

**SUPPORT HB845**  
**Public Health**  
**Overdose and Infectious Disease Prevention Services Program**

Dear Health & Government Operations Committee,

Despite all efforts and some progress, the opioid/overdose crisis continues. Too many Marylanders have died and continue to die, and too many have suffered from the ravages of addiction. This affects more than those who are plagued with this disease. There is the larger impact on society: crime, healthcare costs, damage to communities, and innocent victims.

As an Emergency Medicine Physician with over 40-years front-line clinical experience in Maryland hospitals (rural, urban, and suburban); as an appointed member of the State Behavioral Health Care Council, the ER Wait Time Commission, and the Baltimore County Behavioral Healthcare Council; as faculty at George Washington University; and as a former state legislator I am appreciative of the steps taken by governments, NGO's, public health experts, front-line workers, families, and others to stem this tragic tide. But it's clearly not enough.

**That's why I urge you to SUPPORT HB845: PUBLIC HEALTH – OVERDOSE AND INFECTIOUS DISEASE PREVENTION SERVICES PROGRAM. Literally, your vote can save lives.** And thanks to HGO Chair Pena-Melnyk and the many co-sponsors for perseverance in re-introducing this important bill.

These programs have been documented to save lives, reduce disease, lower crime rates, and get people into treatment. **Most significantly, there have been ZERO overdose deaths in the sites that are operating because a trained rescuer is always present. To put it bluntly, you can't reform a dead person.**

This is an effective tool in Maryland based on detailed studies from the Johns Hopkins Bloomberg School of Public Health and a large body of medical literature. Had this approach been adopted years ago, thousands of lives could have been saved.

The legislation has numerous safeguards to be sure any program meets standards, is located appropriately, and is monitored by the Health Department. Further, it's a 3-year pilot program with study and review, so that it can be properly assessed over time. Last, based on the Fiscal Note, there is no significant fiscal impact for the state.

I understand the reservations some may have - and frankly I had some of these when I first learned about this concept. These recall the kinds of concerns that were raised when needle exchange was first proposed, ones which never materialized. Needle exchange did not solve all substance use problems (no one program can), but it helped by reducing the spread of disease (notably HIV/AIDS, hepatitis B, and hepatitis C), by reducing skin and bloodstream

infections, and by reducing the spread of discarded needles. Further, needle exchange staff successfully motivated many people to get into treatment.

**Let's be clear about what the bill does not do. It does not condone or approve of drug use.**

It does not allow these sites to pop-up in neighborhoods. The sites do not become "opium dens." Rather, it's an entry point for some drug users to reduce their risk of disease and death and to get into treatment. What it does do is save lives.

**Please note the many established and credible organizations that supported this bill in the past and who support it now**, all of whom have studied the legislation carefully before making the decision to endorse it:

- Maryland State Medical Society (MedChi)
- Maryland Nurses Association
- Maryland Rural Health Coalition
- National Association of Social Workers – Maryland
- National Council Alcoholism and Drug Dependence (NCADD)
- MD-DC Society of Addiction Medicine
- Human Trafficking Project
- Behavioral Health Leadership Institute
- Maryland Coalition of Families
- Maryland Association for the Treatment of Opioid Dependence
- Healthcare for the Homeless
- Maryland Addiction Directors Council
- Law Enforcement Action Partnership
- The BRIDGES coalition
- Faculty from Johns Hopkins and other institutions
- Individuals with personal lived experience and/or family experience
- And in articles from the New England Journal of Medicine (5/26/2022), Journal of the American Medical Association (4/26/2022), Annals of Emergency Medicine (5/2021), and others

**I urge you to vote for HB845. Please do not let another year go by without taking advantage of this evidence-based approach. Again, literally, your vote can save lives.**

I'm available to discuss any aspect of this with you and your staff.  
Thank you.

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(Note: this is my personal opinion, and I am not representing any board, commission, or organization)