



STATEMENT OF PAUL A. LOCKE, JD, DRPH IN SUPPORT OF HOUSE BILL 1197
05 MARCH 2024

My name is Paul Locke, and I am a Professor in the Department of Environmental Health and Engineering at the Johns Hopkins Bloomberg School of Public Health in Baltimore Maryland. I hold a doctoral degree in environmental health sciences, and am also an attorney. I am admitted to practice before the bars of the State of New York and the District of Columbia, and the bar of the United States Supreme Court.¹ During my law practice, I focused primarily on environmental law, and also advised clients regarding real estate transactions.

As a Hopkins scientist, my colleagues and I have been studying issues associated with pets – also called companion animals – and their role in improving public health and welfare.² My aim in submitting this testimony is to bring these experiences and research perspectives into the analysis of HB 1197.

As I understand it, the HB 1197 is meant to remove unnecessary barriers for low income tenants and their pets in certain rental housing. It applies to owners and/or agents of housing that has received an allocation of tax credits from the federal low income tax credit program. The bill states that for such housing, owners and/or agents cannot prohibit certain pet ownership, nor require compensation or payment from these pet owners simply because they own pets.

The bill is carefully crafted to preserve the rights of building owners and managers, and governments, to protect against potential damage and liability associated with companion animals. First, the bill expressly allows for the imposition of reasonable restrictions on pet possession, including leash and insurance requirements and the prohibition of dangerous dogs. Second, the bill defines the class of pets narrowly as domesticated dogs and cats possessed for companionship, so exotic animals are excluded. Third, the bill does not limit state and local laws and regulations relating to public health and animal control.

As I explain below, the provisions of House Bill 1179 align squarely with public health science and the concept of “one health.” Based on my research and practice, I believe that HB 1179 will benefit Marylanders, and I strongly support its passage.

¹ I am not admitted to practice law in Maryland.

² Our companion animal/one health research was supported by a grant from the Lipitz Public Policy Award Program at the Johns Hopkins Bloomberg School of Public Health. An article based on our research was published in the Maryland Journal of Health Care Law & Policy (volume 26, issue 2 (2023)).



HB 1179's objective is to keep together companion animals (domesticated cats and dogs) and their owners. This is an important public health goal. Our research, and the research of other public health scientists, has demonstrated that the companion animal – human bond strengthens both individual and community health. This idea is accepted in the health community and is captured under the concept of “one health.” The one health concept recognizes that the health of communities and individuals is closely related to the health of animals and our shared environment. A key one health concept is that the human-companion animal bond that develops between pets and owners enhances human health.

Simply put, when the human-pet bond is broken, public health suffers. This is especially true in low income and vulnerable communities – those Marylanders who this bill seeks to protect. Passage of HB 1179 will be of great benefit to these families because it eliminates potential financial burdens that might otherwise make subsidized rental housing too expensive. Low income families should be able to devote their limited resources to taking care of their health and the health of their companion animals, not to paying unnecessary fees for keeping a pet in their home.

Thank you for the opportunity to offer comments on this important bill. If you have any questions about my testimony, or need more information, please contact me via email at plocke@jhu.edu.

Please be aware that I am submitting this testimony in my individual capacity and that the views expressed do not necessarily reflect the official policy or position of Johns Hopkins University or Johns Hopkins Bloomberg School of Public Health.