

Testimony for **Bill 1131 : Public Health – Buprenorphine – Training Grant Program and Workgroup**

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- Testimony in support of HB 1131
- This bill is a significant opportunity for the State of Maryland to “Lead the Nation” with impactful solutions to address the opioid epidemic and to study highly impactful interventions that can save the lives of Maryland residents.

My Professional Background

- It has been an honor to practice medicine in Maryland for nearly 30 Years and to have trained in public health, primary care, emergency medicine, and patient safety.
- For much of my career, I was an emergency medicine physician and patient safety specialist and the former Chief Safety Officer for the largest EM group in the Mid-Atlantic region. I went into Emergency Medicine to save lives; I now practice Addiction Medicine to save lives and families and to serve communities.
- My medical practice focuses on complex, co-occurring addiction medicine in Central Maryland; however, we provide service to patients in many regions throughout the State.
- I serve on the American Society of Addiction Medicine Presidential Taskforce for integrating addiction care into US hospitals and emergency departments, as well as the Med Chi Opioid Committee, the Anne Arundel County Opioid Overdose Prevention Team, The Anne Arundel County Fatal Overdose Review Team and the AAC Harm Reduction Committee. I am committed to helping the State design and implement programs and evidence-based interventions that will help Maryland combat the opioid epidemic.

Why form a group to study the possibility of paramedic units in the state implementing buprenorphine administration?

- The option to have Maryland paramedics trained and equipped to administer a dose of buprenorphine to select qualified individuals in an opioid crisis will likely save many lives.

Buprenorphine is one of the safest and most effective treatments for Opioid Use Disorder (OUD) and can be effectively provided by EMS units for patients in opioid crisis.

- Evidence from prior studies has clearly shown that Paramedic administered buprenorphine is safe, feasible and significantly improves outcomes.
- The post-overdose period is one of the **ideal times** to provide an urgent “recovery dose” of buprenorphine. It could serve to help protect the patient throughout the day from another overdose event.
- The 24 hours after an overdose is the highest risk time for subsequent overdose events.
- When there is an initial overdose, and Narcan has been administered, patients often experience 10 out of 10 opioid withdrawal severity. Most of these patients are unwilling to go to the hospital, and most who are transported to the hospital leave before receiving care. It is believed they do so due to the severity of their withdrawal symptoms.

Buprenorphine administered under the tongue by a paramedic has the following advantages:

- 1) Decrease immediate and delayed withdrawal symptoms and decrease the likelihood of further use of opioids that day
- 2) Decrease cravings at baseline for opioids
- 3) Provide some degree of protection from overdose if additional opioids are used that day
- 4) Increase the likelihood that people will follow up with referrals to care

- Buprenorphine treatment is one of our safest and most effective treatments and likely the greatest opportunity to expand access to care.
- Our paramedics are highly capable and well-trained crisis providers.
- **I see a day when every paramedic and every medical unit can provide access to a stabilizing dose of buprenorphine for people in need.** They stabilize asthma, heart attacks, strokes, trauma, etc. – post-overdose or other opioid crisis states are no different. Our EMS providers are on the front lines of the opioid epidemic, and we need to study how to best utilize their skills and services.

Patient Safety – Errors of Omission

- In patient safety, we are sensitive to committing errors. Most sensitivity is for avoiding Errors of Commission – acts contributing to harm. We need to increase our awareness of Errors of Omission – Harm that happens when we fail to act. For mental health and addiction care, too often, there are errors of omission. Not allowing our paramedics throughout the state to be trained, equipped, and encouraged to provide buprenorphine, and clearly defined circumstances would be an error of omission and result in additional deaths of Maryland citizens
- **Maryland can lead the way**, not in mortality but in addressing the opioid epidemic, leading the rest of the nation in developing evidence-based, transformational systems for universal access to the most effective treatments.

Thank you,


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