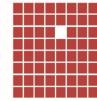
## MedChi

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Maryland Chapter AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

TO: The Honorable Delores G. Kelley, Chair Members, Senate Finance Committee The Honorable Shelly Hettleman The Honorable Brian J. Feldman

FROM: Pamela Metz Kasemeyer J. Steven Wise Danna L. Kauffman Rohini Chakravarthy

DATE: January 22, 2021

RE: SUPPORT – Senate Bill 279 – Public Health – Overdose and Infectious Disease Prevention Services Program

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Chapter, we submit this letter in **support** of Senate Bill 279. As an organization of physicians, we treat many patients for drug use. I am here to share a few of those stories.

In her intoxicated state, she managed to call her mom to ask her "do you have any money?" Completely unaware that she had been admitted hospital. The nameplate on the door said "Seventy-Two." The patient had been brought in by EMS, nearly dead from an overdose that she was no more than a number to our system. As this female in her 40s passed out mid-conversation, I picked up the phone to explain to her mother that her daughter was in the hospital and that the orthopedics team would soon be contacting her to obtain consent for an emergent hand operation. A site where the patient had been injecting fentanyl had become severely infected and without this procedure the patient could lose her hand. For 48 hours, the patient experienced severe alcohol and opiate withdrawal symptoms, diarrhea, nausea, and agitation. She required sedatives to prevent her from having seizures. She required a security officer to prevent her from leaving the hospital in her intoxicated state. For 48 hours, the nursing staff was exhausted and verbally assaulted. In the end the patient's orthopedics procedure was cancelled twice, first from not being able to get appropriate consent and again because of the lack of hospital resources. By that time, the patient had sobered up and left against medical advice.

Down the hall, patient Seventy-Three was an army veteran. After having suffered so many war injuries, the only thing he found to cure his physical and emotional trauma was heroin. His addiction made it difficult to care for his other medical problems and he would go days without taking his seizure medications. This was his sixth presentation to the hospital in less than a month for seizures.

Safe injection sites would help patients Seventy-Two and Seventy-Three and countless other patients, and free up personnel and financial resources for other patients. Seventy-Two's hand site infection would have been prevented. And an injection site could serve as the gateway for Seventy-Three to get continuous access to medical care for seizure prevention.

A summary of research published by the Johns Hopkins School of Public Health describes how safe injection facilities save lives, reduce infection, and serve as a gateway to treatment.<sup>1</sup> Baltimore would save \$6 million dollars by opening one site.<sup>2</sup> Studies of previous injection sites have shown decreases in public drug user (by 56%) and high approval ratings (70%) amongst community members.<sup>3</sup>

MedChi recognizes the research and the potential that these facilities can reduce the costs associated with this public health crisis. For these reasons, MedChi asks for a favorable report on Senate Bill 279.

## For more information call:

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<sup>&</sup>lt;sup>1</sup> <u>https://www.jhsph.edu/research/centers-and-institutes/institute-for-health-and-social-policy/award-programs/lipitz-award/past-awardees/\_documents/Safe-Injection-Policies.pdf</u>

<sup>&</sup>lt;sup>2</sup> <u>https://www.jhsph.edu/news/news-releases/2017/safe-space-for-illegal-drug-consumption-in-baltimore-would-save-6-million-dollars-a-year.html</u>

<sup>&</sup>lt;sup>3</sup> <u>https://abell.org/sites/default/files/files/Safe%20Drug%20Consumption%20Spaces%20final.pdf</u>