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

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

Whereas, According to the Center of Disease Control (CDC) the number of opioid overdoses has increased four fold since 1999; and

Whereas, The opioid epidemic in Maryland has affected individuals in every county regardless of age, race or gender; and

Whereas, Only 1 in 10 individuals nationally struggling with addiction have access to treatment; and

Whereas, 32 percent of Maryland Medicaid enrollees with a substance use disorder visited the emergency department three or more times in a one-year period; and

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

Whereas, The Maryland General Assembly recognizes that Maryland is in a state of crisis with regards to the opioid epidemic, with over forty bills being introduced on the topic in the 2016-2017 General Assembly legislative session; and

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

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

Whereas, The HOPE Act requires “the Behavioral Health Administration to establish certain crisis treatment centers that provide individuals who are in a mental health or substance abuse disorder crisis with 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; 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; 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; and

Whereas, Baltimore City and Anne Arundel county are opening crisis treatment centers for opioid crises; 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; 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; 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.

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

References:


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