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CITY OF BALTIMORE

BRANDON M. SCOTT,  
Mayor



DEPARTMENT OF LAW  
EBONY M. THOMPSON,  
CITY SOLICITOR  
100 N. HOLLIDAY STREET  
SUITE 101, CITY HALL  
BALTIMORE, MD 21202

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September 12, 2025

The Honorable President and Members  
of the Baltimore City Council  
Room 409, City Hall  
100 N. Holliday Street  
Baltimore, Maryland 21202

Re: City Council Bill 25-0014 – Emergency Medical Services – Administration of  
Buprenorphine

Dear President and Members of the Council:

The Law Department reviewed City Council Bill 25-0014 for form and legal sufficiency. The bill would require Baltimore City Emergency Medical Services to provide buprenorphine to all Emergency Medical Services technicians (EMT); allow Emergency Medical Services technicians to administer buprenorphine to an individual under certain circumstances; and defines certain terms. The bill would take effect on the 30<sup>th</sup> day after it is enacted.

An amendment to be offered by the bill sponsor would permit, rather than require, the Emergency Medical Services System of the Baltimore City Fire Department (BCFD) to issue buprenorphine to paramedics as advanced life support (ALS) equipment and supplies, to offer training in buprenorphine administration as part of ALS training for paramedics, and permit BCFD paramedics to follow the Optional Supplemental Protocol in the Maryland Medical Protocols for Emergency Medical Services for the provision of buprenorphine to patients experiencing opioid withdrawal symptoms who meet the requirements of the protocol. The amendment also adds definitions for advanced life support and paramedic.

Maryland law and regulations govern the conduct of Emergency Medical Services (EMS) providers. *See* Md. Code Education, Title 13, Subtitle 5. *See also* Code of Maryland Regulations (“COMAR”), Title 30. Maryland EMS regulations state that “an EMS provider shall provide emergency medical services in accordance with the ‘Maryland Medical Protocols for EMS Providers’”. *See* COMAR 30.02.03.01A. Moreover, an EMS provider shall provide emergency services under the oversight of an EMS operational program. *See* COMAR 30.02.03.01C. Regulation 30.02.03.02 {“Limitations upon Delegation”}, provides as follows:

- A. This regulation governs the delegation of medical duties by a physician to an EMS provider while providing emergency medical services.
- B. An EMS provider shall accept only that delegation which is in accordance with the regulations of the EMS Board.

C. Except as provided by standing orders consistent with the “Maryland Medical Protocols for EMS Providers”, an EMS provider may not accept physician delegation of the:

- (1) Ultimate responsibility for diagnosis or therapy; and
- (2) Duty of independently administering or dispensing drugs.

The Maryland Medical Protocols for Emergency Medical Services (MMPEMS) are issued by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the organization that oversees certification and licensure for all Maryland EMS clinicians. *See* Md. Code, Education, § 13-504. The most recent version of the EMS protocols was issued on July 1, 2025. In the current EMS protocols, the administration of buprenorphine for the treatment of opioid withdrawal symptoms remains an Optional Supplemental Protocol. *See* Maryland Medical Protocols for Emergency Medical Services, Optional Supplemental Protocol 15.18 and 15.19, pp. 398-402 (July 1, 2025). The Optional Supplemental Protocols 15.21 and 15.22 issued July 1, 2024, defined the indications for administration by a paramedic, who is part of mobile integrated health (MIH) team, of buprenorphine to patients with opioid withdrawal symptoms. *See* Maryland Medical Protocols for Emergency Medical Services, Optional Supplemental Protocol 15.21 and 15.22, pp. 402-406 (July 1, 2024). The 2025 Optional Supplemental Protocols 15.18 and 15.19 remove the requirement that the paramedic be part of a mobile integrated health team in order to administer buprenorphine, but otherwise the Optional Protocols for administration of buprenorphine remain essentially the same. An Optional Supplemental Program (OSP) is defined as a voluntary jurisdictional program that requires MIEMSS approval. Maryland Medical Protocols for Emergency Medical Services (July 1, 2025), p. 187. This definition requires that Baltimore City obtain state approval for a program authorizing use by EMS personnel of the Optional Supplemental Protocol permitting EMS personnel to administer buprenorphine.

The Code of Maryland Regulations sets forth the criteria for approval as a jurisdictional EMS Operational Program. *See* COMAR, 30.03.02.02. The requirements for EMS operational programs to use an Optional Supplemental Protocol are also set out in the Code of Maryland Regulations. *See* COMAR, 30.03.05.05. “An EMS operational program may approve an optional supplemental protocol as authorized under the Maryland Medical Protocols for Emergency Medical Services Providers if the EMS operational program meets the minimum training requirements and standards for implementation of the optional supplemental protocol as established by the EMS Board.” *See* COMAR 30.03.05.05B.

As originally introduced, Council Bill 25-0014 would require the Emergency Medical Services System of the Baltimore City Fire Department to issue buprenorphine to all Emergency Medical Service Technicians and provide training in buprenorphine administration. The bill would further require that EMS Technicians follow the optional supplemental protocol for buprenorphine administration. The amendment to the bill would permit the issuance of buprenorphine to paramedics for administration, permit the Baltimore City Fire Department to provide training on the use of buprenorphine, and permit the paramedics to follow the Optional Supplemental Protocol for use of buprenorphine.

It is clear that, with respect to the provision of emergency medical services, the state intends to preempt local regulation of Emergency Medical Services. In *County Council of Prince George’s*

*County v. Chaney Enterprises Limited Partnership*, 454 Md. 514, 540-541 (2017), the Maryland Court of Appeals stated:

In Maryland, “State law may preempt local law in one of three ways: (1) preemption by conflict, (2) express preemption, or (3) implied preemption.” *Md. Reclamation Assocs., Inc. v. Harford Cty.* (MRA IV), 414 Md. 1, 36, 994 A.2d 842 (2010) (citation omitted).... Implied preemption occurs when a local law “deals with an area in which the State Legislature has acted with such force that an intent by the State to occupy the entire field must be implied.” *Talbot Cty. v. Skipper*, 329 Md. 481, 488, 620 A.2d 880 (1993) (alterations and citation omitted). We have repeatedly stated that the “primary indicia of a legislative purpose to pre-empt an entire field of law is the comprehensiveness with which the General Assembly has legislated the field.” *Allied Vending, Inc. v. City of Bowie*, 332 Md. 279, 299, 631 A.2d 77 (1993) (*quoting Skipper*, 329 Md. at 488, 620 A.2d 880); *see also Ad + Soil, Inc. v. Cty. Comm'rs of Queen Anne's Cty.*, 307 Md. 307, 328, 513 A.2d 893 (1986).

Council Bill 25-0014 would require the issuance of buprenorphine to Emergency Medical Technicians and require that they follow the Optional Supplemental Protocol regarding administration of buprenorphine for symptoms of opioid withdrawal. The bill is problematic, not only in its attempt to require the use of Optional Supplemental Protocols for buprenorphine administration, but also in that it requires issuance of the drug to all EMS Technicians. Under the MMPEMS, the Optional Supplemental Protocol for administration of buprenorphine can only be carried out by a paramedic. See MMPEMS 15.18. See also MMPEMS 15.19. (Model-T Pharmacology: Buprenorphine). Care rendered by a paramedic or Cardiac Rescue Technician is advanced life support. See COMAR 30.01.01.02B(1). In the alternative, an Emergency Medical Technician or Emergency Medical Responder can render only basic life support. See COMAR 30.01.01.02B(5).

The proposed amendment to Council Bill 25-0014 attempts to address the issues with the bill by making the terms of the bill permissive and allowing the distribution and use of buprenorphine under the Optional Supplemental Protocols 5.18 and 5.19 by paramedics rather than EMS technicians. There is no indication in the state law or regulations that a local jurisdiction has the authority to mandate or even permit an EMS operational program, which is governed solely by state law, to put into place one of the Optional Supplemental Protocols.

The State is organized into five regions to coordinate EMS activities. Baltimore is in Region III. COMAR 30.05.01.03. For each region, a regional council advises MIEMSS and EMS operational programs in that region regarding the delivery of emergency medical services. COMAR 30.05.01.04A. Each region appoints members to serve on the regional council including representatives from local government. COMAR 30.05.01.04B, 30.05.01.04C. The regional council advises local government on matters concerning emergency medical services. COMAR 30.05.01.05F(2). Given the extensive nature of the state regulation of the licensing and provision of emergency medical services, the City Council has no role in enacting legislation regarding these subject matters.

Accordingly, the Law Department cannot approve Council Bill 25-0014 for form and legal sufficiency.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Michele M. Toth", with a stylized flourish at the end.

Michele M. Toth  
Assistant Solicitor

cc: Ebony Thompson  
Shamoyia Gardiner  
Ty'lor Schnella  
Ethan Hasiuk  
Hilary Ruley  
Ashlea Brown  
Jeff Hochstetler  
Desiree Luckey  
Ahleah Knapp