-related overdose.

The effectiveness of the ORP lies in the capacity to have staff available to provide trainings and in providing access to naloxone for those trained and those in need. Expanding who may provide trainings helps to increase the number of trainings that may be held around the state. The standing order provisions help to ensure the people who are at most risk for an overdose, as well as their friends and family who are in the best position to help, will have naloxone on hand when needed.

Finally, SB 757 alters the PDMP to broaden data sharing with appropriate stakeholders. The bill requires the disclosure of prescription monitoring to certain additional entities including Local Drug

Overdose Fatality Review Teams. This data sharing is important to assist in identifying prescription drug abuse and unlawful prescription drug diversion.

As part of its 2015 legislative initiatives, MACo advocates for comprehensive legislation and budget initiatives to address the growing opioid problem confronting each county and the unique needs of their communities. The changes made to the ORP maximizes the program's potential for getting individuals trained and equipped to save a life by administering naloxone. This will help reduce the number of overdose deaths faced by local jurisdictions. The changes made to the PDMP will facilitate data sharing with invested local stakeholders to help identify and stop prescription drug abuse. For these reasons, MACo urges a **FAVORABLE** report on SB 757.