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Testimony of the Office of Behavioral Health
Department of Health and Human Services

Before the Joint Standing Committee on Health and Human

In Support of LD 1333
An Act Concerning the Dispensation of Naloxone Hydrochloride by Emergency Medical Services Providers

Sponsored by: Representative Zager
Hearing Date: April 23, 2021

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services, I am Dr. Jessica Pollard, Director of the Office of Behavioral Health (OBH) in the Department of Health and Human Services. I am here today to speak in support of LD 1333, An Act Concerning the Dispensation of Naloxone Hydrochloride by Emergency Medical Services Providers, as amended.

This bill authorizes Emergency Medical Services (EMS) persons, ambulance services, and non-transporting EMS to administer intranasal naloxone hydrochloride if they have received medical training in accordance with protocols adopted by the Medical Direction and practices Board. The bill language as written allows EMS personnel to administer intranasal naloxone, which already occurs. We understand the intent of this bill was to allow EMS to dispense/distribute intranasal naloxone as "leave behinds". We support such amended language.

The interaction between EMS and a person experiencing an overdose represents a critical opportunity for lifesaving intervention and connection to care. People with other comorbid conditions in addition to Substance Use Disorder (SUD), such as mental illness or homelessness, largely lack access to any source of medical care other than that provided via emergency services. About 15-20% of patients treated for nonfatal overdose by EMS are unwilling to be taken to a hospital for follow-up care[1] so this interaction may be the sole opportunity for providing a potentially life-saving connection to harm reduction and treatment resources.

Recognizing the missed opportunity for intervention inherent in post-overdose transport refusal, some EMS systems have recently begun instituting public safety-based naloxone leave behind

[1] Barefoot, Elizabeth H., Julianne M. Cyr, Jane H. Brice, Michael W. Bachman, Jefferson G. Williams, Jose G. Cabanas, and Kyle M. Herbert. "Opportunities for Emergency Medical Services Intervention to Prevent Opioid Overdose Mortality." *Prehospital Emergency Care: Official Journal of the National Association of EMS Physicians and the National Association of State EMS Directors*, April 2, 2020, 1-9. http://doi.org/10.1080/10903127.2020.1740363.

programs that allow EMS personnel to "leave behind" naloxone kits at the scene of an overdose.[2] This model provides a direct distribution of naloxone kits to individuals who have survived an overdose, as well as concerned family, friends, or loved ones, immediately following the overdose event. EMS naloxone leave behinds represent a unique opportunity to increase the availability of naloxone among those members of the community who are at the greatest risk of experiencing or witnessing an overdose.[3]

Thank you for your time. I would be happy to answer any questions you may have and to make myself available for questions at the work session.

[2] Scharf, Becca M., David J. Sabat, James M. Brothers, Asa M. Margolis, and Matthew J. Levy. "Best Practices for a Novel EMS-Based Naloxone Leave behind Program." *Prehospital Emergency Care 0*, no. 0 (May 18, 2020): 1-9. http://doi.org/10.1080/10903127.2020.1771490.

[3] Olfson, Mark, Melanie Wall, Shuai Wang, Stephen Crystal, and Carlos Blanco. "Risks of Fatal Opioid Overdose during the First Year Following Nonfatal Overdose." *Drug and Alcohol Dependence* 190 (September 1, 2018): 112-19. http://doi.org/10.1016/j.drugalcdep.2018.06.004.