

**Support HB845 and Save Lives**  
**Testimony in Support of House Bill 845**  
**Public Health - Overdose and Infectious Disease Prevention Services Program**  
***House Health & Government Operations Committee***  
**February 26, 2025**

As a future social worker and lifelong Maryland resident, I strongly support HB845, Public Health - Overdose and Infectious Disease Prevention Services Program, which authorizes the creation of up to six Overdose Prevention Sites across the state; and enables the billing of individuals' health insurance for services rendered. **This legislation is a cost-effective, evidence-based solution to the opioid epidemic that will save lives and produce other positive harm reduction outcomes, including reducing the spread of infectious disease.**

**Overdose Prevention Sites (OPS) are a necessary harm reduction measure that have been shown to decrease overdose deaths, reduce state spending on emergency services, and bolster infectious disease prevention and treatment. (Armbrecht et al, 2021; Gledhill, 2019; Levensgood, et al, 2022).** Already they have been implemented in over a dozen countries.

**While substance use disorder treatment and targeted Naloxone distribution are important parts of the federal government's current strategy for the opioid epidemic, there remains a gap in services around overdose reversal that OPS can fill.** Not all people who use drugs want to enter treatment, and Naloxone distribution cannot help someone if they are using alone. OPS discourage people from using alone by meeting them where they are. In fact, one study in Australia showed that of people surveyed, nearly half had last injected alone, and of that half, 66% would have preferred to use an OPS (van Beek & Gilmour, 2000).

**Additionally, research indicates that OPS increase access to detoxification and addiction treatment, including medication-assisted treatment, as well as other services (Shorter, et al, 2023).** OnPoint NYC, the first fully functional OPS in the United States, reported that "100 percent of participants who wanted detox or substance use disorder treatment were connected to outside providers of those services" (Drug Policy Alliance, 2024, citing Gibson et al, 2023). Thus, OPS not only fill a gap in the existing policy approach, but also strengthen the effectiveness of the government's comprehensive strategy.

**Further, as a resident of Baltimore City, I am intimately familiar with the impact of overdose death on my community.** As the partner of a co-owner of a local café/restaurant, I interact daily with people who use drugs. In the past year we have lost three friends and regular customers to opioid overdoses. They were musicians, artists, churchgoers, sons, daughters, and parents; and they deserved more than what we alone could offer. Overdose deaths fray the social fabric of our neighborhood, and they are preventable. Though we do our best to provide Naloxone to those who request it, we cannot keep up with the demand. **We are not equipped to**

**provide the services or support that our fellow city residents desperately need. I am tired of wondering who will be next.**

**Maryland is uniquely positioned to implement Overdose Prevention Sites.** We have access to funding via the Opioid Restitution Fund in excess of that which is needed to implement this legislation. Further, integrating OPS into our existing infrastructure will reduce startup costs, such as for construction and staffing.

As you have heard, there is a strong consensus among local stakeholders that this legislation is long overdue and will be both effective and feasible to implement. The only missing puzzle piece is your political will. I urge you to consider the stories you have heard, as well as the evidence, which should compel you to act immediately to prevent further overdoses in our state. I urge the committee to report favorably HB845 to the full House, and the full House to approve it as soon as possible.

Sincerely,  
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