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TO: The Honorable Joseline A. Pena-Melnyk, Chair
Members, House Health and Government Operations Committee

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RE: **SUPPORT** – House Bill 1096 – *Public Health – Overdose and Infectious Disease Prevention Services Program*

On behalf of The Maryland State Medical Society and the Maryland Chapter of the American College of Emergency Physicians, we submit this letter of **support** for House Bill 1096.

This legislation provides that a community-based organization may establish an Overdose and Infectious Disease Prevention Services Program in one or more counties with the approval of the Department of Health, in consultation with the local health department. The legislation limits the program to approval of six programs, two in urban areas, two in suburban areas, and two in rural areas. The program must provide a location supervised by health care professionals or other trained staff where drug users can consume pre-obtained drugs. The program must also provide sterile supplies for personal drug administration, information regarding safe drug use practices, and referrals to obtain counseling and treatment services.

Although hundreds of people suffer overdose deaths each year, thousands more experience nonfatal overdose, skin and soft tissue infections, and are at risk for infectious diseases due to unsafe and unsterilized administration environments. Research has shown that people who utilize safe consumption spaces take better care of themselves, use their drugs more safely, and have better access to medical, social, and drug treatment services compared to [users] who do not access safe consumption spaces, according to a 2017 Abell report titled *Safe Drug Consumption Spaces: A Strategy for Baltimore City*.

The first official supervised drug consumption facility opened in Berne, Switzerland in 1986. Today these facilities operate in numerous cities across multiple countries with additional facilities in the planning phase for implementation. A large body of evidence-based, peer-reviewed studies demonstrate that people who utilize these facilities take better care of themselves; use their drugs more safely; and have better access to medical, social, and drug treatment services.

MedChi and MDACEP recognize the research and the potential that these facilities can reduce the costs associated with this public health crisis. For these reasons, MedChi would ask for a favorable report on House Bill 1096.