Testimony of Dr. Drew Fuller, MD, MPH, FASAM, FACEP

In Support of Baltimore City Council Bill 25-0014: Paramedic-Initiated Buprenorphine
Before the Baltimore City Council – Public Health and Environment Committee

Good afternoon, Council President Cohen, Councilman Conway, and members of the Council.

My name is **Dr. Drew Fuller**, and I am a physician specializing in **Addiction Medicine, Emergency Medicine, Public Health, and Patient Safety**. I am the current medical director for Recovery Access Maryland and for BrightWell Health. I've had the honor of training and working in Baltimore City for over 15 years and served as the founding director of patient safety for the Johns Hopkins Bayview Emergency Department in 2009. I am here to testify **in strong support of Bill 25-0014**, with an amendment specifying **paramedics** as the level of provider authorized to administer buprenorphine in the field. In prior work, I helped launch an Opioid Rapid Response program in Calvert County that was associated with a ~20% decrease in overdose deaths during the peak of COVID-19 while much of the state experienced increases; a key factor was rapid access to buprenorphine treatment. Since that time, I have provided buprenorphine treatment to more than 1,500 individuals.

Maryland's Capacity and Readiness

Maryland maintains **highly capable paramedics and coordinated EMS systems** under **Maryland Institute for Emergency Medical Services Systems (MIEMSS)** standards. Our teams already deliver protocol-driven care in challenging conditions. This bill builds on that foundation—authorizing paramedics, with focused training and medical direction, to deliver **evidence-based treatment at the point of care**. To do this well, Baltimore will need **targeted funding** to recruit, train, and retain personnel and to support **ongoing program management**.

A Patient-Safety and Public-Safety Imperative

Opioid overdose fatalities have recently declined; however, this is **not** the time to ease efforts. A portion of the decline may reflect fluctuations in drug-supply toxicity, which can reverse quickly. Paramedics routinely revive the same individuals, only to see them return to overdose—this is a **preventable failure point**.

The 24–72 hours after naloxone reversal is the highest-risk window for repeat overdose; engaging treatment then is decisive. Buprenorphine is an evidence-based treatment that rapidly eases withdrawal and cravings and reduces overdose risk. Authorizing **paramedics**, under MIEMSS-aligned protocols and medical direction, to initiate buprenorphine in the field converts a brief resuscitation into a **decisive moment of treatment and linkage to care**. The benefits extend to families, as many overdose decedents have dependent children; stabilizing a parent can have **multigenerational impact**.

Why Paramedics—Right Provider, Right Moment

Our paramedics already manage complex medications, airways, and critical decisions **under medical direction**. With focused training and protocols, they can **safely start buprenorphine in the field**, stabilize patients, and activate rapid follow-up. This is precisely the kind of **high-reliability practice** Maryland paramedics are known for.

Evidence and Impact

Initiating buprenorphine after overdose is associated with **lower mortality** and **greater treatment engagement**. Prehospital studies report a **nearly six-fold increase** in 30-day treatment engagement when buprenorphine is administered by EMS, with high safety and feasibility. Program evaluations show engagement rates around **~68% at 30 days** when EMS initiation is paired with active linkage workflows.

A Path for Baltimore to Become a Center of Excellence

With appropriate **funding and implementation**, Baltimore can become a **center of excellence and a model for other cities** by adopting an assertive citywide **"Buprenorphine-First"** EMS response. The emphasis is disciplined execution: align EMS, public health, and clinical partners so people move from **overdose to treatment** safely and quickly, with clear accountability.

Implementation Essentials

- **Dedicated Funding for Training and Ongoing Program Management:** Initial and refresher training; a program manager to coordinate partners and QA; data analyst support; and protected time for medical direction and case review.
- **Protocols & Oversight:** MIEMSS-aligned standing orders under the jurisdictional medical director; clear inclusion/exclusion criteria; adverse-event reporting; regular QA and case conferences.

- **Reliable Linkage to Care (same-day/next-day follow-up):** Warm-handoff workflow with real-time scheduling; telehealth or clinic slots reserved for EMS referrals; confirmation call/text; tracking of show rates and treatment initiation.
- **Data, Equity & Accountability:** Shared dashboard for outcomes (repeat overdoses, EMS utilization, time-to-follow-up, retention), with equity stratification by neighborhood and population.

References (selected)

- Carroll G., et al. *Annals of Emergency Medicine* (2023): Impact of administering buprenorphine to overdose survivors via ambulance — nearly six-fold increase in 30-day treatment engagement.
- Belden C., et al. *Journal of Substance Use and Addiction Treatment* (2024): Building bridges to outpatient treatment services for post-overdose patients — ~68% engaged at 30 days with EMS-initiated buprenorphine and linkage.

Closing

Baltimore has the capacity to implement this safely and effectively—**if we commit resources to training and workforce development and to sustaining program management**. By passing **Bill 25-0014** and funding these elements, the Council can position Baltimore to become a **center of excellence** and a **model for the nation**. Success hinges on **funding, program development, reliable same-day/next-day follow-up**, rigorous QA, and clear metrics.

Thank you for your leadership and your commitment to saving lives in Baltimore City.

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