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House Health and Government Operations Committee

March 13, 2025

House Bill 1502 – *Baltimore City – AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program – Revisions*

POSITION: SUPPORT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports House Bill 1502, which enhances the Baltimore City AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program, now renamed the HIV Prevention Syringe Services Program.

The Baltimore City Health Department’s Syringe Exchange Program (SEP) is a well-established harm reduction initiative, aimed at reducing the spread of HIV, hepatitis C, and other bloodborne diseases caused by sharing contaminated needles. Using a hybrid outreach model, including mobile services, backpack distribution, and street-based pop-ups, SEP provides critical prevention and support services, such as: sterile syringe distribution and safe disposal; health education and harm reduction training; referrals to healthcare, drug treatment, and social services; wound care kits, safe injection supplies, and drug-checking tools (e.g., fentanyl & xylazine test strips); HIV and Syphilis testing; and naloxone training for opioid overdose reversal.

This bill aligns with MedChi House of Delegates Resolution 34-18 (see attached) as well as Maryland’s existing harm reduction efforts. House Bill 1502 updates and alters the Baltimore City SEP program. The bill represents a forward-thinking, evidence-based approach that prioritizes public health, harm reduction, and the dignity of individuals affected by substance use disorders. MedChi urges a favorable report to further strengthen Maryland’s commitment to health equity and harm reduction.

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MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 34-18

INTRODUCED BY: Medical Student Section
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SUBJECT: Supporting Pilot Programs of Overdose Prevention Sites in
Maryland

1 Whereas, Maryland ranks in the top five states with the highest rates of opioid-related overdose
2 deaths¹; and
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4 Whereas, around 30 deaths per 100,000 in Maryland in 2016 were related to prescription opioids,
5 heroin and fentanyl compared to the national rate of 13.3 deaths per 100,000¹; and
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7 Whereas, Maryland experienced a 20.4% increase in overdose death rates from 2014 to 2015 and
8 58.9% increase from 2015 to 2016²; and
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10 Whereas, overdosing on drugs can generally be reversed with drugs like naloxone, saving
11 thousands of lives a year, but requires someone there to notice; and
12
13 Whereas, MedChi has existing policies and a task force to "help Maryland physicians address the
14 opioid epidemic" and encourage expansion of treatment centers and treatment options for people
15 with opioid use disorder; and
16
17 Whereas, a recent systematic review showed supervised injection facilities promote safer
18 injection practices and reduce overdoses all while having no effect on overall drug use, crime, or
19 trafficking³; and
20
21 Whereas, supervised injection facilities have been associated with health cost savings due to
22 averted HIV and Hep C infections and skin and soft tissue infections associated with injection⁴;
23 and
24
25 Whereas, a cost benefit analysis of a supervised injection facilities in Baltimore found it would
26 generate \$7.8 million in savings while lowering overdose related deaths, ambulance calls,
27 emergency room visits, and hospitalizations⁵; and
28

29 Whereas, Baltimore, Philadelphia, San Francisco, Seattle and other cities have proposed
30 legislation for supervised injection facilities⁶; and

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32 Whereas, existing treatment centers in Maryland provide infrastructure to expand the scope to
33 providing supervised injections; and

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35 Whereas, AMA policy H-95.925 states “Our AMA supports the development and
36 implementation of pilot supervised injection facilities (SIFs) in the United States”; therefore be it

37

38 Resolved, that MedChi support legislation for the development of pilot overdose prevention
39 sites, also known as supervised injection facilities, in Maryland that are designed to address the
40 opioid crisis while gathering data that can be used by lawmakers to assess the efficacy of
41 supervised injection facilities.

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44 As adopted by the House of Delegates at its meeting on September 22, 2018.

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References

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Relevant AMA Policy

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Pilot Implementation of Supervised Injection Facilities H-95.925

Our AMA supports the development and implementation of pilot supervised injection facilities (SIFs) in the United States that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of SIFs in reducing harms and health care costs related to injection drug use.