

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 28-17

INTRODUCED BY: MedChi Medical Student Section

SUBJECT: Expansion of Opioid Crisis Treatment Centers

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1 Whereas, Maryland had 1,856 deaths due to opioid overdose in 2016, almost twice that of 2015<sup>1</sup>; and

2  
3 Whereas, According to the Center of Disease Control (CDC) the number of opioid overdoses has increased  
4 four fold since 1999<sup>5</sup>; and

5  
6 Whereas, The opioid epidemic in Maryland has affected individuals in every county regardless of age, race  
7 or gender<sup>1</sup>; and

8  
9 Whereas, Only 1 in 10 individuals nationally struggling with addiction have access to treatment<sup>2</sup>; and

10  
11 Whereas, 32 percent of Maryland Medicaid enrollees with a substance use disorder visited the emergency  
12 department three or more times in a one-year period<sup>9</sup>; and

13  
14 Whereas, In 2016 the Baltimore Metropolitan area (Baltimore City, Baltimore County, Anne Arundel,  
15 Harford, Carroll and Howard Counties) had the highest increase in opioid-related deaths in the state,  
16 followed by the Northwest area (Garrett, Allegany, Washington, Frederick)<sup>1</sup>; and

17  
18 Whereas, The Maryland General Assembly recognizes that Maryland is in a state of crisis with regards to  
19 the opioid epidemic, with over forty bills being introduced on the topic in the 2016-2017 General Assembly  
20 legislative session<sup>7</sup>; and

21  
22 Whereas, The Governor “allocated approximately \$23.5 million in the FY2018 budget “to combat opioid  
23 and substance use disorders,” and in the budget bill expressed “the intent of the General Assembly that the  
24 Governor assign an individual in the Executive Branch on a permanent basis who will be designated to  
25 administer the Governor’s authority to operationally address the heroin, opioid, and fentanyl overdose  
26 crisis, until such a time that the crisis can be satisfactorily controlled and eliminated”<sup>7</sup>; and

27  
28 Whereas, The Heroin and Opioid Prevention Effort Act (the HOPE Act SB967/HB1329) and the Heroin  
29 and Opioid Education and Community Action Act of 2017 (the Start Talking Maryland Act,  
30 SB1060/HB1082) passed by the Maryland General Assembly in 2017 call for a series of measures to  
31 address the opioid epidemic in the state, including the requirement of a 24/7 state crisis center<sup>2</sup>; and

32  
33 Whereas, The HOPE Act requires “the Behavioral Health Administration to establish certain crisis  
34 treatment centers that provide individuals who are in a mental health or substance abuse disorder crisis with  
35 access to certain clinical staff; requiring that at least one crisis treatment center be established on or before a

certain date; requiring the Administration to establish the crisis treatment centers in a manner that is consistent with a certain plan; requiring the Administration to submit a certain report to a certain committee beginning on or before a certain date, and on or before a certain date each year thereafter, until the Administration establishes a certain number of certain crisis treatment centers”<sup>6</sup>; and

Whereas, During the 2016-2017 Maryland General Assembly legislative session, MedChi worked closely with the State to tackle the opioid epidemic, and specifically focused on passage of the HOPE Act, which entails development and implementation of opioid crisis treatment centers which may include stabilization centers<sup>7</sup>; and

Whereas, A stabilization center, is a facility that provides voluntary care to individuals who are severely intoxicated as an alternative to an expensive emergency room visit, offering individuals a bed, rehydration and electrolyte replacement, medical screening and evaluation, basic first aid, food, clothing, showers, screening and referral for substance abuse, mental health and physical health disorders, without a focus on intervention<sup>8</sup>; and

Whereas, Baltimore City and Anne Arundel county are opening crisis treatment centers for opioid crises<sup>3,4</sup>; and

Whereas, Given the urgency of the opioid epidemic, particularly in the state of Maryland, further expansion of crisis treatment centers is necessary; and

Whereas, The Baltimore City Health Commissioner calls for expansion of Stabilization centers to 10 centers in Baltimore City<sup>2</sup>; and

Whereas, 74 medical schools have signed on to the AAMC statement that urges medical schools and teaching hospitals to continue an ongoing commitment to opioid-related education and training<sup>5</sup>; and

Whereas, The AMA Opioid Task force includes efforts to “1) Register and use state prescription drug monitoring programs, 2) Enhance education and training, 3) Support comprehensive treatment for pain and substance use disorders, 4) Help end stigma, 5) Co-prescribe naloxone to patients at risk of overdose, and 6) Encourage safe storage and disposal of opioids and medications; therefore be it

Resolved, That MedChi advocate for expansion of Maryland’s crisis treatment centers throughout the state; and

Resolved, That MedChi support legislation that promotes the expansion of Maryland’s crisis treatment centers throughout the state; and

Resolved, That MedChi promote physician, resident and medical student education regarding the opioid crisis in Maryland and the services available for patients through the HOPE Act.

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Fiscal Note: Included in existing AMA Delegation and legislative advocacy budgets.

References:

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24 As amended and adopted by the House of Delegates at its meeting on September 23, 2017.

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