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By: **Delegate Ruth** Introduced and read first time: February 7, 2024 Assigned to: Judiciary

A BILL ENTITLED

1 AN ACT concerning

Task Force to Study the Use and Possession of De Minimis Quantities of Controlled Dangerous Substances

FOR the purpose of establishing the Task Force to Study the Use and Possession of De Minimis Quantities of Controlled Dangerous Substances; and generally relating to the Task Force to Study the Use and Possession of De Minimis Quantities of Controlled Dangerous Substances.

8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, 9 That:

10 (a) There is a Task Force to Study the Use and Possession of De Minimis 11 Quantities of Controlled Dangerous Substances.

- 12 (b) The Task Force consists of the following members:
- 13 (1) one member of the Senate of Maryland, appointed by the President of14 the Senate;
- 15 (2) one member of the House of Delegates, appointed by the Speaker of the16 House;
- 17 (3) the Attorney General, or the Attorney General's designee;
- 18 (4) the President of the Maryland State's Attorneys' Association, or the19 President's designee;
- 20 (5) the Secretary of Public Safety and Correctional Services, or the 21 Secretary's designee;
- 22
- (6) the Secretary of Juvenile Services, or the Secretary's designee;



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1	(7)	the Se	ecretary of Health, or the Secretary's designee;	
2	(8)	the Pu	ublic Defender of Maryland, or the Public Defender's designee;	
$\frac{3}{4}$	(9) Superintendent's d		Superintendent of the Maryland State Police, or the e;	
$5 \\ 6$	(10) designee;	the S _l	pecial Secretary of Opioid Response, or the Special Secretary's	
7 8	(11) designee;	the Di	irector of the Office of Problem Solving Courts, or the Director's	
9 10	(12) or the Executive D		xecutive Director of the Maryland Cannabis Industry Association, 's designee;	
11 12	(13) President's designe		resident of the Maryland Chiefs of Police Association, or the	
13 14	(14) President's designe		resident of the Maryland–DC Society of Addiction Medicine, or the	
$\begin{array}{c} 15\\ 16\end{array}$	(15) the President of the Maryland Association of Addiction Professionals, or the President's designee; and			
17	(16)	the fol	llowing members, appointed by the Governor:	
18		(i)	one representative recommended by MedChi;	
19 20	Medicine;	(ii)	one representative of the Johns Hopkins University School of	
$\begin{array}{c} 21 \\ 22 \end{array}$	Medicine;	(iii)	one representative of the University of Maryland School of	
$\begin{array}{c} 23\\ 24 \end{array}$	Health;	(iv)	one representative of the University of Maryland School of Public	
$\frac{25}{26}$	Public Health;	(v)	one representative of the Johns Hopkins Bloomberg School of	
$\begin{array}{c} 27\\ 28 \end{array}$	Community Healt	(vi) h and P	one representative of the Morgan State University School of olicy;	
29		(vii)	one representative of the University of Maryland School of Law;	

1		(viii)	one representative of the University of Baltimore School of Law;
2		(ix)	one emergency medicine physician;
3		(x)	one emergency medicine nurse;
4 5	disorders;	(xi)	two individuals with lived experiences with substance use
$6 \\ 7$	experience with su	(xii) Ibstanc	one individual who is a family member of an individual with lived a use disorders;
8 9	substance use diso	. ,	one representative of an organization that specializes in eatment services;
10 11	community public	. ,	one representative of an organization that specializes in services;
$\begin{array}{c} 12\\ 13 \end{array}$	community menta	(xv) l healtl	one representative of an organization that specializes in n services;
$\begin{array}{c} 14 \\ 15 \end{array}$	providing drug edu		one representative of an organization that specializes in programs;
$\begin{array}{c} 16 \\ 17 \end{array}$	providing commun		one representative of an organization that specializes in al services;
18		(xviii)	one representative of a youth-led community organization;
19		(xix)	one representative of a harm reduction organization;
20 21	released from inca	(xx) rcerati	one representative of an organization led by individuals recently on;
$\begin{array}{c} 22\\ 23 \end{array}$	law enforcement; a	(xxi) and	one representative of an organization that specializes in training
$\begin{array}{c} 24 \\ 25 \end{array}$	individuals experie	· /	one representative of an organization that specializes in serving homelessness.
26	(c) The C	dovern	or shall designate the chair of the Task Force.
27	(d) The M	Iaryla	nd Department of Health shall provide staff for the Task Force.
28	(e) A me	mber o	f the Task Force:
29	(1)	may r	not receive compensation as a member of the Task Force; but

$\frac{1}{2}$	(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.			
3	(f) The Task Force shall:			
4 5	(1) analyze and document the relationship between drug use and crime, including the financial aspects of the illegal drug trade;			
6 7 8	(2) conduct a survey of research and consult with a panel of experts to recommend types of controlled dangerous substances and de minimis quantity amounts that should be eligible for a civil citation for use or possession;			
9 10 11	(3) review and evaluate the use of dedicated drug courts in other states with de minimis quantity laws and identify best practices for current drug courts in the State;			
$\begin{array}{c} 12\\ 13\\ 14 \end{array}$	(4) identify alternatives to criminal justice intervention if the quantity of use or possession is above the de minimis amount, such as assessments of substance use or mental health disorders, or referral to drug education programs;			
$\begin{array}{c} 15\\ 16\end{array}$	(5) determine the professional requirements for providers of the drug education programs under item (4) of this subsection to be eligible for such referrals;			
17	(6) investigate ways to increase the availability of the following:			
$18 \\ 19 \\ 20$	(i) low barrier substance use disorder treatment that is evidence–informed, trauma–informed, culturally responsive, patient–centered, and nonjudgmental;			
21	(ii) peer support and recovery services;			
$\begin{array}{c} 22\\ 23 \end{array}$	(iii) transitional, supportive, and permanent housing for individuals with substance use disorder; and			
$\begin{array}{c} 24\\ 25\\ 26 \end{array}$	(iv) harm reduction interventions including overdose prevention education, access to naloxone hydrochloride and sterile paraphernalia, other medications used in addiction treatment, and overdose prevention sites;			
$27 \\ 28 \\ 29$	(7) recommend ways to connect individuals cited for possession of de minimis quantities of controlled dangerous substances to programs and services investigated in item (6) of this subsection;			
$\begin{array}{c} 30\\ 31 \end{array}$	(8) identify situations in which a de minimis quantity civil offense provision would not apply;			

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(9) identify fine amounts for first-time and subsequent civil offenses under

- 1 a de minimis quantity law, and alternative provisions for individuals unable to pay fines; $\mathbf{2}$ identify ways in which youth under the age of 21 years might be treated (10)3 differently under a de minimis quantity law; 4 identify professional training needs for criminal justice actors to (11)encourage informed and fair implementation of a de minimis quantity law and determine $\mathbf{5}$ 6 the professional requirements of training entities to be eligible to provide the training; and 7make any other recommendations that the Task Force considers (12)8 relevant regarding the implementation of a de minimis quantity law on a statewide basis. 9 On or before October 1, 2025, the Task Force shall report its findings and (g) recommendations to the Governor and, in accordance with § 2-1257 of the State 10 11 Government Article, the General Assembly. 12SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 131, 2024. It shall remain effective for a period of 2 years and, at the end of June 30, 2026, this Act, with no further action required by the General Assembly, shall be abrogated and 14
- 15 of no further force and effect.