

Public Health Law Clinic

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Testimony in Opposition to House Bill 1303

Alcoholic Beverages - Class A License –Retailer Establishments
(Alcoholic Beverages Modernization Act of 2026)
Before the Economic Matters Committee: March 4, 2026

The Public Health Law Clinic submits this testimony in opposition to House Bill 1303 because it increases access to alcohol by expanding sales to myriad retail establishments, including many where parents bring children, where teens often shop, and where people who have achieved sobriety or are working toward sobriety shop for essentials.

House Bill 1303 creates an exception to Maryland’s prohibition on issuing Class A alcoholic beverages licenses to chain stores, supermarkets, and discount houses. The bill authorizes certain retailers, including food retailers, defined as establishments of at least 4,000 square feet that sell food in multiple categories and accept SNAP benefits; pharmacies; and gas stations to offer to purchase a Class A license from a license holder within 3,000 feet at fair market value. If the license holder declines the offer, the food retailer may apply to the local licensing board for a Class A beer or beer and wine license. Notably, the bill provides that an application by a retailer is presumed to be in the best interest of the community. Maryland’s existing laws prohibiting alcohol sales at these establishments that serve families, teens, and those in recovery or working toward sobriety actually serve the best interests of the community and should be maintained.

Public Health Harms of Increased Alcohol Access

When alcohol becomes easier to access in retail establishments, per capita alcohol consumption increases.¹ This correlation between access and consumption is not unique to any community or population, though many marginalized communities already suffer from oversaturation of retail alcohol outlets and the negative impact of the ready availability of alcohol. Given the negative public health consequences that can be caused by alcohol consumption, public health guidance recommends limiting where, when, and to whom alcohol may be sold.² House Bill 1303 aims to accomplish the opposite by creating a pathway for a broad array of retailers to sell alcohol for off-premises consumption, with a presumption that such sales are best for a community.

Alcohol outlet density is not only associated with increased alcohol consumption, but is also related to increased harm, including violence, injuries, and other health issues. Alcohol

¹ Norman Giesbrecht & Daniel T. Myran, *Harms and Costs of Proposed Changes in How Alcohol is Sold in Ontario*, 196 CANADIAN MEDICAL ASSOCIATION JOURNAL 447, 448 (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11001388/pdf/196e447.pdf>.

² *Global Status Report on Alcohol and Health*, WORLD HEALTH ORGANIZATION (2018), <https://iris.who.int/bitstream/handle/10665/274603/9789241565639-eng.pdf?sequence=1>.

outlet density is associated with an increase in violent crime exposure—with each 10% increase in alcohol outlet access being correlated with a 4.2% increase in violent crime exposure.³ This correlation between increased exposure to violent crimes and alcohol outlet density is more pronounced when the alcohol outlets are for off-premises consumption. Access to alcohol outlets for off-premises consumption is associated with a 37% greater incidence of violent crime compared to access to on-premises outlets.⁴ The most frequently investigated alcohol-related incidents are assault, with alcohol outlet density being recognized as a community characteristic associated with high rates of firearm assault—so much so that reducing off-premises alcohol outlet density may reduce firearm violence.⁵ The increase in violence also reflects an increase in homicides, domestic violence incidents, and child abuse.⁶

In addition to an increase in violent crimes, increased access to alcohol is correlated with an increase in injuries not stemming from violence, such as accidents and suicides. Alcohol has numerous effects on the body, often impacting mental alertness, level of coordination, ability to respond to hazards, and willingness to engage in risky behaviors—all of which contribute to an increased risk of bodily injury. Cities and communities with a high density of off-premises alcohol outlets—such as convenience stores or grocery stores that sell alcohol—are more than twice as likely to have high alcohol-related hospitalization rates compared to cities and communities with low density off-premises alcohol outlets.⁷

Excessive alcohol use is a leading and preventable cause of death in the United States. Approximately 178,000 people die from excessive drinking each year.⁸ Among these deaths, about two thirds are attributed to chronic conditions, including several types of cancer, heart disease, liver disease, and alcohol use disorder, all of which develop from alcohol consumption over an extended period. However, even moderate drinking increases risks of cancer, heart disease, and early death—meaning that greater access increases harm, no matter the user.⁹ Also included in these preventable deaths are fatalities from alcohol-related car crashes. Communities, especially residential areas, with greater alcohol-outlet densities experience higher alcohol-

³ Pamela J. Trangenstein, *Outlet Type, Access to Alcohol, and Violent Crime*, ALCOHOL, CLINICAL AND EXPERIMENTAL RSCH. (2018), <https://pmc.ncbi.nlm.nih.gov/articles/PMC6214776/pdf/nihms-986850.pdf>.

⁴ *Baltimore Liquor Stores Linked More to Violent Crime Than Bars and Restaurants*, Johns Hopkins Bloomberg School of Public Health (Sep. 26, 2018), <https://publichealth.jhu.edu/2018/baltimore-liquor-stores-linked-more-to-violent-crime-than-bars-and-restaurants>.

⁵ Veronica A. Pear et al., *Community-Level Risk Factors for Firearm Assault and Homicide: The Role of Local Firearm Dealers and Alcohol Outlets*, 34 EPIDEMIOLOGY 798, 801 (2023), https://journals.lww.com/epidem/fulltext/2023/11000/community_level_risk_factors_for_firearm_assault.6.aspx.

⁶ David Fone et al. *Change in alcohol outlet density and alcohol-related harm to population health (CHALICE): a comprehensive record-linked database study in Wales*, 4 Public Health Research 1, 2 (2016), <https://www.ncbi.nlm.nih.gov/books/NBK350757/>.

⁷ L.A. COUNTY DEP'T OF PUB. HEALTH, ALCOHOL OUTLET DENSITY AND ALCOHOL-RELATED CONSEQUENCES 7 (2022). See *Baltimore Liquor Stores Linked More to Violent Crime Than Bars and Restaurants*, Johns Hopkins Bloomberg School of Public Health (Sep. 26, 2018), <https://publichealth.jhu.edu/2018/baltimore-liquor-stores-linked-more-to-violent-crime-than-bars-and-restaurants> (finding that off-premises alcohol outlets have a stronger association with incidents of violent crimes than on-premises alcohol outlets).

⁸ *Facts About U.S. Deaths from Excessive Alcohol Use*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Aug. 6, 2024), <https://www.cdc.gov/alcohol/facts-stats/index.html>.

⁹ Iona Y. Millwood et al., *Alcohol Intake and Cause-Specific Mortality: Conventional and Genetic Evidence in a Prospective Cohort Study of 512,000 Adults in China*, 9 THE LANCET PUB. HEALTH 956, 966 (2023), <https://www.thelancet.com/action/showPdf?pii=S2468-2667%2823%2900217-7>.

related crash rates.¹⁰ Drunk driving crashes account for nearly 1/3 of all traffic fatalities in Maryland and within the past five years, nearly 800 Maryland residents have been killed in crashes involving an impaired driver.¹¹

Impact on People in Recovery from Alcohol Use Disorder

In addition to impacting the general population, greater availability of alcohol presents a uniquely harmful impact on those recovering from, or trying to recover from, alcohol use disorder. Environmental factors play a significant role in an individual's long-term recovery, and in order for there to be improvements in long-term recovery outcomes, there must be access to substance-free spaces.¹² However, increased alcohol availability—such as the sale of alcohol in grocery stores or convenience stores or pharmacies—negatively affects people in recovery, as it makes it harder for them to avoid triggers.

Today, someone recovering from alcohol use disorder has the freedom to walk into a grocery store and shop for necessities or a pharmacy to buy medication without confronting the very substance they are working to overcome. House Bill 1303 alters this reality by creating additional opportunities for alcohol sales in a broad array of retail establishments, making it more difficult to access alcohol-free public spaces.

Because individuals in recovery face higher relapse rates when alcohol is widely available in their communities, recovery groups emphasize that safe, alcohol-free spaces are crucial for long-term sobriety. By allowing many more retailers to obtain Class A licenses for beer or beer and wine sales, House Bill 1303 reduces the number of public spaces that do not present a trigger—putting the recovery of those with alcohol use disorder at risk in exchange for convenience.

Conclusion

Increased availability of alcohol leads to higher consumption rates, creating several public health concerns including an increase in community and domestic violence and an increase in illness and deaths attributed to chronic conditions. Moreover, the greater availability of alcohol negatively impacts individuals recovering from alcohol use disorder by further limiting the number of public spaces that do not present a trigger. For these reasons, we request an unfavorable report on House Bill 1303.

This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law, directed by Professor Kathi Hoke, and not by the School of Law, the University of Maryland, Baltimore, or the University of Maryland System.

¹⁰ Paul J. Gruenewald & Fred W. Johnson, *Drinking, Driving, and Crashing: A Traffic-Flow Model of Alcohol-Related Motor Vehicle Accidents*, 71 J. OF STUD. ON ALCOHOL AND DRUGS 237, 237–38 (2010), <https://pmc.ncbi.nlm.nih.gov/articles/PMC2841734/pdf/jsad237.pdf>.

¹¹ Impaired Driving, ZERO DEATHS MARYLAND, <https://zerodeathsmd.gov/road-safety/impaired-driving/>.

¹² Leonard A. Jason et al., *The Emergence, Role, and Impact of Recovery Support Services*, 41 ALCOHOL RSCH. CURRENT REV. 1, 7–8 (2021), <https://pmc.ncbi.nlm.nih.gov/articles/PMC7996242/pdf/arcr-41-1-4.pdf>.