

HEALTH CARE FOR THE HOMELESS
TESTIMONY IN SUPPORT OF

SB 463 - Municipalities - Vagrancy - Repeal of Authority to Prohibit

Senate Judicial Proceedings Committee
February 12, 2026



Health Care for the Homeless supports SB 463, which would repeal the authority of a municipality to prohibit vagrancy. This is an overdue and much-needed step towards decriminalizing homelessness.

The criminalization of homelessness is ineffective and cruel. People experiencing homelessness must live their private lives in public spaces. However, laws oftentimes penalize people for merely existing. According to National Homelessness Law Center, “[c]riminalization of homelessness is when law enforcement threatens or punishes people experiencing homelessness for doing things in public that every person has to do. This can include activities such as sleeping, resting, sheltering oneself, asking for donations, or simply existing in public places. It also includes arbitrarily or unfairly enforcing other laws, such as jaywalking or disorderly conduct against homeless individuals, and the practice of “sweeps” or displacing homeless people from outdoor public spaces through harassment, threats, and evictions from living in camps.”¹ At Health Care for the Homeless, we routinely see otherwise lawful behavior from our clients made a crime merely because our clients live on the streets.

Nuisance crimes, such as vagrancy, are a common tool against people experiencing homelessness. Nuisance crimes such as urination in public, soliciting or panhandling, loitering, vagrancy,² etc., are crimes oftentimes related to homelessness or extreme poverty.³ These ordinances grant authorities a broad tool for excluding visibly people who are poor experiencing homelessness from public places.⁴ Aside from these types of criminal charges not doing anything to prevent or end homelessness, criminal records for such offenses are common barriers to our clients receiving housing and jobs. Criminal records, including records of non-convictions, create almost insurmountable barriers to obtaining employment, housing, education, and other critical resources like social safety net programs.⁵ As a supportive housing services provider, we see the direct impact that a criminal record can have on an individual’s ability to obtain housing. SB 463 serves to eliminate such barriers to housing. As such, **SB 463 will help to reduce such barriers to employment and housing.**

We cannot continue down the path of criminalizing our most vulnerable residents. According to the 2020/2021 report from The Maryland Interagency Council on Homelessness, over 23,000 people in Maryland experienced homelessness in the given year. More than 2,000 residents in Baltimore City alone experience

¹ National Homelessness Law Center, *Housing Not Handcuffs: Fact Sheet*, available at [criminalization-one-pager.pdf](https://homelesslaw.org/criminalization-one-pager.pdf) (homelesslaw.org).

² See Md. Code Ann., Crim. Proc. §10-105(a)(9).

³ *No Safe Place The Criminalization of Homelessness in U.S. Cities*, National Law Center on Homelessness & Poverty (Feb. 2013), available at https://www.nlchp.org/documents/No_Safe_Place 11 See resolution 104H.

⁴ National Homelessness Law Center, *Housing Not Handcuffs 2021: State Law Supplement* (Nov. 2021), page 11, available at <https://homelesslaw.org/wp-content/uploads/2022/02/2021-HNH-State-Crim-Supplement.pdf>.

⁵ See American Public Health Association, *Housing and Homelessness as a Public Health Issue* (Nov. 2017), available at <https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2018/01/18/housing-and-homelessness-as-a-public-health-issue>.

homelessness on any given day. We cannot continue to treat homelessness as a crime and must view homelessness as the housing and health crisis that it is. Homelessness creates new health problems and exacerbates existing ones. Where someone who is stably housed could easily manage something like diabetes or hypertension, our providers see everyday that homelessness makes caring for these things exponentially harder and sometimes impossible. It is no surprise that the mortality rates among people experiencing homelessness are substantially higher than those of their housed counterparts – the life expectancy of those housed residents living in the wealthiest Maryland counties is 82, whereas for people experiencing homelessness, the life expectancy is just 48 years of age.

The solution to homelessness is not criminalization, it is housing. Studies show criminalization of homelessness costs 2-3 times as much as simply providing housing, criminalization actually harms the whole community by draining the resources we need to solve the root causes of homelessness.⁶ Instead, we must be investing in affordable housing, include permanent supportive housing⁷ and Housing First models.⁸ These investments have proven to end and prevent homelessness.⁹ Criminalizing homelessness has the opposite effect of erecting what can be insurmountable barriers to housing, employment and health.

Health Care for the Homeless supports SB 463 because laws criminalizing homelessness exacerbate homelessness and are bad for our communities. We urge a favorable report by the Committee.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at sites in Baltimore City and Baltimore County.

Our Vision: Everyone is healthy and has a safe home in a just and respectful community.

Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

For more information, visit www.hchmd.org.

⁶ National Homelessness Law Center, *Housing Not Handcuffs: Fact Sheet*, available at criminalization-one-pager.pdf (homelesslaw.org).

⁷ See [Permanent Supportive Housing - National Alliance to End Homelessness](#)

⁸ See [Housing First - National Alliance to End Homelessness](#)

⁹ See, for instance, the success of Maryland's investment in the supportive housing Medicaid waiver known as Assistance in Community Integration Services (ACIS). According to the [Hilltop Institute Report](#), ACIS has seen statistically significant decline in the average number of ED visits, avoidable ED visits, and inpatient admissions for ACIS participants in the year following enrollment in the program.