



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

HB1131: Public Health - Buprenorphine - Training Grant Program and Workgroup
Senate Finance Committee
Wednesday, March 5th, 2025 1:00PM

Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee,

HB1131 proposes a training grant program to train Maryland's paramedics to administer buprenorphine in the field with funding earmarked from the opioid restitution fund. The aim of this bill is to equip paramedics across Maryland with the necessary training to initiate buprenorphine in the field, thereby enabling rapid and emergency access to this lifesaving medication for individuals experiencing acute withdrawal symptoms after an opioid overdose. The bill also stipulates that a workgroup is convened to efficiently study access to buprenorphine in the state.

The goals of this workgroup are to address service gaps and ensure sustainable support for expansion efforts, with the report on findings due to the Governor by December 31, 2025. The proposed workgroup will identify infrastructure needs for MIEMMS, linking patients to next-day care for ongoing treatment of opioid addiction with buprenorphine.

Buprenorphine is safe and effective when appropriately prescribed. It is a partial agonist of the opioid receptor and weakly mimics the effects of opioids, thus curbing acute withdrawal symptoms. However it has a much lower abuse potential than opioids. It has a ceiling effect with respect to how much respiratory depression it can cause, and thereby is much less fatal in the case of an overdose¹. Buprenorphine has the ability to block the full effects of subsequently ingested opioids thereby preventing a subsequent overdose in the 24 hours post the buprenorphine administration, and it provides disincentive for ongoing opioid use when used as the ongoing treatment for opioid addiction². Medically assisted treatment of opioid dependence is the only effective treatment at reducing mortality, and the most effective at lowering critical hospital or other acute care usage³.

Evidence shows that commencing buprenorphine in the field, coupled with linkage to medical care, improves an individual's retention rates and engagement in the ongoing treatment for opioid dependence⁴⁵. As first responders, paramedics are some of the only providers who may interact with those suffering from an opioid use disorder⁶⁷. As such, they are uniquely positioned to initiate buprenorphine in

¹ [What is Buprenorphine? | UAMS Psychiatric Research Institute](#)

² [What is Buprenorphine? | UAMS Psychiatric Research Institute](#)

³ [Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder | Psychiatry and Behavioral Health | JAMA Network Open](#)

⁴ [Prehospital Buprenorphine Treatment for Opioid Use Disorder by Paramedics: First Year Results of the EMS Buprenorphine Use Pilot - PubMed](#)

⁵ [City of Seattle to become first in nation with fire department EMTs administering buprenorphine medication in the field - Office of the Mayor](#)

⁶ [Department of Health partners with local responders to tackle opioid crisis](#)

⁷ [Legal Authority for Emergency Medical Services to Increase Access to Buprenorphine Treatment for Opioid Use Disorder](#)



THE MARYLAND HOUSE OF DELEGATES ANNAPOLIS, MARYLAND 21401

the field, which is especially crucial in high-risk individuals who are at risk of subsequent overdoses and may often refuse transport to hospital for further treatment after naloxone administration.

Not only does buprenorphine make overdoses safer, but experts agree that treatment with buprenorphine is incredibly effective, allowing a rare cognitive clarity that puts people on the path to take back control of their life. Therefore, safety and diversion concerns relating to enhanced access to buprenorphine is rooted in a fundamental misunderstanding of how buprenorphine works to treat addiction. There is no evidence to show enhancing access to buprenorphine leads to increase in opioid use or to increased rates of overdose deaths involving buprenorphine⁸. In fact, by training paramedics to commence treatment with buprenorphine in the field, and by convening a workgroup to study access to buprenorphine across Maryland, the state stands to benefit from billions of dollars in savings. Data from 2017 shows opioid use disorder sets the state back 6.6 billion dollars annually and when the cost of fatal opioids was factored in, it reached 22.9 billion dollars⁹. To put it into perspective, in 2017, Maryland saw about 1,985 opioid-related deaths. However, last year, that number climbed to over 2,300, which means the financial burden has only grown.

The bill aims to expand and streamline access to the life-saving medication buprenorphine, by leveraging the untapped potential of our specialized paramedics and EMTs, and investing funds from the opioid restitution fund to implement the initiative. This positive step of initiating pre-hospital buprenorphine to increase safety post-overdose, and simultaneously commence medical treatment of opioid use disorder will save lives. It will also bridge the gap and enhance access to community-based care for opioid dependence. By passing this bill, Maryland will lead the way in harm reduction and empower vulnerable Marylanders struggling with opioid addiction to take back control of their life.

I urge the committee to give a favorable report on HB 1131.

⁸ [Overdose deaths involving buprenorphine did not proportionally increase with new flexibilities in prescribing](#)

⁹ [State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017 | MMWR](#)