



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 Adjunct 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, they 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,

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