HB1131 - Senate_FAV_MedChi_PH - Buprenorphine - Tr
Uploaded by: Christine Krone
Position: FAV

MedChi

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Senate Finance Committee
March 25, 2025
House Bill 1131 – *Public Health – Buprenorphine – Training Grant Program and Workgroup*
POSITION: SUPPORT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, strongly supports House Bill 1131. This bill establishes the Buprenorphine Training Grant Program within the Maryland Department of Health to assist counties in offsetting the cost of training paramedics to administer buprenorphine. Under this legislation, counties may apply for grants that will be funded by an annual $50,000 appropriation from the Opioid Restitution Fund, ensuring sustainable investment in expanding access to evidence-based opioid use disorder (OUD) treatment. Additionally, the Maryland Office of Overdose Response will convene a workgroup to study buprenorphine access across the state.

Buprenorphine is a well-established, evidence-based treatment for OUD that significantly reduces withdrawal symptoms, curbs cravings, and lowers the risk of overdose. However, timely access to this medication remains a challenge, particularly in emergency situations. By equipping paramedics with the ability to administer buprenorphine in the field, House Bill 1131 helps ensure that individuals experiencing opioid withdrawal or overdose can receive immediate treatment, reducing the likelihood of further harm and improving long-term recovery outcomes.

From a medical perspective, enabling paramedics to administer buprenorphine enhances the continuum of care. Early initiation of treatment in the pre-hospital setting facilitates smoother transitions to follow-up care with primary care physicians, addiction specialists, and behavioral health providers. This approach not only improves patient outcomes but also alleviates strain on emergency departments, which are often the primary point of contact for individuals experiencing withdrawal.

MedChi has long been an advocate for expanding access to buprenorphine and has actively participated in training programs to equip healthcare professionals with the necessary knowledge to administer this lifesaving medication. As outlined in MedChi's House of Delegates resolution from 2019, we recognize the critical role of buprenorphine training in addressing Maryland's opioid crisis and, if appropriate, would welcome the opportunity to facilitate future training efforts.

House Bill 1131 is a vital step toward reducing opioid-related fatalities, strengthening Maryland's response to the opioid crisis, and ensuring that individuals with OUD receive timely, evidence-based care. For these reasons, MedChi urges a favorable report on House Bill 1131.

For more information call:
Christine K. Krone
Andrew G. Vetter
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HB 1131_Bupe Grant and WG_Crossover_BHSB_FAVORABLE
Uploaded by: Dan Rabbitt
Position: FAV

Behavioral Health System Baltimore

March 25, 2025

Senate Finance Committee
TESTIMONY IN SUPPORT
HB 1131 - Public Health - Buprenorphine - Training Grant Program and Workgroup

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.

Behavioral Health System Baltimore strongly supports HB1131 - Public Health - Buprenorphine - Training Grant Program and Workgroup. This would create a new grant program to support the training of paramedics in administering buprenorphine and establish a time-limited workgroup to study access to buprenorphine in the State.

Buprenorphine is a partial agonist medication used in the treatment of opioid use disorder (OUD). Medications for opioid use disorder (MOUD) have the best treatment outcomes of any approach to OUD. They reduce cravings, increase treatment retention, and reduce the likelihood of relapse and overdose.[1] Buprenorphine also has far fewer regulatory limitations than the full agonist medication methadone. This combination of effectiveness and access makes buprenorphine one of our best tools to treat OUD, but utilization remains limited. Indeed, Maryland has even seen a decline in MOUD use over the last few years.[2] It is critical that the state increase access to buprenorphine to help more individuals struggling with OUD to avoid overdose and achieve recovery.

HB1131 represents a creative approach to improve buprenorphine access in Maryland. This bill would first create a grant program to train paramedics in administering buprenorphine. Administering buprenorphine on the scene of a medical emergency such as an overdose is a new and innovative approach to engaging hard to serve individuals with OUD. The premise of this intervention is to provide immediate relief from cravings through administering buprenorphine and then proactively engage with the individual on the scene to encourage them to participate in ongoing treatment. The initial results of some demonstration programs around the country look promising.[3] The grant would be funded through the opioid restitution fund (ORF) and would not impact state general funds.

[1] National Institute on Drug Abuse (NIDA). How Effective Are Medications to Treat Opioid Use Disorder? June 1, 2018. Available at https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder.
[2] MDH. Data-Informed Overdose Risk Mitigation (DORM): 2023 Annual Report. Available at https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2024/10/2023-DORM-Report.pdf.
[3] Hern HG, Lara V, Goldstein D, Kalmin M, Kidane S, Shoptaw S, Tzvieli O, Herring AA. Prehospital Buprenorphine Treatment for Opioid Use Disorder by Paramedics: First Year Results of the EMS Buprenorphine Use Pilot. Prehospital Emergency Care. 2023;27(3):334-342. Available at https://pubmed.ncbi.nlm.nih.gov/35420925/.

The second part of the bill would create a work group within the Maryland Office of Overdose Response to look at buprenorphine access broadly across the state and offer recommendations. This issue warrants a close review considering the challenges the state faces in increasing access to buprenorphine due to stigma, concerns from pharmacies, the changing federal landscape and more. We applaud the sponsors for proposing such a work group.

Maryland needs creative solutions to increase access to buprenorphine. **We urge the Senate Finance Committee to support HB1131 and help the state progress in its efforts to combat the opioid epidemic.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

Fuller Test. HB 1131 Senate 2025.pdf
Uploaded by: Drew Fuller
Position: FAV

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

Drew C. Fuller, MD, MPH, FASAM, FACEP

- 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,

Drew C. Fuller, MD, MPH
Fellow, American Society of Addiction Medicine
Fellow, American College of Emergency Medicine

HB1131 Testimony MDDCSAM.pdf
Uploaded by: G. Malik Burnett
Position: FAV

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

3/5/2025

Chairwoman Pena-Melnyk
Committee on Health and Government Operations
241 Taylor House Office Building
Annapolis, Maryland 21401

HB-1131 Public Health - Buprenorphine - Training Grant Program and Workgroup

SUPPORT

My name is Malik Burnett and I am an Adjuct Assistant Professor at the University of Maryland Medical Center, a consultant for the Maryland Addiction Consultation Service (MACS), and medical director of a number of community based opioid treatment programs. I would like to thank you for the opportunity to provide written testimony today on behalf of the Maryland DC chapter of the American Society of Addiction Medicine (MDDCSAM) whose members are physicians and other health providers who treat people with substance use disorders.

MDDCSAM is supportive of HB1131 which will establish a buprenorphine training grant program as an authorized use of funding from the Opioid Restitution Fund. EMS initiated buprenorphine protocols are a well established strategy for transitioning patients to medications for opioid use disorder (MOUD) in the immediate aftermath of an opioid overdose. **The programs enable low barrier access to these live saving medications which have been proven to reduce the risk of overdose death by 80%.** Since having the protocol approved by Maryland Institute for Emergency Medical Services and Systems (MIEMSS) in 2023, Frederick, Baltimore County, and Baltimore City have already developed programs as part of the service offering of first responder teams and numerous other counties are working with MACS to follow suit. This grant program would help accelerate the training of paramedic personnel such that all 24 of Maryland's counties could offer the service.

An underappreciated benefit of the medications for opioid use disorder by EMS and linkage to treatment (MODEL-T) protocol has been the **ability of EMS teams to help individuals who otherwise have difficulty gaining access to treatment to be connected to clinical providers in the community.** Through the utilization of peer recovery specialist embedded within the EMS team, individuals have been able to activate the EMS system to be bridged on medication and connected to definitive treatment with a community provider in the same day. The funds made available through this legislation would improve

the capacity of these teams to be able to increase their abilities to ensure people who utilize EMS for opioid related problems can get the help they need quickly.

Finally, but most importantly, by making funds available for more EMS personnel to be trained in this protocol, the stigma associated with medications for opioid use disorder will be reduced. Stigma around addiction and treatment for addiction is pervasive within communities and even within clinical providers. The more individuals who are knowledgeable about treatment with medications like buprenorphine, the greater likelihood that more people will be open to utilizing them when they are indicated. **EMS personnel interact with all facets of the healthcare community and the public, by having these personnel be knowledgeable about medications for opioid use disorder and capable of providing this service, the will have a positive impact on the perception and administration of these medications in emergency rooms, primary care clinics, residential recovery programs and many other community locations where they are called.** This opportunity for stigma reduction will have positive implications for the efforts to reduce overdose morbidity and mortality statewide.

Overall, the development of a buprenorphine training program for emergency medical personnel is a good use of Opioid Restitution Fund dollars, as it will increase low barrier access to MOUD, enhance community connections to care, and reduce stigma, thus MDDCSAM supports its passage.

Sincerely,

G. Malik Burnett, MD, MBA, MPH
Public Policy Committee, Maryland DC Society of Addiction Medicine

Testimony - HB 1131_ Buprenorphine (1).pdf
Uploaded by: Joe Vogel
Position: FAV

Joe Vogel
Legislative District 17
Montgomery County

Ways and Means Committee
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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 overdose[1]. 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 addiction[2]. 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 usage[3].

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 dependence[4][5]. As first responders, paramedics are some of the only providers who may interact with those suffering from an opioid use disorder[6][7]. 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

Joe Vogel
Legislative District 17
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Ways and Means Committee

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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 buprenorphine[8]. 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 dollars[9]. 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

HB1131-FIN_MACo_SUP.pdf
Uploaded by: Karrington Anderson
Position: FAV

House Bill 1131

Public Health - Buprenorphine - Training Grant Program and Workgroup

MACo Position: **SUPPORT** To: Finance Committee

Date: March 25, 2025 From: Karrington Anderson

The Maryland Association of Counties (MACo) **SUPPORTS** HB 1131. This bill establishes the Buprenorphine Training Grant Program to assist counties with offsetting the cost of training paramedics to administer buprenorphine. Additionally, HB 1131 requires the Maryland Office of Overdose Response (MOOR) to convene a workgroup to study access to buprenorphine in the State.

This legislation represents a significant step forward in Maryland's ongoing battle against the opioid crisis, ensuring that first responders have the necessary resources to provide life-saving care. Buprenorphine, also known as Suboxone, is an evidence-based medication for opioid use disorder that helps reduce cravings and withdrawal symptoms while stabilizing brain chemistry. Access to this medication at the moment of crisis—particularly when administered by trained paramedics—can be pivotal in an individual's path to recovery.

Counties, Local Health Departments, and public safety employees serve as the front-line responders to the opioid epidemic, using settlement funds to expand public health and safety interventions. Programs like Frederick County's Community Outreach And Support Team (COAST) have demonstrated the profound impact of such interventions. The COAST team includes community paramedics and peer recovery specialists who provide medical care and emotional support. COAST not only provides free initial doses of buprenorphine but also helps patients transition into long-term treatment, addressing both immediate and systemic needs.

The opioid epidemic continues to take a devastating toll on Maryland communities, requiring an all-hands-on-deck approach. HB 1131 provides critical funding through the Opioid Restitution Fund to support paramedic training, ensuring counties have the capacity to deliver this essential service. This bill recognizes the importance of broader accessibility to buprenorphine by convening a workgroup to explore and enhance statewide access. MACo appreciates being included in this workgroup and looks forward to contributing to these efforts.

Counties are on the front lines of the opioid crisis, and HB 1131 provides a much-needed tool to expand effective, life-saving interventions. For these reasons, MACo urges a **FAVORABLE** report on HB 1131.

TestimonySenate_Conway_03212025.pdf
Uploaded by: Mark Conway
Position: FAV

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.

Senate Testimony - HB1131 - Favorable - Burgan.pdf
Uploaded by: Matthew Burgan
Position: FAV

FREDERICK COUNTY GOVERNMENT

Jessica Fitzwater
County Executive

DIVISION OF FIRE & RESCUE SERVICES
Office of the Chief

Thomas E. Coe, Chief

HB1131 – Buprenorphine – Training Grant Program and Workshop

Written Testimony From:	Matthew Burgan, Certified Community Paramedic Frederick County Division of Fire and Rescue Services
Position:	Favorable
Committee:	Finance Committee
Date:	March 21st, 2025

My name is Matthew Burgan, and I am a Community Paramedic with extensive experience in providing care to individuals impacted by opioid use disorder. On behalf of the Frederick County Division of Fire and Rescue Services, I want to thank you for the opportunity to submit written testimony **in support** of HB 1131. This legislation is a critical step in ensuring funding for paramedic training on buprenorphine administration and supporting a workgroup to study access to this life-saving medication in Maryland.

Training Funds: Expanding Education and Ensuring Safe Administration
Effective buprenorphine administration requires specialized training. HB 1131 provides essential funding to:

- **Expand paramedic education:** Ensuring EMS clinicians are equipped with the knowledge to assess withdrawal symptoms and safely administer buprenorphine.
- **Support structured, evidence-based training**: Aligning education with best practices, such as the Medication Access and Training Expansion (MATE) Act, to enhance patient safety.
- **Improve care continuity**: Training paramedics to connect patients to follow-up treatment through opioid treatment programs and healthcare providers.

Workgroup: Addressing Barriers to Buprenorphine Access
HB 1131 also establishes a workgroup to assess and improve access to buprenorphine across Maryland. By identifying gaps in care and developing policy recommendations, this initiative ensures a coordinated approach to expanding treatment availability for those in need.

Conclusion
HB 1131 strengthens Maryland's response to the opioid crisis by funding paramedic training and supporting efforts to improve access to buprenorphine. I urge the committee to support this bill to enhance patient care and expand treatment opportunities statewide.
Thank you for your time and consideration.

For the safety of all Marylanders and the enhancement of our Paramedics, I urge a FAVORABLE report for House Bill 1131.

SENATE TESTIMONY .pdf
Uploaded by: Patrick Chaulk
Position: FAV

HB 1131 Buprenorphine Training Grant and Work Group

Testimony by C. Patrick Chaulk MD, MPH, citizen. Leg. District 43B,Towson, Maryland

FAVORABLE

Greetings Madam Chair Beidle and Vice-Chair Hayes and thank you to Del. Joe Vogel for sponsoring the House version of this legislation.

As background, I am Patrick Chaulk MD, ACPM, a board certified Preventive Medicine Physician. I am a clinician with PCARE a nonprofit Baltimore-based program that provides free, low barrier care for people struggling with opioid use disorder. I am a member of the Maryland Department of Health's Standing Advisory Committee on Opioid-Associated Disease Prevention and Outreach Programs and a member of BCHD's Syringe Services Oversight Committee, where I was Assistant Commissioner until 2018. These experiences have allowed me to interact with thousands of people suffering from opioid use disorder (OUD).

I delivered testimony on the House bill and am submitting written testimony today as an individual only and not on behalf of any organizations.

Maryland saw a decline in overdose deaths in 2024. However, **the decade-long trend has been increasing: from 8.9/100,000 in 2003 to 31.3 in 2023.** Clearly there is still much more that we need to, and can do, to reduce these preventable deaths.

The public is becoming increasingly aware of the value of naloxone in resuscitating someone experiencing an opioid overdose. **But naloxone is just the first step** in successful overdose treatment.

Naloxone rapidly displaces opioids prompting return of respiration - **but it can also result in painful opioid withdrawal**. Symptoms include: agitation, abdominal pain and vomiting, muscle pain, cramping and irritability. These symptoms contribute to an existing chaotic and confusing experience for patients.

Since naloxone's effect lasts only 60-90 minutes overdose can reoccur if the patient consumed one of the wide-spread newer and longer acting synthetic opioids. **Between 5% and 10% of those resuscitated will overdose again. The greatest risk for this relapse is in the first 24-48 hours after initial resuscitation.** T**reatment to prevent relapse as well as withdrawal is administration of buprenorphine** which will reduce symptoms, stabilize and calm the patient and reduce the probability of overdose relapse.

Administration of buprenorphine has traditionally been administered after the patient has been transported to the hospital. Increasingly its **administration is delivered by paramedics in the field as part of standard of care with resuscitation management. This has been adopted, in part, because up to 45% of revived patients refuse hospital transport for a variety of reasons, such as long wait times once at the hospital.** Paramedic-lead field administration of buprenorphine is standard practice in such diverse jurisdiction as: Burlington, Vermont; Oakland CA, San Francisco CA and many California Counties; Madison, Wisconsin; Seattle, Washington; Trenton, New Jersey.

Another advantage of field administration of buprenorphine is that it produces a high rate – up to 78% - of engagement in further care and addiction treatment. This occurs most when peer recovery specialists

are included on the EMS team. With lived-recovery these peers bring knowledge, trust and connection to the EMS encounter.

To achieve the advantages of EMS field administration of buprenorphine the bill authorizes establishment of a workgroup to guide and disseminate this program in the State. Using the lessons learned from other state experiences, it will be possible for the Work Group to design a model consistent with the best interests of the State and local governments.

As naloxone is but the first step in opioid overdose treatment, buprenorphine is only the second step. **The final step is linking patients to effective recovery, something a patient who dies from an overdose will never have the opportunity to experience.**

Maryland in creating a training workgroup as a center piece of opioid overdose treatment has a chance to demonstrate great leadership in the field by linking effective opioid overdose resuscitation and withdrawal management to effective non-stigmatizing addiction treatment. A thoughtful work group is strategically positioned to achieve this goal.

I strongly recommend passage of this important bill for Marylanders. Thank you Madam Chair and committee members for this opportunity to submit this testimony in support of this bill.

1. Prehospital Buprenorphine Treatment for Opioid Use Disorder by Paramedics: First Year Results of the EMS Buprenorphine Use Pilot. HG Hern, et. al. Prehosp Emerg Care. 2023;27(3):334-342.
2. Buprenorphine Field Initiation of ReScue Treatment by Emergency Medical Services (Bupe FIRST EMS): A Case Series. GG Carroll et. al. Prehosp Emerg Care. 2021 Mar-Apr;25(2):289-293.
3. Glenn MJ, Rice AD, Primeau K, et al. Refusals After Prehospital Administration of Naloxone during the COVID-19 Pandemic. Prehosp Emerg Care. 2021;25(1):46-54.
4. Carroll G, Solomon KT, Heil J, et al. Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services. Ann Emerg Med. Published online October 1, 2022.

HB1131 amended bill testimony.pdf
Uploaded by: Robert Phillips
Position: FAV

MARYLAND STATE FIREFIGHTERS ASSOCIATION

Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel
-a 501(c)3 Organization

Legislative Committee
17 State Circle
Annapolis MD, 21401
Chair: Robert Phillips
Email: rfcchief48@gmail.com
Cell: 443-205-5030
Office: 410-974-2222

HB 1131: Public Health – Buprenorphine – Training Grant Program and Workgroup

I am Chief Robert Phillips, Legislative Committee Chair for the Maryland State Firefighters Association (MSFA)

I wish to present testimony in support of **House Bill 1131: Public Health – Buprenorphine – Training Grant Program and Workgroup**

The MSFA is in support of this bill. With the addition of Buprenorphine for use in the field there needs to be a training and certification program and a way to pay for it. We already have an opioid restitution fund which is restricted in what it can be used for. The MSFA supports the use of this fund for the training and certification, if the requested funding does not interfere with present funded projects.

The MSFA asks that you return a FAVORABLE vote on HB 1131

Thank you and I would be glad to answer any questions you might have

Respecfully:

Robert Q Phillips

HB1131_FireEMSCoalition_FAV
Uploaded by: Senator McKay
Position: FAV

MIKE MCKAY
Legislative District 1
Garrett, Allegany, and Washington Counties

Judicial Proceedings Committee

Executive Nominations Committee

James Senate Office Building
11 Bladen Street, Room 416
Annapolis, Maryland 21401
410-841-3565 · 301-858-3565
800-492-7122 *Ext.* 3565
Mike.McKay@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 24th, 2025

RE: Fire/EMS Coalition Support for House Bill 1131

Dear Chair Beidle, Vice Chairman Hayes, and Members of the Committee,

The Fire/EMS Coalition would like to express their support for House Bill 1131: **Public Health – Buprenorphine – Training Grant Program and Workgroup.** The bill means to offset the cost of training paramedics to administer buprenorphine by allocating at least $50,000 from the Opioid Restitution Fund, which the Governor is required to include in the annual budget bill. It also will require the Maryland Office of Overdose Response to workgroup studying the access to buprenorphine in this state.

May it be known The Fire/EMS Coalition supports House Bill 1131. It's very important we make funds available to train emergency personal where they need to be trained with respect to other opioid programs and does not wish to siphon any funding from them; to their detriment, in order to make this bill work.

Sincerely,

Senator Mike McKay
Representing the Appalachia Region of Maryland
Serving Garrett, Allegany, and Washington Counties

<u>Voting Organizations</u>:
Maryland Fire Chief's Association (MFCA)
Maryland State Firemen's Association (MSFA)
State Fire Marshal (OSFM)
Maryland Fire Rescue Institute (MFRI)
Maryland Institute for Emergency Medical Services System (MIEMMS)
Metro Fire Chief's Association
Professional Firefighters of Maryland

<u>Our Mission Statement</u>

The Maryland Fire/EMS Coalition unites Republicans and Democrats in support of fire/emergency services legislation that benefit all first responders. Becoming a member does not require taking positions on legislation;

rather Coalition members are asked to offer support in a way that best benefits fire/emergency services in their respective Legislative Districts.

SUPPORT OF BILL20250321_11220332.pdf
Uploaded by: Tom Wieland
Position: FAV

I SUPPORT THIS BILL:BECAUSE

THIS BILL AS WRITTEN DOES WARRANT ITS EXPENSE

Tom Wieland

2464 Symphony Lane

Gambrills, Md. 21054

NCADD-MD - 2025 HB 1131 FWA - Training for EMS Bup

Uploaded by: Nancy Rosen-Cohen

Position: FWA

Senate Finance Committee

March 25, 2025

House Bill 1131

Public Health – Buprenorphine – Training Grant Program and Workgroup

Support with Amendment

NCADD-Maryland supports efforts promoted by House Bill 1131, to have first responders offer buprenorphine induction to people revived from an opioid overdose. While not used broadly at this time, this strategy is expanding and is proving to have positive results.

In a study published by the American College of Emergency Physicians in 2022, the conclusion was exceptionally positive:

> *Patients who encountered paramedics trained to administer buprenorphine and able to arrange prompt substance use disorder treatment after an acute opioid overdose demonstrated a decrease in opioid withdrawal symptoms, an increase in outpatient addiction follow-up care, and showed no difference in repeat overdose. Patients receiving buprenorphine in the out-of-hospital setting did not experience precipitated withdrawal. Expanded out-of-hospital treatment of opiate use disorder is a promising model for rapid access to buprenorphine after an overdose in a patient population that often has limited contact with the health care system.* (https://pubmed.ncbi.nlm.nih.gov/36192278/)

NCADD-Maryland's understanding is that the Maryland Institute for Emergency Medical Services Systems (MIEMSS) is already exploring this activity. We believe this strategy will contribute to a continuation of Maryland's declining rate of opioid overdose deaths and we ask for favorable consideration with one amendment.

Amendment Request

The General Assembly is on its way to passing another bill, Senate Bill 594/House Bill 729, that will streamline our Opioid Restitution Fund (ORF) statute by aligning its allowable uses to those described in national settlement agreements. That bill will add clarity to Maryland's fund, and actually expand the uses to some activities that were not included in our 2019 statute, which pre-dates the settlements. To not create a technical conflict when all of these bills pass, we request lines 26 and 27 on page 4 be struck. The use of ORF funds requested in HB 1131 are clearly identified in the National Settlement Agreement.

FIN- HB1131 - MOOR - LOI.docx.pdf
Uploaded by: Emily Keller
Position: INFO

Maryland

Maryland's Office of Overdose Response

Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Overdose Response

March 25, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: House Bill (HB) 1131 – Public Health - Buprenorphine – Training Grant Program and Workgroup

Dear Chair Beidle and Committee Members:

The Maryland Office of Overdose Response (MOOR) is submitting this letter of information regarding House Bill (HB) 1131, Public Health - Buprenorphine – Training Grant Program and Workgroup which would establish the Buprenorphine Training Grant Program to assist counties with offsetting the cost of training paramedics to administer buprenorphine and establish a workgroup to study access to buprenorphine throughout the state.

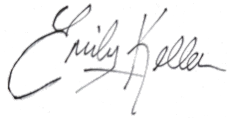
MOOR believes paramedics who are trained to administer buprenorphine are better equipped to treat patients who have recently experienced an overdose. Camden, New Jersey launched a pilot program that offered buprenorphine via emergency medical services to patients who had just experienced an overdose and were exhibiting clinical withdrawal symptoms. A review of the pilot performed by Cooper University and Johns Hopkins University revealed that patients receiving buprenorphine in this manner were more likely to have decreases in withdrawal symptoms and an increase in follow-up care with long-term substance use disorder (SUD) treatment compared to patients who did not receive buprenorphine from EMS post-overdose.[1] These outcomes are vital to ensuring a patient's continued success and recovery from SUD.[2]

The grant program would cost $50,000 annually, to be paid for out of the Opioid Restitution Fund (ORF), until September 30, 2030. The workgroup mandated by this bill would cost MOOR roughly $73,000 in staffing costs associated with convening the group and writing the associated report.

If you would like to discuss this further, please do not hesitate to contact Benjamin Fraifeld, Associate Director for Policy & Advocacy at MOOR, 443-346-3013.

[1] https://www.annemergmed.com/article/S0196-0644(22)00506-6/fulltext
[2] https://opioidprinciples.jhsph.edu/reaching-people-where-they-are-using-ems-to-start-buprenorphine/

Sincerely,



Emily Keller
Special Secretary of Overdose Response

Personal Testimony -032125.pdf
Uploaded by: Michelle Marshall
Position: INFO

Good afternoon,

Madam Chair, Madam Vice Chair, and esteemed members of the Health and Government Operations Committee,

My name is Michelle Marshall, I am a woman in long term recovery from opioids. I am currently employed at the Frederick County Health Department as the Peer Outreach Response Coordinator and supervisor for the COAST and Frederick Health Hospital peers. I come to you today with my personal story that spanned over 25 years of active addiction, multiple treatment centers, and ultimately me not wanting to live anymore.

In 2010 I experienced an OD from Opioids at that time Narcan was not readily available and I always used alone. My son witnessed this traumatic event and ultimately I lost custody of him that day. You see I had already been I/o treatment 9 times, I was completely bankrupt emotionally, physically, and spiritually.

I was always against buprenorphine and was taught a rigid way of sobriety where Bup and other medications for opioid use disorder were not openly accepted. I was uneducated and full of fear just trying to find out "where I fit in ".

When I "came to" from that OD on 12/20/2010 I was so angry I was still alive and utterly hopeless. I knew I had just caused my son and family so much pain and I was so tired of trying. I was admitted to the behavioral health unit where I met a physician who took the time to educate me on Buprenorphine and advised me that I would probably die without starting Bup this time. So I had a decision to make feeling horrible from the withdrawal symptoms, he convinced me to just try it, so I did. Buprenorphine alleviated the symptoms I was experiencing almost immediately. It allowed me to not have the fight or flight response to want to get high and for me that was huge. The obsession and compulsion to use gone … I had the ability to actively listen and made a decision during that stay to just follow all recommendations from the experts who were treating me. They cared more about me than I did at that time.

For me Buprenorphine was the missing piece to my recovery journey puzzle. I too had heard that I may just be replacing one drug for another so I stayed vigilant during my treatment. This was not the case for me Bup did not make me feel "high" what it did was allow me to feel normal enough to participate in my treatment and finally invest in myself to commit to sobriety. I engaged in step down treatment and continued to follow through with all recommendations and suggestions.

For me, my treatment plan assisted me with tapering off the medication with little to NO side effects. Absolutely nothing like the effects of heroin / opioids.

Buprenorphine combined with treatment, and a strong sober network not only changed my life but honestly the lives of so many. After completing a halfway house I was able to regain custody of my son and begin to rebuild our relationship, be a mother, a daughter, and participate in life. Buprenorphine played a pivotal role in my ability to get a job in the field, and I have been blessed to meet and assist countless individuals find their own pathway to recovery without judgement. That's the cornerstone in recovery "you have to give it away to keep it " and I'm so very grateful to be alive today and honored to share my story with you.

Thank you for all you do!

Michelle M.