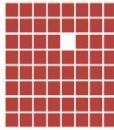




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Maryland Chapter
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Maryland Chapter

TO: The Honorable Shane E. Pendergrass, Chair
 Members, House Health and Government Operations Committee
 The Honorable William Folden

FROM: Pamela Metz Kasemeyer
 J. Steven Wise
 Danna L. Kauffman

DATE: February 21, 2017

RE: **OPPOSE UNLESS AMENDED** – House Bill 856 – *Co-Prescribing Naloxone Saves Lives Act of 2017*

The Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, the Mid-Atlantic Association of Community Health Centers, and the Maryland Chapter of the American Academy of Pediatrics submit this letter of **opposition** for House Bill 856, **unless amended**.

House Bill 856 requires the Secretary of the Department of Health and Mental Hygiene (DHMH) to establish guidelines for the co-prescribing of opioid overdose reversal drugs that are applicable to all licensed health care providers in the State who are authorized to prescribe a controlled dangerous substance. The guidelines must address the co-prescribing of opioid overdose reversal drugs for patients who are at an elevated risk of overdose. “Co-prescribing” means the practice of prescribing an opioid overdose reversal drug in conjunction with an opioid prescription for a patient at an elevated risk of overdose, or an opioid agonist for the treatment of an opioid use disorder.

Opposition to this legislation as drafted is not opposition to the co-prescribing of opioid reversal drugs or lack of recognition of the need to aggressively address the growing incidences of substance abuse, overdose, and overdose deaths. Rather our opposition arises from concern about DHMH developing its own guidelines when there are existing national guidelines and other nationally recognized standards regarding co-prescribing and other relevant prescribing practices. The development of State specific guidelines for co-prescribing could potentially create conflicting standards of care; foster uncertainty in the prescribing community of what guidelines apply in which circumstances; and fail to reflect the evolving standards of practice. There is no need for the State to develop its own guidelines, rather the State should be educating and informing prescribers and others about nationally recognized guidelines and prescribing practices and encouraging their adoption; but not defining them in statute or regulation where they will be static and fail to keep pace as the nationally recognized standards of care evolve over time.

Unless amended accordingly, an unfavorable report is requested.

For more information call:

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