

Baltimore City Directorate - 2025 HB 1502 FAV - Ba

Uploaded by: Ashley Archie

Position: FAV



BALTIMORE CITY

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Immediate Past President
IBR REACH Health
Services

Senate Finance Committee

March 27, 2025

House Bill 1502 - Baltimore City - AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program - Revisions

Support

The Baltimore City Directorate strongly supports House Bill 1502 - Baltimore City - AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program - Revisions. Baltimore was the first jurisdiction in Maryland to establish what was then called needle exchange programs. Today, Syringe Service Programs (SSPs) have been made a significant difference in the lives of people who use drugs and had well-studied, positive public health outcomes. These programs have many benefits, including:

- Reducing the transmission of infectious diseases such as HIV and Hepatitis C
- Distributing naloxone to reverse opioid overdoses
- Linking people to various health services, including substance use disorder treatment
- Providing for the safe disposal of syringes

We support Baltimore City's request to update the state statute that governs City programs. HB 1502 will modernize the statute to reflect current public health best practices, local government needs, and eliminate stigmatizing language.

We ask for a favorable report on HB 1502.

Sincerely,

Ashley Archie, LCSW-C

Ashley Archie, LCSW-C
President
Baltimore City Substance Abuse Directorate

1900 N. Howard St.
Suite 300
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HB1502 - Senate_FAV_MedChi_Balt. City - AIDS Prev.

Uploaded by: Christine Krone

Position: FAV



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Senate Finance Committee

March 27, 2025

House Bill 1502 – *Baltimore City – AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program – Revisions*

POSITION: SUPPORT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports House Bill 1502, which enhances the Baltimore City AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program, now renamed the HIV Prevention Syringe Services Program.

The Baltimore City Health Department's Syringe Exchange Program (SEP) is a well-established harm reduction initiative, aimed at reducing the spread of HIV, hepatitis C, and other bloodborne diseases caused by sharing contaminated needles. Using a hybrid outreach model, including mobile services, backpack distribution, and street-based pop-ups, SEP provides critical prevention and support services, such as: sterile syringe distribution and safe disposal; health education and harm reduction training; referrals to healthcare, drug treatment, and social services; wound care kits, safe injection supplies, and drug-checking tools (e.g., fentanyl & xylazine test strips); HIV and Syphilis testing; and naloxone training for opioid overdose reversal.

This bill aligns with MedChi House of Delegates Resolution 34-18 (see attached) as well as Maryland's existing harm reduction efforts. House Bill 1502 updates and alters the Baltimore City SEP program. The bill represents a forward-thinking, evidence-based approach that prioritizes public health, harm reduction, and the dignity of individuals affected by substance use disorders. MedChi urges a favorable report to further strengthen Maryland's commitment to health equity and harm reduction.

For more information call:

J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 34-18

INTRODUCED BY: Medical Student Section
 Neel Koyawala, Neha Anand, Nick Siegel,
 Ben Bigelow, Lucy Nam

SUBJECT: Supporting Pilot Programs of Overdose Prevention Sites in
 Maryland

1 Whereas, Maryland ranks in the top five states with the highest rates of opioid-related overdose
2 deaths¹; and
3

4 Whereas, around 30 deaths per 100,000 in Maryland in 2016 were related to prescription opioids,
5 heroin and fentanyl compared to the national rate of 13.3 deaths per 100,000¹; and
6

7 Whereas, Maryland experienced a 20.4% increase in overdose death rates from 2014 to 2015 and
8 58.9% increase from 2015 to 2016²; and
9

10 Whereas, overdosing on drugs can generally be reversed with drugs like naloxone, saving
11 thousands of lives a year, but requires someone there to notice; and
12

13 Whereas, MedChi has existing policies and a task force to "help Maryland physicians address the
14 opioid epidemic" and encourage expansion of treatment centers and treatment options for people
15 with opioid use disorder; and
16

17 Whereas, a recent systematic review showed supervised injection facilities promote safer
18 injection practices and reduce overdoses all while having no effect on overall drug use, crime, or
19 trafficking³; and
20

21 Whereas, supervised injection facilities have been associated with health cost savings due to
22 averted HIV and Hep C infections and skin and soft tissue infections associated with injection⁴;
23 and
24

25 Whereas, a cost benefit analysis of a supervised injection facilities in Baltimore found it would
26 generate \$7.8 million in savings while lowering overdose related deaths, ambulance calls,
27 emergency room visits, and hospitalizations⁵; and
28

Whereas, Baltimore, Philadelphia, San Francisco, Seattle and other cities have proposed legislation for supervised injection facilities⁶; and

Whereas, existing treatment centers in Maryland provide infrastructure to expand the scope to providing supervised injections; and

Whereas, AMA policy H-95.925 states “Our AMA supports the development and implementation of pilot supervised injection facilities (SIFs) in the United States”; therefore be it

Resolved, that MedChi support legislation for the development of pilot overdose prevention sites, also known as supervised injection facilities, in Maryland that are designed to address the opioid crisis while gathering data that can be used by lawmakers to assess the efficacy of supervised injection facilities.

As adopted by the House of Delegates at its meeting on September 22, 2018.

References

1. National Institute on Drug Abuse. (2018, February 28). Maryland Opioid Summary. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/maryland-opioid-summary>
2. Centers for Disease Control and Prevention. Opioid Overdose. (2017, December 19). Retrieved from <https://www.cdc.gov/drugoverdose/data/stated>
3. Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145, 48-68. doi:10.1016/j.drugalcdep.2014.10.012
4. Tookes H, Diaz C, Li H, Khalid R, Doblecki-Lewis S (2015) A Cost Analysis of Hospitalizations for Infections Related to Injection Drug Use at a County Safety-Net Hospital in Miami, Florida. *PLoS ONE* 10(6): e0129360. <https://doi.org/10.1371/journal.pone.0129360>
5. Irwin, A., Jozaghi, E., Weir, B. W., Allen, S. T., Lindsay, A., & Sherman, S. G. (2017). Mitigating the heroin crisis in Baltimore, MD, USA: A cost-benefit analysis of a hypothetical supervised injection facility. *Harm Reduction Journal*, 14(1). doi:10.1186/s12954-017-0153-2
6. Benusic, M. (2018, April 18). Safe consumption sites save lives. Retrieved from <http://www.baltimoresun.com/news/opinion/oped/bs-ed-op-0419-consumption-sites-20180418-story.html>

Relevant AMA Policy

Pilot Implementation of Supervised Injection Facilities H-95.925

Our AMA supports the development and implementation of pilot supervised injection facilities (SIFs) in the United States that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of SIFs in reducing harms and health care costs related to injection drug use.

HB1502 Favorable 2025.pdf

Uploaded by: Debi Jasen

Position: FAV

Finance Committee
House Bill 1502
FAVORABLE

Honorable Chair, Vice Chair, and Members of the Finance Committee;

Please give House Bill 1502 a Favorable report.

From my understanding of this bill, it can only benefit the state. There are no new costs to the state, and the prevention of HIV transmission will actually save Maryland some money. Even more importantly, preventing HIV transmission is good for the health of Marylanders. Thank you for your consideration.

Sincerely,
Debi Jasen
Pasadena, MD

NCADD-MD - 2025 HB 1502 FAV - Baltimore City Syrin

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Program
March 27, 2025**

**House Bill 1502 - Baltimore City - AIDS Prevention Sterile Needle and
Syringe Exchange Pilot Program - Revisions**

Support

NCADD-Maryland strongly supports House Bill 1502 - Baltimore City - AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program - Revisions. Baltimore was the first jurisdiction in Maryland to establish this harm reduction program, that has proven in study after study to reduce the spread of infectious diseases and save people's lives. Syring Service Programs (SSPs) are successful at:

- Reducing the transmission of infectious diseases, including HIV and Hepatitis C;
- Distributing naloxone to reverse opioid overdoses;
- Linking people to various health services, including substance use disorder treatment; and
- Providing for the safe disposal of syringes.

We support Baltimore City's request to update the state statute that governs City programs. HB 1502 will modernize the statute to reflect current public health best practices, local government needs, and eliminate stigmatizing language.

We ask for a favorable report on HB 1502.

HB1502-FIN-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

HB1502

March 27, 2025

TO: Members of the Senate Finance Committee

FROM: Nina Themelis, Director of the Mayor's Office of Government Relations

RE: House Bill 1502 – Baltimore City - AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program
- Revisions

POSITION: SUPPORT

Chair Beidle, Vice Chair Hayes, and members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 1502.

Baltimore City made Maryland history by being the first jurisdiction in the state to open a syringe services program (SSP) after the Program was established in state statute in 1994. SSPs provide clients with sterile syringes, collect used syringes, and provide a wide array of health care services and referrals to other providers. While it was pioneering at the time – and the program has subsequently had great public health success – the statute needs to be revisited and updated. HB 1502 will modernize the statute to reflect current public health best practices and local government needs. Specifically, the bill does the following:

The statute established an oversight committee for the program and requires state agencies to nominate several members. This bill adjusts the composition of the committee and transitions the authority to nominate members to the community that it serves: Baltimore City. As the program has been operating successfully for over 30 years, the City should have full authority to determine who is appropriate to serve on its oversight committee.

The program was created as a pilot and is still referred to as such in the legislation. The bill strikes the word “pilot” from the statute.

Last but certainly not least, the statute unintentionally stigmatizes people living with HIV and people who use drugs through now-outdated, inaccurate language. This bill modernizes the language of the statute to reflect our modern understanding of these public health issues. For example, the bill updates the words “needles” to “syringes” and “AIDS” to “HIV.” As we are sure members of our Delegation can appreciate, it is important for our laws to progress with us. Awareness about the effects of stigmatizing and inaccurate language has grown, and strategies for revising this language have been established. As consensus around destigmatizing language develops, legislation should be revisited periodically to ensure that the language aligns.

This bill will bring an important law in-line with modern scientific and cultural understanding of HIV and substance use. Revising this legislation will help ensure the comfort and empowerment of people living with and affected by HIV, as well as reflect the effectiveness of HIV prevention and treatment and harm reduction programs. This bill is a step towards the goal of combatting stigma, strengthening strategies to prevent HIV transmission, and creating environments conducive to culturally appropriate HIV services for Baltimore City.

For the above reason, the BCA respectfully requests a **favorable** report on HB 1502.

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