

Department of Legislative Services
Maryland General Assembly
2015 Session

FISCAL AND POLICY NOTE

House Bill 973 (Delegate Lam, *et al.*)
Health and Government Operations

Local AIDS Prevention Sterile Needle and Syringe Exchange Programs

This bill expands the Prince George’s County AIDS Prevention Sterile Needle and Syringe Exchange Program by authorizing similar programs statewide. A community-based organization (with approval from the local health officer) or a local health department may establish an AIDS Prevention Sterile Needle and Syringe Exchange Program. A jurisdiction that wishes to implement an exchange program must appoint an advisory committee to provide advice to the local health officer and the program director, and follow mandated program components. The bill repeals the requirement that the program include policies and procedures for screening applicants to preclude noninjecting drug users from participation. Likewise, it repeals the requirement for a one-for-one exchange of used hypodermic needles and syringes for sterile ones. Even so, the program must fully account for the number of needles and syringes in circulation (and in storage), incorporate referrals to drug counseling and treatment, and encompass outreach education on the dangers of contracting the HIV infection.

Fiscal Summary

State Effect: Minimal increase in general fund expenditures for the Department of Health and Mental Hygiene (DHMH) – should exchange programs be implemented – to provide representation on the required advisory committees in the jurisdictions that do so. However, revenues are not affected.

Local Effect: Potential significant increase in expenditures for those local health departments that choose to implement exchange programs. To the extent that a community-based organization implements the program instead of the local health departments, costs are lower, but local health department involvement is still required. Revenues are not likely affected.

Small Business Effect: Minimal.

Analysis

Current Law/Background: Chapter 251 of 1998 authorized Prince George's County to establish an AIDS Prevention Sterile Needle and Syringe Exchange Program. Statute mandates program components, including a one-for-one exchange of used needles for sterile needles, referrals to drug counseling and treatment, and outreach education on the dangers of contracting the HIV infection. The county must appoint an advisory committee to provide advice to the local health officer and the program director. The local health officer must appoint the program director and is required to develop operating procedures for program evaluation. Although authorized under law, Prince George's County never established a program.

Chapter 360 of 1994 established the AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program in the Baltimore City Health Department (BCHD). Initially scheduled to terminate in 1997, Chapter 178 of 1997 repealed the termination date and continued an annual reporting requirement. When first established, the program exchanged clean needles and syringes for used ones on a one-for-one basis. However, Chapter 396 of 2014 repealed the requirement that the program in Baltimore City limit exchanges of used hypodermic needles and syringes for sterile hypodermic needles and syringes on a one-for-one basis. Prior to that change, according to BCHD, the program serves approximately 2,500 individuals on a regular basis annually and exchanged approximately 500,000 syringes for them. The program also educates participants about the dangers of contracting HIV infections through needle sharing practices and refers participants to substance abuse treatment programs.

State Fiscal Effect: General fund expenditures for DHMH increase in the first year that a program is established for DHMH to provide a representative as required on each advisory committee. However, the timing and level of impact cannot be reliably determined since, according to the Maryland Association of County Health Officers, no additional local health departments have immediate plans to implement a new program. DHMH's Prevention and Health Promotion Administration (PHPA) advises that, should every local health department in the State choose to implement an exchange program, PHPA must hire six full-time employees, or 0.25 of a full-time employee for each of the 24 local health departments, as representatives to the required program advisory committees.

However, the Department of Legislative Services disagrees. The Baltimore City Health Department has a well-established program that any future exchange programs can likely be modeled on. Thus, DHMH could likely provide representation with two or three part-time contractual employees in the first year of operation and could likely handle ongoing representation on the committees with existing resources after the programs are operational. To the extent that the advisory committees require more significant assistance from the DHMH representative, costs may be higher and/or necessitate the hiring of a

full-time staff. This analysis assumes that other costs associated with program implementation are borne by the local jurisdictions (or community-based organizations) that implement them, rather than with general fund support from the State.

Local Fiscal Effect: The bill authorizes, but does not require community-based organizations (with approval from the local health officer) and local health departments to establish AIDS Prevention Sterile Needle and Syringe Exchange Programs. The Maryland Association of County Health Officers advises that no local health departments have immediate plans to implement such a program, but that local health departments are evaluating the need and costs of such programs and may choose to do so in the future. Thus, expenditures for local health departments increase only to the extent that a local health department or community-based organization (with the approval of a local health department) chooses to implement an exchange program.

For a medium-sized local health department, the total cost of implementing an exchange program would likely range between \$100,000 and \$300,000. This includes the cost of a part-time employee to serve on the advisory committee and run the program, two full-time community health nurses, one full-time epidemiologist, and one full-time community health educator, plus necessary supplies.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Maryland Association of Counties, Maryland Association of County Health Officers, Prince George's County, Department of Legislative Services

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Analysis by: Kathleen P. Kennedy

Direct Inquiries to:
(410) 946-5510
(301) 970-5510