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 Pena-Melnyk and Vice-Chair Cullison and thank you to Del. Joe Vogel for sponsoring this legislation.

As background, I am C. Patrick Chaulk MD, ACPM, a board certified Preventive Medicine Physician. For identification purposes only I am a clinician with Project Connections at Re-Entry a nonprofit Baltimore-based program that provides low barrier care for people with opioid use disorder. I also am a member of the BCHD Syringe Services Oversight Committee where I was Assistant Commissioner for the HIV Ryan White Program and Community Risk Reduction Services until 2018. Both of these experiences have allowed me to interact with thousands of people suffering from opioid use disorder.

I am testifying today as an individual only and not on behalf of any other organization.

Maryland saw a 34% decline in overdose deaths in 2024, 84% were related to opioids. While this is welcome news there is still more we need and can do to reduce these tragic deaths.

The public is increasingly aware of the value of naloxone in resuscitating someone experiencing an opioid overdose. Much is being done to make naloxone more widely available. (Maryland's Office of Overdose Response). But naloxone is just part of successful overdose treatment.

Naloxone rapidly displaces opioids leading to the return of respiration but **it can also result in painful opioid withdrawal**. Symptoms include: agitation, abdominal pain and vomiting, muscle pain and cramping and irritability. These symptoms only contribute to an existing chaotic scene and confusion for the patient. Withdrawal is especially true if more than one dose of naloxone is required or the patient has used one of the newer and longer acting synthetic opioids which can outlast the effects of naloxone.

The treatment for this withdrawal is administration of buprenorphine which will reduce symptoms, stabilizing and calming the patient. Although administration of buprenorphine has traditionally been done after the patient has been transported to the hospital, **administration of buprenorphine is increasingly being administered by paramedics in the field as part of the overdose management.** This has several benefits:

- **Up to 45% of revived patients refuse transport** to the hospital so field initiation of buprenorphine overcomes this barrier;
- Naloxone's effect last only 60-90 minutes;
- After this time a person using longer acting, newer synthetic opioids can experience a relapse resulting in overdose again;
- **In fact, 5% - 10-% of those resuscitated will overdose again** and importantly the **greatest risk for this relapse is in the first 24-48 hours after initial resuscitation;**
- Field administration of buprenorphine by paramedics has been show to:
    - Create a less stigmatizing atmosphere for the patient;
    - Increase subsequent transport to the hospital for further care;
    - **Produce a high rate – 78% - of engagement** in further care and addiction treatment, including retention in addiction care.

In conversations with program staff about their lessons learned, there has been unanimous support for **including peer recovery specialists or peer navigators as core members of the resuscitation team** and the recovery process. These peers with lived-recovery experience bring knowledge, trust and connection to the EMS encounter. Most of us in the field of addiction treatment have found such experienced peers essential in helping patients undertake the often complicated recovery process.

One of the most significant barriers in the field of addiction care is stigma. Peer recovery specialists contribute significantly to ensuring that stigma is addressed in all steps along the road to recovery.

To conduct quality training of paramedics for the administration of buprenorphine in the field management of opioid overdose, standardized training is essential. I recommend passage of this important bill for Marylanders. Thank you Madam Chair and committee members for this opportunity to testify in support of this bill.