



Councilman Mark Conway
Baltimore City Council *Fourth District*

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TESTIMONY IN SUPPORT OF HB1131
Public Health - Buprenorphine - Training Grant Program and Workgroup

Date: March 21, 2025

From: Mark Conway, Councilman
Baltimore City, District 4

To: Chairwoman Pena-Melnyk, Vice-Chair Bonnie Collison and Members of the Health and Government Operations Committee.

Re: SUPPORT FOR HB 1131

Thank you for the opportunity to testify in **support of HB 1131**, which seeks to expand access to buprenorphine through paramedic training grants and the establishment of a statewide workgroup.

Baltimore City has been profoundly affected by the opioid crisis. In 2022, we recorded 904 opioid overdose deaths, a stark indicator of the epidemic's grip on our community ([Reuters](#)). While preliminary data for 2024 shows a 35% decrease in overdose deaths, with 680 fatalities reported, this number remains alarmingly high and underscores the urgent need for comprehensive interventions.

To put this into perspective, Baltimore's overdose death rate in 2024 was approximately 116.1 per 100,000 residents, significantly higher than the statewide average of 25.1 per 100,000. ([Baltimore Health Dept](#)). This disparity highlights the unique challenges our city faces and the necessity for targeted solutions.

One promising approach is empowering our **paramedics** to administer buprenorphine in the field. As you may be aware, Frederick County's Mobile Integrated Health Unit recently piloted a program where community paramedics, alongside peer recovery coaches, have effectively administered buprenorphine to individuals in crisis. This intervention not only provides immediate relief but also facilitates connections to long-term treatment, increasing the likelihood of sustained recovery.

In fact, Baltimore City is already considering legislation, which I sponsored, to allow for the administration of buprenorphine following the successful use of naloxone. This bill builds on the understanding that individuals who survive an overdose are often at high risk for experiencing another. By offering buprenorphine at this critical moment, we can provide a bridge to recovery and reduce the likelihood of a repeated overdose. HB 1131 would complement this effort by creating statewide resources to train paramedics and support local initiatives like ours.

HB 1131 aims to replicate and expand upon such successes by:

- **Establishing a Buprenorphine Training Grant Program:** This initiative will assist counties in offsetting the costs associated with training paramedics, enabling more communities to implement similar programs.
- **Utilizing the Opioid Restitution Fund:** Allocating these funds underscores our commitment to supporting life saving initiatives without imposing additional financial burdens on local jurisdictions.
- **Forming a Statewide Workgroup:** By examining access gaps, workforce capacity, and best practices, this workgroup will provide strategic guidance for scaling buprenorphine administration across Maryland.

The urgency of this initiative cannot be overstated. The workgroup to study gaps in buprenorphine access across Maryland requires a one-time \$56,000 appropriation. Compared to the staggering costs of opioid use disorder, this amount is negligible. In 2017, Maryland spent an estimated \$6.6 billion on opioid use disorder alone. The cost of fatal opioid overdoses that year was even higher, reaching \$22.9 billion. These figures account for healthcare expenses, substance use treatment, criminal justice costs, lost productivity, reduced quality of life, and the economic value of lives lost.

That same year, Maryland saw about 1,985 opioid-related deaths. Last year, that number climbed to over 2,300, which means the financial burden has only grown. Expanding access to medication-assisted treatment, like buprenorphine and naloxone, has been shown to reduce opioid-related deaths by 13.9%, from 12,660 to around 10,894 per year. On top of that, the cost savings per person for buprenorphine treatment is estimated to be \$60,000 ([CDC](#)).

In Baltimore, we have already taken steps to address this crisis through initiatives like the "Healthcare on The SPOT" mobile unit, which offers low-threshold treatment for substance use disorders, including buprenorphine prescriptions. ([Health Baltimore](#)). However, expanding the capacity of our paramedics to administer buprenorphine can further enhance our response, especially during critical moments when individuals are most vulnerable.

I strongly urge the committee to support HB 1131. By equipping our first responders with the necessary tools and training, we can make significant strides in reducing overdose deaths, addressing health disparities, and offering a pathway to recovery for those battling addiction.

Thank you



Mark S. Conway, Jr.