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BALTIMORE CITY COUNCIL
PUBLIC HEALTH AND ENVIORNMENT COMMITTEE

Mission Statement

On behalf of the Citizens of Baltimore City, the mission of the **Public Health and Environment Committee** is dedicated to safeguarding the well-being of Baltimore's residents by advancing policies that promote health equity, environmental justice, and sustainability. Recognizing the deep connection between public health and the environment, the committee works to reduce health disparities, improve access to essential services, and address climate-related challenges that impact communities.

The Honorable Phylicia Porter
Chair

PUBLIC HEARING

WEDNESDAY, NOVEMBER 5, 2025
10:00 AM

COUNCIL CHAMBERS

Bill: 25-0014

Emergency Medical Services – Administration of Buprenorphine

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OFFICE OF COUNCIL SERVICES
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100 N. HOLIDAY STREET
BALTIMORE MD, 21202

BILL SYNOPSIS

Committee: Public Health and Environment

Bill: 25-0014

Emergency Medical Services – Administration of Buprenorphine

Sponsor: *Councilmember Conway, et al*
Introduced: *January 27, 2025*

Purpose:

FOR the purpose of requiring Baltimore City Emergency Medical Services to provide buprenorphine to all Emergency Medical Services technicians; allowing Emergency Medical Services technicians to administer buprenorphine to an individual under certain circumstances; and defining certain terms.

Effective: Takes effect on the 30th day after the date it is enacted.

Agency Reports

Law Department	Unfavorable
Fire Department	None as of this writing
Health Department	Defers to Fire Department
Department of Finance	None as of this writing

Analysis

Current Law

* The Health Code of Baltimore City - outlines the rules, regulations and mandates pertaining to health issues.

Background

If enacted, Bill 25-0014 will add a new section to the Health Code of Baltimore City to outline the rules, regulations and etc. for the administration of buprenorphine. Under certain conditions the city's Emergency Medical Services (EMS) technicians would be allowed to administer the medication.

Buprenorphine is an opioid medication used to treat pain and opioid use disorder. Buprenorphine is available in several forms, often as a combination with naloxone to prevent misuse.[1]

When used to treat pain, buprenorphine may be given in the form of a patch that is applied to the skin. It provides pain relief for seven days. When used to treat opioid addiction, buprenorphine is combined with naloxone, usually as a pill that is absorbed under the tongue (sublingual). Because naloxone can cause withdrawal if it is injected, adding it to buprenorphine prevents people from misusing the drug.

Types of Buprenorphine

Trade names include:

- Suboxone
- ACT-buprenorphine/naloxone
- MYLAN-buprenorphine/naloxone
- TEVA-buprenorphine/naloxone[2]

What does Buprenorphine do?

Buprenorphine is a long-acting opioid drug used to replace the shorter-acting opioids that someone may be addicted to, such as heroin, oxycodone, fentanyl or hydromorphone. Long-acting means that the drug acts more slowly in the body, for a longer period of time. The effects of buprenorphine last for 24 to 36 hours.[3]

Side effects of Buprenorphine

Side effects can include:

- constipation
- excessive sweating

[1] Google: What is Buprenorphine and what does it do and treat?
[2] Ibid
[3] Ibid

- dry mouth
- changes in s-- drive
- drowsiness
- light-headedness
- nausea and vomiting[4]

On Wednesday, September 17, 2025 the committee will hold a hearing on this bill.

The Law Department submitted an unfavorable report and the primary sponsor of the bill; the Honorable Mark Conway is submitting proposed amendment(s). *Copies of both are included in this writing.*

Note: The City of Baltimore now offers Naloxone training, available in Workday. After completing the course, the participants receives a free Naloxone kit from the City's Health Department. *See attached information.*

Additional Information

Fiscal Note: None as of this writing

Information Source(s): Health Code of Baltimore City, Council Bill 25-0014, Google, all agency reports and correspondence received as of this writing.

Marguerite Currin

Analysis by: Marguerite Currin Direct Inquiries to: (443) 984-3485
Analysis Date: November 3, 2025

[4]Ibid

AMENDMENTS TO COUNCIL BILL 25-0014
(1st Reader Copy)

By: Councilmember Conway
{To be offered to the Public Health and Environment Committee}

Amendment No. 1

On page 1, in line 3, strike "requiring" and substitute "allowing"; and on that same page, in line 4, strike "Emergency Services Technicians;" and substitute "paramedics;"; and, on that same page, strike beginning with the second instance of "Emergency" in line 4 down through and including "technicians" in line 5 and substitute "paramedics;".

Amendment No. 2

On page 1, after line 19, insert:

"(2) *ADVANCED LIFE SUPPORT.*

"ADVANCED LIFE SUPPORT" OR "ALS" MEANS AN ADVANCED LEVEL OF CARE RENDERED BY A PARAMEDIC OR CARDIAC RESCUE TECHNICIAN, AS PROVIDED IN MMPEMS.";

and, on that same page, in line 20, strike "(2)" and substitute "(3)"; and, on page 2, in lines 5, 10, and 16, strike "(3)", "(4)", and "(5)", respectively, and substitute "(4)", "(5)", and "(6)", respectively; and, on that same page, after line 19, insert:

"(7) *PARAMEDIC.*

"PARAMEDIC" MEANS AN INDIVIDUAL WHO HAS:

(I) COMPLETED A PARAMEDIC COURSE APPROVED BY THE STATE EMERGENCY MEDICAL SERVICES ("EMS") BOARD;

(II) BEEN EXAMINED AND REGISTERED BY THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS, INC. AS A PARAMEDIC;

(III) DEMONSTRATED COMPETENCE IN MEDICAL PROTOCOLS WITHIN THE STATE, AS DETERMINED BY THE EMS BOARD; AND

(IV) BEEN LICENSED AS A PARAMEDIC BY THE EMS BOARD.".

Amendment No. 3

On page 2, in line 20, strike "*REQUIRED SUPPLY*" and substitute "*SUPPLY*"; and, on that same page, in line 22 strike "SHALL" and substitute "MAY"; and, on that same page, strike beginning with "ALL" in line 22 down through and including "STANDARD" in line 23 and substitute "PARAMEDICS AS ALS"; and, on that same page, in line 24, strike "*REQUIRED*"; and, on that same page, in line 26, strike "SHALL" and substitute "MAY"; and, on that same page, in line 27, strike "STANDARD MEDICAL TRAINING OF ALL EMERGENCY MEDICAL SERVICE TECHNICIANS." and substitute "ALS MEDICAL TRAINING OF ALL PARAMEDICS."; and, on that same page, in line 28, strike "*REQUIRED PROVISION*" and substitute "*PROVISION*"; and, on that same page, strike beginning with "EMERGENCY" in line 29 down through and including "SHALL" in line 30 and substitute "BALTIMORE CITY FIRE DEPARTMENT PARAMEDICS MAY".

Currin, Marguerite (City Council)

From: EMail Blast
Sent: Wednesday, September 3, 2025 10:00 AM
To: EMail Blast
Subject: REBLAST: Naloxone Training Available in Workday

City Employees,

Have you been trained in overdose response using Naloxone medication? If not, you could potentially save someone's life using the opioid overdose reversal medication, Naloxone, to counteract the effects of opioids and help save lives.

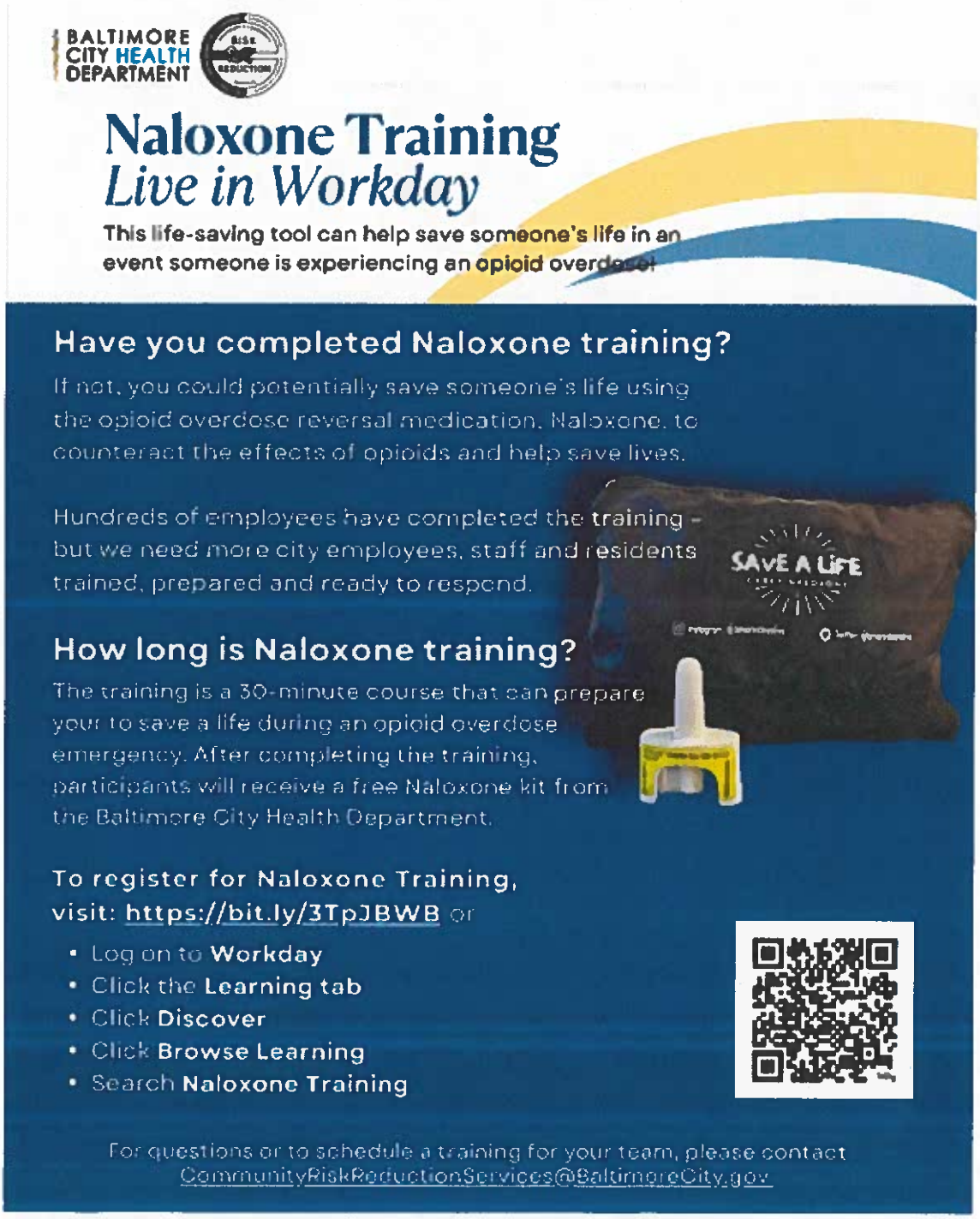
Hundreds of City employees have already taken the training – but we need more city employees, staff, and residents trained to administer Naloxone.

This is a reminder that a Naloxone training created for City employees is still available in Workday!

The training is a 30-minute course that can prepare you to save a life during an opioid overdose emergency. After completing the course, participants will receive a free Naloxone kit from the Baltimore City Health Department.

To register:

- Log in to **Workday**
- Go to the **"Learning"** tab



- Click **"Discover"** then **"Browse Learning"**
- or click **Naloxone Training | Learning – Workday (myworkday.com)**

Thank you for your commitment to keeping Baltimore safe.

If you have any questions or would like to schedule a live training for your team, please reach out to CommunityRiskReductionServices@baltimorecity.gov

PUBLIC HEALTH AND ENVIRONMENT COMMITTEE

25-0014

AGENCY REPORTS

SEE ATTACHED

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

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 30th 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,

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

CITY OF BALTIMORE
MAYOR BRANDON M. SCOTT

TO	The Honorable President and Members of the Baltimore City Council
FROM	Mary Beth Haller, Interim Commissioner of Health, Baltimore City Health Department
CC	Mayor's Office of Government Relations
DATE	March 18, 2025
SUBJECT	25-0014 – Emergency Medical Services – Administration of Buprenorphine

Position: No Position

BILL SYNOPSIS

Council Bill 25-0015 – Emergency Medical Services – Administration of Buprenorphine would require the Baltimore City Fire Department to issue buprenorphine to all emergency medical service (EMS) technicians and train all Baltimore City EMS technicians in the administration of buprenorphine. The bill would also require the Fire Department's EMS technicians to follow the "optional supplemental protocol in the Maryland Medical Services Protocols for Emergency Medical Services."

SUMMARY OF POSITION

The Baltimore City Health Department (BCHD) appreciates the opportunity to review Council Bill 25-0015 – Emergency Medical Services – Administration of Buprenorphine. BCHD defers to the Baltimore City Fire Department as the agency that would be implementing the requirements outlined in the bill.

CITY OF BALTIMORE
COUNCIL BILL 25-0014
(First Reader)

Introduced by: Councilmember Conway
Cosponsored by: Councilmembers Parker, Gray, Ramos, and President Cohen
Introduced and read first time: January 27, 2025
Assigned to: Public Health and Environment Committee
REFERRED TO THE FOLLOWING AGENCIES: City Solicitor, Fire Department, Health Department, Department of Finance

A BILL ENTITLED

AN ORDINANCE concerning

Emergency Medical Services – Administration of Buprenorphine

FOR the purpose of requiring Baltimore City Emergency Medical Services to provide buprenorphine to all Emergency Medical Services technicians; allowing Emergency Medical Services technicians to administer buprenorphine to an individual under certain circumstances; and defining certain terms.

BY adding
Article - Health
Section 18-103
Baltimore City Revised Code
(Edition 2000)

SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE, That the Laws of Baltimore City read as follows:

Baltimore City Revised Code

Article – Health

TITLE 18. Miscellaneous Regulations

§ 18-103. PROVISION OF BUPRENORPHINE.

(A) *DEFINITIONS.*

(1) IN THIS SECTION, THE FOLLOWING TERMS HAVE THE MEANINGS INDICATED.

(2) *BUPRENORPHINE*

"BUPRENORPHINE" MEANS AN OPIOID DRUG THAT:

(I) BINDS TO AN INDIVIDUAL'S OPIOID RECEPTORS;

EXPLANATION: CAPITALS indicate matter added to existing law.
[Brackets] indicate matter deleted from existing law.

(II) MAY BLOCK THE EFFECTS OF OTHER OPIOIDS; AND

(III) WHEN PROPERLY ADMINISTERED BY A MEDICAL PROFESSIONAL, MAY BE USED AS A MEDICATION TO SUPPRESS THE SYMPTOMS OF OPIOID WITHDRAWAL.

(3) *MARYLAND MEDICAL PROTOCOLS FOR EMERGENCY MEDICAL SERVICES.*

"MARYLAND MEDICAL PROTOCOLS FOR EMERGENCY MEDICAL SERVICES" OR "MMPEMS" MEANS THE MOST RECENT EDITION OF THE MARYLAND MEDICAL PROTOCOLS FOR EMERGENCY MEDICAL SERVICES FROM THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS.

(4) *MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS.*

"MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS" OR "MIEMSS" MEANS THE BODY ESTABLISHED IN § 13-503 OF THE STATE EDUCATION ARTICLE THAT OVERSEES AND COORDINATES ALL COMPONENTS OF THE EMERGENCY MEDICAL SERVICES SYSTEM IN THE STATE OF MARYLAND, IN ACCORDANCE WITH STATE STATUTE AND REGULATION.

(5) *OPIOID WITHDRAWAL.*

"OPIOID WITHDRAWAL" IS A POTENTIALLY SEVERE HEALTH CONDITION WITH A VARIETY OF DEBILITATING SYMPTOMS CAUSED BY CESSATION OF OPIOID USE AFTER AN INDIVIDUAL HAS DEVELOPED A PHYSICAL DEPENDENCE ON OPIOIDS.

(B) *REQUIRED SUPPLY OF BUPRENORPHINE.*

THE EMERGENCY MEDICAL SERVICES SYSTEM OF THE BALTIMORE CITY FIRE DEPARTMENT SHALL ISSUE BUPRENORPHINE TO ALL EMERGENCY MEDICAL SERVICE TECHNICIANS AS STANDARD MEDICAL EQUIPMENT AND SUPPLIES.

(C) *REQUIRED BUPRENORPHINE TRAINING.*

THE EMERGENCY MEDICAL SERVICES SYSTEM OF THE BALTIMORE CITY FIRE DEPARTMENT SHALL PROVIDE TRAINING IN BUPRENORPHINE ADMINISTRATION AS PART OF THE STANDARD MEDICAL TRAINING OF ALL EMERGENCY MEDICAL SERVICE TECHNICIANS.

(D) *REQUIRED PROVISION OF BUPRENORPHINE.*

EMERGENCY MEDICAL SERVICES TECHNICIANS OF THE BALTIMORE CITY FIRE DEPARTMENT SHALL FOLLOW THE OPTIONAL SUPPLEMENTAL PROTOCOL IN THE MMPEMS TO PROVIDE BUPRENORPHINE TO PATIENTS EXPERIENCING OPIOID WITHDRAWAL SYMPTOMS, PROVIDED THOSE PATIENTS MEET THE REQUIREMENTS OF BUPRENORPHINE ADMINISTRATION AS DESCRIBED IN THE MMPEMS.

SECTION 2. AND BE IT FURTHER ORDAINED, That this Ordinance takes effect on the 30th day after the date it is enacted.