

Senate Bill 906 and House Bill 1386 - Written Test

Uploaded by: Allan Culver

Position: FAV

HAVEN N. SHOEMAKER, JR.
STATE'S ATTORNEY



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Senate Bill (SB) 906 & House Bill (HB) 1386
Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death
(Victoria, Scottie, Ashleigh, and Yader's Law)

DATE : February 27, 2026
COMMITTEE: Senate Judicial Proceedings & House Judiciary
POSITION: **FAVORABLE**

Dear Chairperson and Committee Members:

PURPORTED PURPOSE: SB 906 and HB 1386 create a separate crime for dealing heroin and/or fentanyl or drugs laced with either that results in the death or serious bodily injury to another. These Bills would make it a felony to deal these deadly drugs when there is a fentanyl overdose or poisoning death and impose a penalty of up to 20 years imprisonment for an individual who has a prior felony drug conviction (previously convicted of a violation of Criminal Law § 5-602 or § 5-603).

CURRENT STATE OF THE LAW

Currently, case law hampers the ability to prosecute drug dealers who cause a death. In *State v. Thomas*, 464 Md. 133 (2019), Maryland's highest court held that a distributor of heroin may be convicted of gross negligence - involuntary manslaughter if there is sufficient evidence to prove that the distributor's conduct was both the actual and legal cause of a buyer's fatal overdose. The Court further held that the evidence must be reviewed on a case-by-case basis to determine the degree of gross negligence required and whether a sufficient causal connection exists between such gross negligence and the fatal overdose of a buyer. *Id.* at 211. In order to convict a dealer under *Thomas*, a prosecutor has to prove that the dealer's actions were wanton and reckless because of the dangers inherent in the distribution and consumption of heroin of unknown potency carrying with it a high degree of risk to human life. *Id.* at 164-65, 169, 211.

The standard set forth in *Thomas* is an extremely difficult standard to prove. However, given the deadly nature of the threat of fentanyl, (which these days is cut into almost every illegal drug), a legislative fix is needed, so pushers of poison who kill can be charged with more than mere drug distribution. *Thomas* also does not deal with cases where someone might not die from an overdose, but instead, suffers serious bodily injury – this statute does.

FENTANYL FACTS

- According to the federal Drug Enforcement Administration (DEA), 2 milligrams or 0.00007 ounces is enough to kill you; the average housefly weighs 12 milligrams.¹
- Illicit fentanyl, primarily manufactured in foreign clandestine labs and smuggled into the United States through Mexico, is being distributed across the country and sold on the illegal drug market. Fentanyl is

¹ <https://www.jacksoncountycombat.com/818/Get-The-Fentanyl-Facts#seeit> (last visited February 7, 2025).

being mixed in with other illicit drugs to increase the potency of the drug, sold as powders and nasal sprays, and increasingly pressed into pills made to look like legitimate prescription opioids.²

- DEA analysis has found counterfeit pills ranging from .02 to 5.1 milligrams (more than twice the lethal dose) of fentanyl per tablet, and 42% of pills tested for fentanyl contained at least 2 mg of fentanyl, a potentially lethal dose.³
- According to the CDC, synthetic opioids (like fentanyl) are the primary driver of overdose deaths in the United States. Comparing the 12 months-ending January 31, 2020, and the 12 months-ending January 31, 2021, overdose deaths involving opioids rose 38.1 percent, and overdose deaths involving synthetic opioids (primarily illicitly manufactured fentanyl) rose 55.6 percent and appear to be the primary driver of the increase in total drug overdose deaths.⁴
- In Maryland in 2023 there were 2,586 deadly overdoses and Fentanyl was involved in nearly 80% of them.⁵

PROVISIONS OF THE BILLS

- Provides a separate 20-year penalty for directly dealing heroin or fentanyl or drugs mixed with them or synthetic versions of heroin or fentanyl that results in death or serious bodily injury.
- The Bills provide no mandatory minimum, but in a 2024 Gonzales poll, 83% of Marylanders supported a 10-year mandatory sentence for such conduct.⁶
- Provides that anyone in the distribution chain may be prosecuted.
- Enables prosecution where the death or injury occurred or where the drugs were dealt.
- This provision only applies to individuals with prior felony drug convictions under Criminal Law § 5-602 or § 5-603.

SB906 and HB1386 provide an additional tool to deter and prosecute the purveyors of deadly poison in the State of Maryland, and I respectfully request a favorable report on both.

Haven N. Shoemaker, Jr.
Carroll County State's Attorney

² <https://www.dea.gov/resources/facts-about-fentanyl#:~:text=Two%20milligrams%20of%20fentanyl%20can%20be%20lethal%20depending,mg%20of%20fentanyl%2C%20considered%20a%20potentially%20lethal%20dose> (last visited February 7, 2025)

³ *Id.*

⁴ *Id.*

⁵ <https://foxbaltimore.com/news/local/carroll-county-states-attorney-wants-to-get-tougher-on-drug-dealers> (last visited February 7, 2025).

⁶ <https://htv-prod-media.s3.amazonaws.com/files/gonzales-poll-part-1-maryland-statewide-february-2024-65cb9fcf5b1e3.pdf> (last visited February 7, 2025).

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Senate Bill (SB) 906 & House Bill (HB) 1386
Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death
(Victoria, Scottie, Ashleigh, and Yader's Law)

DATE : February 27, 2026
COMMITTEE: Senate Judicial Proceedings & House Judiciary
POSITION: **FAVORABLE**

Dear Chairperson and Committee Members:

I am writing to express my strong support for Senate Bill 906 and House Bill 386. Throughout my career, I have worked closely with individuals struggling with substance use disorders—many battling opioid addiction—and I have seen firsthand the urgent need for meaningful action to address the fentanyl crisis. I also bring a personal perspective to this issue. I am a person in long-term recovery from heroin addiction, abstinent since November 2003, prior to the emergence of fentanyl in the drug supply. In my professional role, I work daily with individuals who are still actively struggling, and I witness the heightened dangers they now face. Fentanyl has dramatically changed the landscape of addiction, making relapse far more likely to result in overdose or death.

Over the years, I have escorted countless individuals from programs through the Carroll County State's Attorney's Office to be tested prior to entering treatment. Many were shocked to learn that they had been using fentanyl, believing instead that they were taking oxycontin or another opioid. While awareness has increased and many now assume fentanyl is present in most illicit drugs, what users do not and cannot know is the amount being mixed into each batch. The only person who truly knows that is the one selling it. That reality is deeply troubling and unacceptable.

In my experience, individuals who knowingly sell fentanyl-laced drugs understand the high probability that their product could cause an overdose or death. I have seen too many people suffer fatal overdoses or survive with permanent, life-altering injuries. While I recognize that there are situations where substances are shared among peers, this legislation is not aimed at those circumstances. It is directed at individuals who profit from distributing fentanyl, fully aware of its deadly potential and indifferent to the consequences. Here in Carroll County, we often see individuals travel outside the county to purchase fentanyl or heroin and bring it back. However, the greater concern is the broader network of dealers across Maryland who knowingly distribute fentanyl for profit, often without using the drug themselves. Senate Bill 906 and House Bill 1386

have the potential to deter those who are driving this market and, in doing so, disrupt the ripple effect of further distribution and loss.

My mission has always been to help individuals move toward recovery and build productive, meaningful lives, something I have been blessed to do myself. But fentanyl has changed the stakes. Addiction is now deadlier than ever, and we must respond accordingly. I respectfully urge you to support Senat Bill 906 and House Bill 1386 to help protect our communities and save lives.

Thank you for your time and consideration. Please feel free to contact me if you would like to discuss this matter further.

Sincerely,

Tim Weber, CPP
Community Education Liaison
Carroll County State's Attorney's Office

Testimony by Jackie Long for SB0906 .pdf

Uploaded by: Jackie Long

Position: FAV

I am writing in support of SB0906/HB1386 in Maryland.

My name is Jackie Long, mother of Ryan White, I am writing to share my testimony about losing my 30-year-old son Ryan and his girlfriend Stephanie to illicit fentanyl poisoning in November 2022. Ryan had so much to live for, he had an athletic background, career path, and will never be able to participate in our family vacations, celebrate another birthday, holiday, get married, have children or reach his career path dreams. Ryan had ongoing medical issues and was awaiting further testing for possible lymphoma. He was trying to get proper medical care and stabilize his life when he was sold a drug containing a lethal amount of illicit fentanyl. He never received the chance to recover, seek treatment, or even regret using a drug because illicit fentanyl took his life instantly. My point is he did not want to die; we know this by all the steps he was taking to fulfill his dreams and had an unexpected illness and turned to drugs whether it was to self-medicate, get high or both.

I am writing to support laws for stronger accountability for drug dealers who knowingly distribute substances contaminated with deadly fentanyl. Opposition has stated that users know illicit fentanyl is in the drug supply; well I can assure you, dealers know this too. This law is not just about incarcerating people with substance use disorder, but about holding suppliers responsible for deaths caused by the illicit drug supply. I urge lawmakers to pass legislation that strengthens consequences for distribution causing death or harmful bodily injuries while also improving access to rehabilitation programs, including for incarcerated individuals. My plea is grounded in the belief that stronger accountability will save users, potential users, and even dealers themselves.

Illicit fentanyl stole Ryan's chance at recovery and life itself, and I am asking lawmakers to hold dealers accountable in order to prevent further deaths and protect vulnerable individuals while still supporting treatment for those with substance use disorder.

We need a multi-tiered solution. Treatment is essential. Prevention is essential. Education is essential. But accountability for those who knowingly distribute deadly drugs must be part of that solution.

Opponents speak about the cost of incarceration. I ask: what is the cost of a life? What price would you put on your child? I would rather see money spent on rehabilitation in our correctional system than see another parent spend money on a funeral.

Please pass this law. Help us stop the revolving door of dealers and deaths. Hold those who distribute these lethal substances accountable while also expanding treatment and rehabilitation.

Please help save lives — the lives of those who struggle, the lives of those who experiment once, the lives of those who are self-medicating in pain, and even the lives of those who deal and could still turn their lives around.

Thank you for taking the time to read my testimony.

MCPA-MSA SB 906 - Distribution of Heroin or Fentan

Uploaded by: Samira Jackson

Position: FAV



Maryland Chiefs of Police Association

Maryland Sheriffs' Association



MEMORANDUM

TO: The Honorable William C. Smith, Jr., Chair and
Members of the Judicial Proceedings Committee

FROM: Darren Popkin, Executive Director, MCPA-MSA Joint Legislative Committee
Andrea Mansfield, Representative, MCPA-MSA Joint Legislative Committee
Samira Jackson, Representative, MCPA-MSA Joint Legislative Committee

DATE: March 3, 2026

RE: **SB – 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or
Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law)**

POSITION: **SUPPORT**

The Maryland Chiefs of Police Association (MCPA) and the Maryland Sheriffs' Association (MSA) **SUPPORT SB 906**. This bill strengthens Maryland's ability to hold accountable those who distribute heroin, fentanyl, or chemical analogues when such distribution results in death or serious bodily injury. Under current law, prosecutors may face challenges in ensuring that individuals who supply lethal quantities of these drugs are held to the fullest extent appropriate when tragic outcomes occur. This bill fills that gap by creating a specific felony offense for distribution that leads to serious harm or loss of life, reflecting the real-world consequences of the opioid and synthetic opioid crisis that Maryland communities continue to face.

Law enforcement officers witness firsthand the devastating impact that heroin and fentanyl have on families and neighborhoods. Fentanyl is often mixed with other substances and can be lethal even in minute quantities. By establishing clear, enhanced penalties when distribution results in death or serious injury, SB 906 provides prosecutors with a vital tool to pursue justice in these cases, supports deterrence, and underscores that distributing deadly drugs is not a victimless act. This aligns with the goal of protecting public safety and signaling that those who profit from the sale of dangerous substances will face meaningful consequences.

Additionally, SB 906 recognizes the cumulative responsibility of all participants in the distribution chain. The bill clarifies that if controlled substances pass through multiple hands before resulting in a fatal or severely injurious outcome, each distributor can be held responsible, ensuring that individuals cannot evade accountability by pointing to others in the supply network. For law enforcement and prosecutors, this clarity is critical for pursuing complex investigations that involve multiple actors.

By supporting SB 906, we are taking an important step toward addressing the public safety crisis fueled by fentanyl and heroin distribution. This measure will enhance Maryland's criminal justice response,

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provide needed support to victims' families seeking justice, and reinforce community confidence that the law treats lethal drug distribution as the serious offense that it truly is. For these reasons, MCPA and MSA **SUPPORT SB 906** and urge a **FAVORABLE** committee report.

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Senate Bill 906 Written Testimony (Stuart T. Welch

Uploaded by: Stuart Welch

Position: FAV

SENATE BILL 906

STUART T. WELCH, ASSISTANT STATE'S ATTORNEY

POSITION: FAVORABLE FOR SB 906

February 27, 2026

My name is Stuart Welch, and I am an Assistant State's Attorney for Harford County. I am the Senior Contact Attorney for the Felony Guns and Drugs Unit and specially assigned to the Harford County Drug Task Force. I write this to offer my support for Senate Bill 906, also known as Victoria, Scottie, Ashleigh, and Yader's Law.

Senate Bill 906 would add Maryland to the majority of states already utilizing drug-induced homicide laws. Since the rise of fentanyl in the United States, more and more states have passed drug-induced homicide laws for a reason. Fentanyl, and its analogues, have drastically increased the dangers of drug trafficking.

In 2025, I secured a conviction of second-degree depraved heart murder of a drug dealer who distributed the fatal dose of cocaine mixed with fentanyl that led to the death of a twenty-five-year-old male in Harford County. The investigation of the case showed that the dealer dealt a combination of cocaine mixed with fentanyl to the victim, who the dealer claimed was his good friend. The victim had serious mental health issues, and the Defendant even admitted that he was aware that drugs made the victim's mental health issues worse. Despite knowing this, the Defendant admitted that he still distributed drugs to the victim. It was also clear that the victim was expecting cocaine only and did not ask for fentanyl. The victim was found deceased the next day by a handyman who went to the victim's residence to change the locks. This was the first time in the history of Maryland that a drug dealer was convicted of second-degree murder for dealing a fatal dose of drugs.

With the conviction in this case making the news, I heard from multiple other counties that wanted to start pursuing these charges themselves. In fact, Carroll County currently has pending murder and manslaughter charges against a drug dealer that they decided to charge after consulting with me about this result. This issue impacts every county of every state, and without specific drug-induced homicide laws, prosecutors will continue to struggle to effectively bring justice for the victim and families of the victim.

The 2025 case was not the first case of this kind that I have charged. In fact, I have regularly prosecuted these cases ever since 2023, when I first decided to pursue these charges. In that period of time, I have worked with the Harford County Drug Task Force to develop the way we investigate and prosecute fatal overdose cases. Even with all of the hard work we put into these cases, they still often result in a simple drug distribution or manslaughter conviction. This leads to disappointment for the families of victims who rightfully believe that more should be done to the dealer responsible for their loved one's death.

Being a hands-on prosecutor, I regularly meet with the families of fatal overdose victims. These families carry with them an immense pain that only gets worse when I have to tell them that because their loved one overdosed in Maryland, it will be difficult to get anything beyond a drug distribution conviction for the dealer responsible for the fatal overdose. Part of being a hands-on drug prosecutor means that I also regularly sit down and talk with drug dealers in what are called proffer sessions. I have spoken with many drug dealers during my career, and I can confirm that even the small-time dealers are well aware of how dangerous fentanyl is. They are also well aware that fentanyl is often mixed with other drugs like cocaine. Despite knowing these dangers, they still distribute these drugs all throughout Maryland.

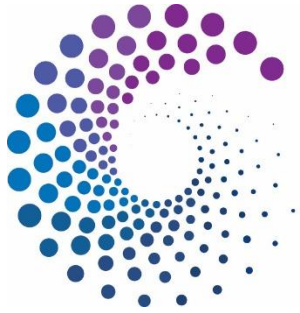
In closing, Senate Bill 906 is a great step in providing prosecutors like me with the proper tools to bring justice against drug dealers who continue to profit off of distributing incredibly dangerous substances. For these reasons, **I respectfully request a favorable report for Senate Bill 906.**

Thank you for your attention and consideration of this important subject.

MASDP Testimony_Written_SB906-Drug Induced Homicide

Uploaded by: Thomas Higdon

Position: FAV



Maryland Alliance for Sensible Drug Policy

LIVED EXPERIENCE. REAL SOLUTIONS.

March 3, 2026

The Honorable William C. Smith, Jr., Chair
Senate Judicial Proceedings Committee
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB906 – Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law) – UNFAVORABLE

Chair Smith, Vice Chair Waldstreicher, and Members of the Committee:

I am submitting this testimony in strong opposition to SB906 on behalf of the Maryland Alliance for Sensible Drug Policy (MASDP), a state-wide advocacy group led by people with lived or living experience with substance use.

The bill would make a new felony offense for distribution of heroin or fentanyl when it results in death or serious bodily injury, as well as adding up to 20 years on top of the existing penalties for those offenses and requiring these sentences to run consecutively. This is the very type of drug-induced homicide (DIH) legislation that public health experts have repeatedly stated would cause more harm than good, increasing the number of overdoses as opposed to reducing them.

Why DIH laws make overdose more likely

People who use drugs are not "bad actors." They are your next-door neighbor, coworker, parent, and loved one. Many of the tragic cases of overdose involve individuals who both supplied the drug and were also using the drug at the time of the overdose; in fact, in many instances, the individual who supplied the drug is the only other person present. The effect of drug-induced homicide laws is that they turn an overdose into a crime scene and create obstacles to making life-saving choices quickly.

- **They discourage 911 calls and undermine overdose response.**

It has been consistently shown that there is a fear of being arrested or facing prosecution that prevents individuals from calling 911 when they witness an overdose.¹ Public Health advocates understand this issue and created Good Samaritan laws to incentivize individuals to call 911 and seek assistance when an overdose occurs.² SB906 offers no meaningful Good Samaritan safeguard for someone who might be considered "liable" under this new offense, and people in the community will hear about DIH prosecutions and they will stop calling 911 during an overdose.

- **They do not deter drug use or drug dealing**
Researchers have found that DIH prosecutions do not improve public health outcomes, but rather divert limited resources away from prevention and treatment.³ The scientific literature on DIH policies similarly suggests that such policies may increase the likelihood of overdose and do not have empirical support for deterring drug use or drug sales.⁴

What Maryland should do instead: focus on proven approaches

If we want fewer families to lose a loved one, Maryland should invest in what works.

- **Remove criminal penalties for personal use drug paraphernalia.** Criminalizing drug paraphernalia use discourages use of safer supplies and increases interaction with law enforcement. It increases the danger associated with infection and overdose and limits opportunities for connection to services.
- **Increase the capacity of harm-reduction programs** offering naloxone distribution, overdose education, syringe services, wound care, and real connections to treatment and recovery supports.
- **Expand drug checking** so people can make informed decisions when faced with an increasingly toxic drug supply.
- **Invest in evidence-based treatment** (including medications for opioid use disorder) with low barriers, rapid access, and continuity of care.
- **Strengthen recovery support** services such as peer recovery support, recovery housing and employment supports to help individuals achieve stability and maintain their recovery.

Request

SB906 will increase the likelihood that an overdose becomes fatal by making people more afraid to call for help, while offering no evidence-based path to reducing drug use or preventing overdose. For these reasons, MASDP respectfully requests an **unfavorable** report on SB906. Thank you for your consideration. If we can be a resource to the Committee, please feel free to contact us.

Respectfully submitted,

Thomas Higdon
Executive Director
Maryland Alliance for Sensible Drug Policy
thigdon@masdp.org

¹ Byles, H., et al. (2024). Review: Barriers to calling emergency services amongst people who use drugs in overdose events. International Journal of Drug Policy. <https://www.sciencedirect.com/science/article/pii/S0955395924002433>.

² Schneider, K. E., et al. (2020). Knowledge of Good Samaritan laws and beliefs about calling 911 for opioid overdose. Health Promotion Practice. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7238711/>.

³ Fair and Just Prosecution. (2022). Drug induced homicide prosecutions. <https://fairandjustprosecution.org/wp-content/uploads/2022/07/FJP-Drug-Induced-Homicide-Brief.pdf>.

⁴ Carroll, J. J., et al. (2021). Drug induced homicide laws may worsen opioid related harms. International Journal of Drug Policy. <https://www.sciencedirect.com/science/article/abs/pii/S095539592100311X>.

SB0906_OAG_Albert_FAV.pdf

Uploaded by: Jared Albert

Position: FWA

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STATE OF MARYLAND
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CHRISTIAN E. BARRERA
Chief of Staff

February 27, 2026

TO: The Honorable Will Smith
Chair, Judicial Proceedings Committee

FROM: Jared Albert
Deputy Chief, Criminal Division, Office of the Attorney General

RE: Senate Bill 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law) – **Support with Amendments**

For the third consecutive year, the Office of the Attorney General (OAG) supports **Senate Bill 906** - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law) and urges the Committee to issue a favorable with amendments report. **Senate Bill 906** creates a new criminal offense for distributing heroin or fentanyl, or a chemical analogue thereof, "the use of which results in the death or serious bodily injury of another." The new offense would be a felony with a maximum sentence of up to 20 years.

This bill would be an important tool in how we address the opioid epidemic. As of 2019, according to data from the Prescription Drug Abuse Policy System, 24 states and the federal government have laws which punish the distribution or delivery of drugs which result in a death. See <https://pdaps.org/datasets/drug-induced-homicide-1529945480-1549313265-1559075032>.

The Maryland Department of Health has published preliminary data for February 2025-January 2026 on its public dashboard. See <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>. In this 12-month period, there were 1,266 total overdose deaths in Maryland. Though fortunately this number is lower than in recent years, the role of opiates in the death toll remains significant. Of the 1,266 overdose deaths between February 2025-January 2026, 986 (77.8%) were related to opioids, and 872 (66.9%) were specifically related to fentanyl.

Senate Bill 906 allows Maryland to join 24 states and the federal government, including neighbors such as Pennsylvania, Delaware, and the District of Columbia, in making it illegal to distribute heroin or fentanyl, the use of which results in the death or serious injury of another.

In light of the severity of the opioid epidemic in Maryland, prosecutors need another tool at our disposal to seek justice for those who die from fatal overdoses. Most of the time, there is insufficient evidence to determine precisely who distributed the drugs that the victim took which resulted in their death. However, when we are able to pinpoint exactly who sold the drugs that led to the victim losing their life, the person who distributed those drugs should be subject to potential punishment above and beyond the ordinary punishment for simply selling drugs. Under current law, the maximum penalty for selling drugs is the same regardless of whether a death occurs. This bill will bring greater accountability to those who sell fentanyl within our communities and would provide a justified potential enhancement of their maximum possible sentence when someone dies.

It would also provide comfort to the victim's family by creating a charge which acknowledges, rather than ignores, the resulting death. Under current law, available charges such as involuntary manslaughter (maximum 10-year penalty) and reckless endangerment (maximum 5-year penalty) carry less time than ordinary drug distribution (maximum 20-year penalty). So, without this bill, distributions resulting in death are often prosecuted as mere distributions, denying the victim's family public recognition that the distribution resulted in the loss of their loved one.

Importantly, **Senate Bill 906** provides only a maximum possible penalty with no mandatory minimum. So, in the event of conviction, the judge would still retain full discretion to fashion an appropriate sentence anywhere in the sentencing range. Even with this bill, the judge will still consider all relevant circumstances related to the facts and the defendant's background.

In *State v. Thomas*, 464 Md. 133, 180 (2019), the Supreme Court of Maryland, in a 4-3 opinion, affirmed a conviction for manslaughter for a man who distributed heroin which caused a fatal overdose. However, in light of the narrow holding in *Thomas*, and the limited 10-year penalty for manslaughter, this bill provides a sorely needed new avenue to seek justice for victims and promote public safety.

While the OAG supports the majority of the bill, **Senate Bill 906** contains one provision that was not present in 2024's version that the OAG believes should be removed. **Senate Bill 906** only applies if the distribution was done for "remuneration or the exchange of goods or services." It seems the purpose of this provision is to not to cover friends who "share" fentanyl with one another. However, this addition would create an unnecessary hurdle to conviction and would be overinclusive. For example, just last year, OAG prosecuted a fatal overdose where the drug dealer gave away the fentanyl for free to the victim as a "tester." Exempting that type of conduct simply because the victim did not pay for the drugs would lead to anomalous results and provides an unnecessary extra element that the State would have to prove beyond a reasonable doubt.

For the foregoing reasons, the Office of the Attorney General urges a favorable with amendments report on **Senate Bill 906**.

cc: Judicial Proceedings Committee Members

SB0906_MHAMD_UNFAV.pdf

Uploaded by: Ann Geddes

Position: UNF

**SB 906 – Criminal Law – Distribution of Heroin or Fentanyl Causing Death or
Serious Bodily Injury**

Senate Judicial Proceedings Committee

March 3, 2026

Position: UNFAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in opposition to SB 906.

SB 604 would increase the prison sentence for distributing heroin or fentanyl to a person who then experiences serious bodily injury or death, if the person distributing the opioid receives remuneration for the drug.

MHAMD opposes SB 906 because it has consistently been shown that laws that increase criminal penalties for drug distribution have no positive impact – they do nothing to prevent overdose, save lives, deter drug use, deter drug distribution, or reduce the presence of fentanyl in the drug supply. They do not deter kingpin distributors.¹

While we appreciate the effort in the bill to exempt from the increased penalty a person sharing an opioid, the legislation would still have the effect of largely impacting people with an opioid use disorder rather than career drug dealers. It is not uncommon for a co-user to receive some form of remuneration when sharing drugs, or for low-level dealers to themselves have a drug addiction.² These individuals need treatment, not lengthy imprisonment.

There are several evidence-based interventions to reduce drug overdose deaths. In 2025, 1,315 Marylanders lost their lives to an overdose – a 53% decrease from the high of 2,800 lives lost in 2021.³ Maryland's existing efforts to address the drug overdose epidemic have been working. These have included:

¹ Amy Lieberman. Tougher criminal penalties won't end overdose deaths. The National Network for Public Health Law (June 2022). <https://www.networkforphl.org/news-insights/tougher-criminal-penalties-wont-end-overdose-deaths/>

² Rethinking the "drug dealer:" harsh penalties for drug supply are counterproductive says new report. Drug Policy Alliance (December 2019). <https://drugpolicy.org/news/rethinking-drug-dealer-harsh-penalties-drug-supply-are-counterproductive-says/>

³ Maryland Department of Health, Behavioral Health Administration. <https://health.maryland.gov/bha/Pages/Overdose-Data-.aspx>

- Naloxone distribution
- Peer recovery services
- Medications for opioid use disorder, like suboxone and methadone
- Easy-to-access treatment services

Harsher penalties for opioid distribution have no evidence-base. They do not reduce drug overdoses. It is misguided to impose ever-increasing prison sentences for heroin or fentanyl distribution, when Maryland can continue to invest in proven strategies that have been shown to work.

For this reason, MHAMD opposes SB 906 and urges an unfavorable report.

SB 906_DIH_UNFAVORABLE.pdf

Uploaded by: Arndt Elaine

Position: UNF

March 3, 2026

Senate Judicial Proceedings Committee

*SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader's Law)*

Unfavorable testimony

I oppose SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death.

The approach of increasing prison sentences to address problems related to drug use has been tried before and has never worked. I urge the General Assembly to instead focus on proven solutions that prevent overdose like evidence-based substance use treatment.

SB 906 will have the unintended consequence of making a fatal overdose more likely for more Maryland families. Laws like SB 906, often called drug-induced homicide (DIH) laws, do not discourage drug use, deter drug dealing, or reduce the prevalence of fentanyl in the drug supply. SB 906 will instead lead to further mass incarceration and ballooning state prison costs.

DIH laws like SB 906 discourage reporting potentially reversible overdoses due to fear of DIH prosecution. This year's law includes no Good Samaritan protections for individuals potentially liable under the bill even if they report the overdose in good faith.

In Baltimore, drug overdoses should be treated like the health crisis they are rather than a crime problem. We will not incarcerate our way out of drug addiction.

The General Assembly should focus on prevention and treatment rather than new harsh penalties. **I request an unfavorable report from the Senate Judicial Proceedings Committee SB 906.**

Elaine Arndt
Constituent, District 46

2026_SB906_BRIDGES_UNFAV.pdf

Uploaded by: C. A.

Position: UNF



March 3, 2026

The Honorable Senator William C. Smith Jr.
Chair, Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

**RE: STRONG OPPOSITION to Senate Bill 906
(SB906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law) - UNFAVORABLE**

Dear Chair Smith and Members of the Committee,

The BRIDGES Coalition for Overdose Prevention Sites strongly opposes **SB906**, a bill that seeks to address Maryland's overdose crisis with harsh new criminal penalties. We must focus on effective solutions. Founded in March 2017, BRIDGES Coalition for Overdose Prevention Centers (OPC) is a statewide Baltimore-based advocacy coalition working to end overdose and criminalization by promoting safe spaces, dignity, health, and justice for people who use drugs.

The approach of increasing prison sentences for drug-related issues has been tried repeatedly and has consistently failed to save lives. SB906 creates severe penalties for individuals found liable for distributing heroin or fentanyl if a serious injury or death occurs. We urge the General Assembly to move away from punitive measures and toward proven, evidence-based solutions that prevent overdoses, such as accessible substance use treatment and harm reduction.

Though well-intended, SB906 will have the unintended consequence of making a fatal overdose **more likely** for Maryland families. Laws like this contribute to mass incarceration and increase state prison costs, diverting resources from real public health solutions.

Crucially, drug induced homicide or DIH laws like SB906 discourage people from reporting a potentially reversible overdose due to the fear of prosecution. This bill is particularly concerning because it includes **no Good Samaritan protections** for individuals who might be liable, even if they call for help in good faith. Fear of harsh penalties will lead people who use drugs to hesitate in reaching out for help in a life-or-death moment. This could tragically worsen Maryland's overdose crisis, undermining the progress we are finally starting to see.

We ask that the Senate Judicial Proceedings Committee give SB906 an UNFAVORABLE report.

For more information about the BRIDGES Coalition for Overdose Prevention Centers, please contact Cola Anderson at cola@baltimoreharmreduction.org.

SB0906 - Criminal Law - Distribution of Heroin or

Uploaded by: Charlotte Hoffman

Position: UNF



Charlotte Persephone Hoffman, Esq.
(they/she)
Policy Director
charlotte@transmaryland.org

Tuesday, March 3, 2026

The Honorable William C. Smith, Jr.
Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

Testimony of Trans Maryland

IN OPPOSITION TO

Senate Bill #906: Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law)

To the Chair, Vice Chair, and esteemed members of the Senate Judicial Proceedings Committee:

Trans Maryland is a multi-racial, multi-gender community power building organization for Maryland's trans community. We urge an unfavorable report on **Senate Bill 906 (Victoria, Scottie, Ashleigh, and Yader's Law)**. While we deeply empathize with the families impacted by the overdose crisis, this legislation relies on a failed "tough on crime" framework that prioritizes punitive sentencing over the public health strategies actually proven to save lives.

Redundancy in the Criminal Code

The distribution of heroin and fentanyl is already a felony under existing Maryland law (§ 5-602 and § 5-603). This bill does not criminalize a new act; rather, it creates a duplicative felony specifically to mandate an additional **20-year consecutive sentence**. Adding layers of criminalization to an already heavily regulated and penalized area of the law does not provide new tools for safety; it simply increases the capacity for mass incarceration.

Disproportionate Impact on Marginalized Communities

History has shown that enhanced drug sentencing disproportionately targets Black and brown communities and low-income individuals. By allowing prosecution for every person in a "chain of distribution"—even if they did not directly provide the drug to the victim—this bill creates a wide net that will likely be used against street-level users and those in marginalized neighborhoods rather than high-level traffickers.

Conflict with Harm Reduction Principles

Addressing the overdose crisis requires treating drug use as a public health issue. SB0906 is fundamentally at odds with harm reduction. Research consistently demonstrates that the threat of additional prison time is not an effective deterrent for substance use or distribution in a crisis.



Charlotte Persephone Hoffman, Esq.
(they/she)
Policy Director
charlotte@transmaryland.org

Instead of investing in treatment and recovery, this bill invests in a carceral approach that has failed for decades.

Increased Risk and Avoidance of Care

Further criminalization drives drug use further into the shadows. When the legal stakes are raised to include a mandatory 20-year consecutive felony, individuals are less likely to:

- Seek medical assistance during an overdose for fear of triggering a distribution investigation.
- Engage with medical professionals or harm reduction services.
- Utilize sterile supplies, leading to increased sharing of needles and higher rates of infectious disease.

Conclusion

SB0906 ignores the root causes of the overdose epidemic in favor of harsh, consecutive sentencing. We believe Maryland's resources are better spent on expansion of healthcare, housing, and evidence-based harm reduction. For these reasons **we urge an unfavorable report on Senate Bill 906.**

SB 906_DIH_BHSB_UNFAVORABLE.pdf

Uploaded by: Dan Rabbitt

Position: UNF



March 3, 2026

Senate Judicial Proceedings Committee
TESTIMONY IN OPPOSITION

*SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader's Law)*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore strongly opposes SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death. This bill would add a penalty enhancement of up to 20 additional years to the existing penalty of up to 30 years in prison for distributing fentanyl in the event of a fatal overdose. Imposing ever longer prison sentences will not achieve justice or prevent overdose. The General Assembly should work to support evidence-based overdose prevention interventions instead of diverting scarce state resources to longer prison sentences for drug offenders.

The overdose epidemic has been devastating to families and communities across Maryland. About 2,500 people died of fatal overdose in the state each year from 2018-2023, including close to 1,000 who died in Baltimore City each year. Fatal overdose has declined significantly in the last two years but remains elevated compared to a decade ago.¹ This staggering loss of life understandably leads families to want answers and accountability. BHSB shares this concern and is firmly committed to doing everything we can to prevent overdose and reduce the prevalence of fentanyl on our streets. We must ensure, however, that the actions we take do not cause more harm than good.

SB 906, while well-intentioned, is not the right solution to Maryland’s opioid overdose crisis. This legislation would not prevent overdose, reduce drug use, deter drug dealing, or change the composition of the drug supply in Maryland. The long prison sentences in the bill would instead cost Maryland millions when the state can least afford it. The Department of Legislative Services estimated in the fiscal note from last year’s bill that one year in state prison costs \$75,000 and that eight prosecutions per year under this bill would be a reasonable estimate. Distribution of fentanyl currently results in a nine-year sentence on average, so if SB 906 could plausibly increase the average sentence for those liable under the bill to twenty years. Eight individuals receiving a twenty-year average sentence each year would add approximately \$12 million to long-term state prison costs every year (\$600,000 per year, per cohort).²

BHSB worries that SB 906 could increase the number of fatal overdoses in our state by undermining our Good Samaritan law. Current law provides limited protection for those seeking medical assistance in good faith, but this protection does not extend to drug distribution and by implication does not extend to the enhanced penalty under SB 906. This year’s version of the bill eliminated any additional protection for reporting overdoses in good faith and leaves the those who report overdoses potentially liable under the bill.

If this bill were to pass, there would undoubtedly be stories that would circulate of individuals prosecuted for the death of someone who overdosed, including of those who sought help from 911. The experience of other states shows that family and friends are most frequently prosecuted under these sorts of laws. These prosecutions also frequently garner press coverage. Coverage and stories of friends and family receiving harsh penalties and liability for an overdose would discourage people who use drugs from reporting overdoses. Good Samaritan protections and bills like SB 906 are simply incompatible. Maryland must prioritize saving lives and encourage vulnerable individuals to report overdoses.

Lastly, SB 906 would worsen the racial disparities that exist in our state's criminal justice system. There is significant prosecutorial discretion in bringing charges through a bill like SB 906. This has resulted in significant disparities regarding who is prosecuted in other states. Approximately half of all prosecutions are of Black individuals while they make up much less than half of the population. There were also almost no reported cases of a prosecutor seeking a drug-induced homicide charge when the decedent was Black.³ This is very troubling when the rates of overdose in the Black community remain far higher than their white counterparts here in Maryland. The state already has shocking racial disparities regarding its incarcerated population. SB 906 would only add to these disparities and must be rejected.

Maryland is beginning to see a reduction in overdoses thanks to our investments in public health interventions. We should stay the course and resist the temptation to return to levying harsher penalties to address intractable problems like addiction. **BHSB urges the Senate Judicial Proceeding Committee to oppose SB 906.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

Endnotes:

¹ MDH Overdose Data Portal. Accessed February 2026 at <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

² Maryland State Commission on Criminal Sentencing Policy. Average Sentences for Common Offenses (FY23). Available at <https://msccsp.org/Files/Reports/AvgSentencesFY23.pdf>

³ Health in Justice Action Lab. Analysis of Drug-Induced Homicide Charges Dataset. Accessed January 2025 at <https://www.healthinjustice.org/drug-induced-homicide>

SB906_UNFAV_BHRC.pdf

Uploaded by: Darci Curwen-Garber

Position: UNF

February 27, 2026



The Honorable William C. Smith, Jr.
Chairman, Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
11 Bladen St., Annapolis, MD 21401

RE: Opposition of Senate Bill 906

Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law) - UNFAVORABLE

Dear Chair Smith, Vice Chair Waldstreicher, and Senate Judicial Proceedings Committee Members,

The Baltimore Harm Reduction Coalition (BHRC) respectfully writes in **strong opposition** to **Senate Bill 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law)**.

BHRC is an overdose response program and one of 29 MDH-authorized syringe service programs. We share the same goal as this bill's sponsors: to prevent overdose deaths. We partner with local churches for daily street outreach to ensure that people who use drugs have critical survival items and connections to stabilizing care. Each week, we directly engage with more than 300 community members and regularly reverse overdoses during outreach. We responded immediately to the first Penn North mass overdose event because we were already there doing this work. Our staff have lived experience with drug use and overdose loss - we carry the memory of those we've lost to overdose everyday. **We are intimately aware of the reality of drug use in Maryland, the grief and trauma that comes with overdose, and the strategies proven to prevent overdose deaths.** It is precisely because of this experience *and decades of evidence* that we must be clear: SB 906 will increase overdose deaths, not reduce them.

1. The bill is based on a false dichotomy between 'drug sellers' and 'drug users'.

Sponsors of this bill have emphasized that this bill intends to target drug dealers, not drug users who may have a substance use disorder - this clear binary does not exist. People who use drugs often share or sell drugs to support their own survival, avoid withdrawal, or navigate extreme poverty. Even between friends and family members, sharing drugs regularly comes with an exchange of money. Some of our participants - the same participants who are trying to prevent HIV, wounds, overdose, and death - also sell drugs. They are not malicious or rich and many continue to live in abandoned buildings. SB 906 will criminalize people who use drugs, not eliminate drug markets.

2. Harsher criminal penalties do not improve public safety or deter drug activity.

It has been consistently proven that longer incarceration sentences do not prevent reoffending and can increase it.¹ Extensive national data also shows no relationship between drug imprisonment rates and reductions in drug use, overdose deaths, or drug arrest.² Increasing penalties does not solve drug use. It only increases incarceration.

3. Laws like SB 906 directly make overdoses more deadly.

We consistently see that people who use drugs already hesitate to call 911 during an overdose because they fear arrest. This is an understandable, logical, and heavily researched reaction.³ Increasing criminal penalties that are not protected by the Good Samaritan law will intensify that fear and further discourage lifesaving calls for help.

We deeply honor the lives named in this bill. Naming them affirms that they matter and that they are loved, just like our loved ones. We share the same grief and the same urgency to prevent future loss. Policies that increase criminalization of people who use drugs will only deepen harm and this loss. 50+ years of the War on Drugs has proven definitively that we cannot incarcerate our way out of the overdose crisis. Maryland has the opportunity to pursue policies that are proven to reduce overdose deaths. SB 906 is not one of them. **We urge the Committee to give SB 906 an unfavorable report and instead support evidence-based solutions that preserve life, dignity, and public health.**

For more information about this position, please contact Darci Curwen-garber, BHRC Policy Manager, at darci@baltimoreharmreduction.org.

Sincerely,

The Baltimore Harm Reduction Coalition (BHRC)

1. Petrich, D. M., Pratt, T. C., Jonson, C. L., & Cullen, F. T. (2021). Custodial Sanctions and Reoffending: A Meta-Analytic Review. In *Crime and Justice* (1 ed., pp. 353-424). (Crime and Justice; Vol. 50, No. 1). University of Chicago Press. <https://doi.org/10.1086/715100>
2. The Pew Charitable Trusts. (2018, March 8). *More imprisonment does not reduce state drug problems*. <https://www.pew.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>
3. Byles, H., Sedaghat, N., Rider, N., Rioux, W., Loverock, A., Seo, B., Dhanoa, A., Orr, T., Dunnewold, N., Tjosvold, L., & Ghosh, S. M. (2024). Barriers to calling emergency services amongst people who use substances in the event of overdose: A scoping review. *The International journal on drug policy*, 132, 104559. <https://doi.org/10.1016/j.drugpo.2024.104559>

SB906

Uploaded by: Debbie Nix

Position: UNF

February 27, 2026.

**Senate Judicial Proceedings Committee
TESTIMONY IN OPPOSITION**

*SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader's Law)*

My beautiful son, David A. Nix, died of a Fentanyl overdose in 2020. Holding the person responsible for selling my son the drugs that ultimately killed him will not bring David back. It will not prevent the deaths of others, as we know from data in other states that have these laws in place. The person who sold him drugs is as much a victim of the disease of addiction as was my son. And make no mistake – this is a disease. This law will feed the prison pipeline, discourage folks currently protected under the Good Sam laws from calling for help, and continue to allow the existing stigma and shame around this disease to flourish.

I strongly opposes SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law). This bill would create harsh new penalties for individuals found liable for distributing heroin or fentanyl if someone gets seriously hurt or dies after using the drugs. This approach of increasing prison sentences to address problems related to drug use has been tried before and has never worked. We urge the General Assembly to instead focus on proven solutions that prevent overdose, like evidence-based substance use treatment and wrap around services for the SUD community.

SB 906 is a well-intentioned response to Maryland's overdose crisis, but it will have the unintended consequences of making a fatal overdose more likely for more Maryland families. Laws like SB 906, often called drug-induced homicide (DIH) laws, do not discourage drug use, deter drug dealing, or reduce the prevalence of fentanyl in the drug supply. SB 906 will instead lead to further mass incarceration and ballooning state prison costs.

DIH laws like SB 906 discourage reporting potentially reversible overdoses due to fear of DIH prosecution. This year's law includes no Good Samaritan protections for individuals potentially liable under the bill even if they report the overdose in good faith. Stories of harsh penalties and DIH prosecutions will circulate and will lead people who use drugs to be hesitant to reach out for help. This could make Maryland's overdose crisis worse at a time when we are finally seeing progress in preventing fatal overdose.

The General Assembly should focus on prevention and treatment rather than new harsh penalties. **I, Debbie E. Nix, urge the Senate Judicial Proceedings Committee to oppose SB 906.**

David - forever 31



2026 3 3 MOPD SB906 DIH unfavorable .docx.pdf

Uploaded by: Elizabeth Hilliard

Position: UNF



NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

HANNIBAL KEMERER
CHIEF OF STAFF

ELIZABETH HILLIARD
DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: SB0906 Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law)

FROM: Maryland Office of the Public Defender

POSITION: Unfavorable

DATE: 03/03/2026

The Maryland Office of the Public Defender respectfully requests that the Committee issue an unfavorable report on Senate Bill 906.

Senate Bill 906 creates a new offense that is a felony and subject to 20 years' imprisonment – which must run consecutively to any other sentence. The offense created under Senate Bill 906 is the distribution of fentanyl that results in death or serious bodily injury of another. This includes transference of the drug more than once before the death or serious injury occurred and applies to each person who distributed or delivered the drug. The only limiting language is that “distribution” does not include sharing without remuneration. Senate Bill 906 would be a huge step backward for Maryland, rather than rely on data and best practices to address the overdose crisis, it relies on a punitive response that has proven ineffective in the past and dangerously creates the likelihood of more overdoses and other harm.

The opioid epidemic has led to a shocking and tragic number of overdoses. While overdose fatalities in Maryland decreased dramatically in the past years – from 2,500 in 2023 to 1,553 in 2024¹ to 1,266² in 2025 – this crisis continues to devastate families and communities, with Baltimore holding the tragic distinction of being the nation's deadliest city.³ Especially troubling are the racial

¹ Maryland Department of Health, Overdose Dashboard, <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx#Overdose>.

² <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

³ Alissa Zhu, Jessica Gallagher and Meredith Cohn, *They entered treatment. Drugs, overdoses and deaths followed.* The Baltimore Banner, 12/20/2024, <https://www.thebaltimorebanner.com/community/public-health/baltimore-opioid-drug-treatment-investigation-AOTR-DIBQAJGHEFCLJ3NW2J5JN4/>.

disparities; while Black individuals report using and selling drugs at similar rates to white people, they experience overdoses and drug-related prosecutions at much higher rates. For example, between 2017 and 2023, fatal overdoses in Maryland increased by 65% among Black people while decreasing by 25% among white people.⁴ In 2019, Black people made up 12% of the US population but accounted for 27% of adult drug arrests.⁵ Overdoses are a tragic, and preventable, public health crisis. OPD urges this committee to support harm reduction, common sense measures to protect Maryland from opioid overdoses – Senate Bill 906 offers neither.

Senate Bill 906 seeks to expand the criminalization of substance use rather than offer resources or treatment, and it is unnecessary and duplicative of existing law. The incarceration and accountability sought by this bill is already available under current law. People who provide drugs can be prosecuted and convicted of involuntary and grossly negligent manslaughter.⁶ In the leading case, *State v. Thomas*, the Supreme Court recognized the inherent dangerousness of selling heroin justified a manslaughter conviction based on the sale of four bags of heroin to someone who ultimately died of an overdose.⁷ This conviction was in addition to convictions for distribution and reckless endangerment. Senate Bill 906 seeks to add another charge with the requirement of a consecutive sentence to all other counts, *removing judicial discretion* in a wide range of circumstances that are not appropriate for a blanket term.

This inflexible approach to harsh sentencing is particularly inappropriate given that prosecutions under this provision will inevitably focus predominantly on other individuals who use substances.⁸ People with substance use disorders often share or sell drugs to support their addiction and/or to help people they know stay out of withdrawal.⁹ Analyses of existing drug-induced

⁴ Maryland Department of Health, Overdose Dashboard, <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx#Overdose>.

⁵ Pew Charitable Trusts, Issue Brief: Drug Arrests Stayed High Even as Imprisonment Fell From 2009 to 2019 (2022), <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2022/02/drug-arrests-stayed-high-even-as-imprisonment-fell-from-2009-to-2019>.

⁶ *See, e.g., State v. Thomas*, 464 Md. 133, 211 A.3d 274 (2019); *McCauley v. State*, 245 Md. App. 562 (2020); *Tolen v. State*, 242 Md. App. 288 (2019).

⁷ 464 Md. 133 (2019).

⁸ Although proposed Crim, Law 5-602.1 (A) of this bill seeks to exempt from prosecution the sharing without remuneration or exchange of goods, proposed Crim Law 5-602 (D) states that “each person who distributes or delivers heroin or fentanyl shall be considered to have violated this section.” This language will sweep into the law individuals who share, sell, or trade drugs to feed their own addiction. Most of the time, the person who ultimately provides the drugs that lead to an overdose is not a drug dealer but rather a fellow addict.

⁹ Susan G. Sherman, et al., *Drug Users’ Involvement in the Drug Economy: Implications for Harm Reduction and HIV Prevention Programs*, 79 J. Urban Health 266 (2002), <https://doi.org/10.1093/jurban/79.2.266> (among participants who had used heroin, cocaine, or crack cocaine in the last 6 months, 44% were involved in the drug economy, and those who reported daily use of drugs were even more likely to be involved in the drug economy); Kora DeBeck, et al., *Income Generating*

homicide statutes around the country have found that the majority of resulting prosecutions do not charge high-level distributors, but focus on the last person to touch the drugs – friends and family members who are the lowest person on the distribution chain, who may share drugs with no intention to sell.¹⁰ Examples from a review of these laws are:

- In New Jersey, 25 of 32 cases involved charging friends of the decedent who did not sell drugs in a significant way;
- In Wisconsin, 90% of cases charged friends, relatives, or a low-level dealer who was likely to be selling to support their own use.; and
- In six Illinois counties, the person most likely to be charged was the last person who was with the decedent.¹¹

In addition to being ineffective at reducing drug use or distribution, laws like Senate Bill 906 **deter life-saving actions** by targeting the very people who are in the best position to summon help when an overdose occurs. They undermine Good Samaritan Laws, which protect individuals from arrest and prosecution of certain crimes when seeking medical attention for someone experiencing a medical emergency, such as an overdose. Studies have shown that the most cited reason people do not call for help during an overdose is fear of the police and arrest.¹² Senate Bill 906 will make people even more reluctant to call 911 and secure life-saving response services for people they use with, based on the fear, and reality, that they will be charged with a felony.

Punitive responses to the public health issues related to overdose do not work. As the number of drug-related prosecutions and resulting incarceration dramatically increased from the “War on Drugs,” so did the rate of fatal overdose. States with higher drug imprisonment rates do not exhibit lower rates of drug use or overdose.¹³ In fact, by decreasing supply through prosecution

Activities of People who Inject Drugs, 91 *Drug Alcohol Depend.* 50 (2007), [10.1016/j.drugalcdep.2007.05.003](https://doi.org/10.1016/j.drugalcdep.2007.05.003) (53% of participants, who were people who injected drugs, were engaged in prohibited economies, such as drug selling or sex work; 47% said they would no longer engage in those economies if they didn't need money for drugs).

¹⁰ Health in Justice Lab, *Drug Induced Homicide*, <https://www.healthinjustice.org/drug-induced-homicide> (last accessed Feb. 7, 2025); Rosa Goldensohn, *They Shared Drugs. Someone Died. Does that Make them Killers?*, *N.Y. Times* (May 25, 2018); Lindsay LaSalle, *An Overdose Death Is Not Murder: Why Drug-Induced Homicide Laws Are Counterproductive and Inhumane* 42 (2017), https://drugpolicy.org/wp-content/uploads/2023/05/Overdose_Death_Is_Not_Murder_Report.pdf.

¹¹ LaSalle, *supra* note 7.

¹² Stephen Koester et al., *Why are some people who have received overdose education and naloxone reticent to call Emergency Medical Services in the event of overdose?*, 48 *Int J Drug Policy* 115 (2017), [10.1016/j.drugpo.2017.06.008](https://doi.org/10.1016/j.drugpo.2017.06.008).

¹³ Pew Charitable Trusts, *Issue Brief: More Imprisonment Does Not Reduce State Drug Problems* (2018), <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

and sentencing without addressing the demand of addiction with treatment services, these laws make society more dangerous. Studies show that the increased criminalization of substance misuse and sales increases violent and property crime and diverts limited resources away from addressing these offenses.¹⁴

Moreover, the reliance on incarceration will increase rather than reduce fatal overdoses. Multiple studies confirm that drug overdose is the leading cause of death after release from incarceration.¹⁵ In fact, the risk of a fatal overdose is more than 12 times higher within two weeks of release from jail or prison than at other times.¹⁶ A study from North Carolina showed a 40-fold increase in the odds of an opioid overdose in the first two weeks after release.¹⁷

A criminal legal system approach to this public health crisis of fatal overdoses will be costly, dangerous, and divert substantial resources from more effective measures. OPD estimates that defense costs alone will equal more than one million dollars per year.¹⁸ State's Attorneys and law enforcement should focus on enforcement of fraud, abuse and discrimination in health settings, documented issues in Baltimore,¹⁹ rather than using its limited resources on homicide charges for

¹⁴ Jared Grossi, *The Relationship between the War on Drugs and Crime* (May 3, 2020), <https://ssrn.com/abstract=3591798>.

¹⁵ Elizabeth L.C. Merrall, et al., *Meta-analysis of drug-related deaths soon after release from prison*. 105 *Addiction* 1545 (2010), <https://doi.org/10.1111/j.1360-0443.2010.02990.x>; Ingrid A. Binswanger, et al., *Release from Prison — A High Risk of Death for Former Inmates*, 356 *N. Engl. J. Med.* 157 (2007), <https://www.nejm.org/doi/full/10.1056/NEJMsa064115>.

¹⁶ New data: Solitary confinement increases risk of premature death after release, online at: https://www.prisonpolicy.org/blog/2020/10/13/solitary_mortality_risk/; ACLU, *Overjailed and Untreated* (201), available online at https://www.aclu.org/wp-content/uploads/legal-documents/20210625-mat-prison_1.pdf; <https://www.sciencedirect.com/science/article/abs/pii/S2949875923000218?via%3Dihub>.

¹⁷ Shabbar I. Ranapurwala, et al., *Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015*, 108 *Am. J. Pub. Health* 1207 (2018), <https://doi.org/10.2105/AJPH.2018.304514>.

¹⁸ This estimate presumes that, if passed, this charge would be applied to one person in 70% of fatal overdoses for fentanyl or heroin. The law provides for multiple people to be prosecuted along the distribution chain, and theoretically could be applied in every overdose. We further assumed that 90% of people charged would also be accused of other offenses, and the increased effort would average 3 hours per case to account for the increases in factual elements to litigate, likelihood of trial due to sentencing exposure, and increased legal arguments. The remaining 10% of estimated cases in which other charges do not apply would require the effort of a high felony, which the national workload standards for public defense estimates as 99 hours per case. The additional time needed for both existing and additional cases total 15,259 hours, which is equivalent to 7 additional attorneys. The Maryland workload standards call for one secretary or clerk for every three attorneys and one social worker for every 8 attorneys. Thus, the fiscal impact for OPD would total the costs for 7 felony public defenders, three secretaries, and one social worker.

¹⁹ Alissa Zhu, Jessica Gallagher & Meredith Cohn, *They entered treatment. Drugs, overdoses and deaths followed*. The Baltimore Banner, December 20, 2024, <https://www.thebaltimorebanner.com/community/public-health/baltimore-opioid-drug-treatment-investigation-AOTR-DIBQAJGHHFCLJ3NW2J5JN4/>.

low-level dealers and shared users who are most likely to be connected to the drugs ingested in an overdose, but have no intent to sell—much less an intent to kill.

More broadly, focusing effort and funding on services that are demonstrated to reduce drug use and overdose, such as evidence-based prevention programs, treatment services in the community and during incarceration, and harm reduction efforts like Naloxone distribution, are more effective approaches to the overdose crisis. Through grant-funded projects, OPD has incorporated peer recovery services in its representation in select jurisdictions, which has served more than 500 public defender clients with a drug addiction, connecting them to treatment programs, social service resources, and financial assistance while providing ongoing support, advocacy, and education on harm reduction and recovery pathways. These clients report better wellbeing and have lower recidivism and overdose rates. State funds that would be required for the prosecution, defense, and incarceration under Senate Bill 906 would be better spent on supporting and expanding these types of programs.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on Senate Bill 906.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

SB906 DIH JPR EES LEAP statement.pdf

Uploaded by: Eric Sterling

Position: UNF



LAW ENFORCEMENT ACTION PARTNERSHIP

ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS

SB906
OPPOSE

STATEMENT OF
Eric E. Sterling, J.D.¹
On Behalf of the
Law Enforcement Action Partnership
SUBMITTED TO
THE MARYLAND SENATE
COMMITTEE ON JUDICIAL PROCEEDINGS
HON. WILLIAM C. SMITH, JR., CHAIR
HON. JEFF WALDSTREICHER, VICE CHAIR
MARCH 3, 2026

IN OPPOSITION TO SB 906
Criminal Law – Distribution of Heroin or Fentanyl Causing Death or
Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader’s Law)

Chair Smith, Vice Chair Waldstreicher, Distinguished Senators, we oppose SB906 and urge you to give it an unfavorable report.

On behalf of the Law Enforcement Action Partnership (LEAP), I appreciate the opportunity to testify today regarding SB 906. LEAP is a nonprofit group of police, prosecutors, judges, and other criminal justice professionals who speak from firsthand experience. Our mission is to make communities safer by focusing law enforcement resources on the greatest threats to public safety, promoting alternatives to arrest and incarceration, addressing the root causes of crime, and working toward healing police-community relations. I have spent my career studying, drafting, and reforming drug sentencing laws, both as Assistant Counsel to the U.S. House Judiciary Committee (1979-1989), where I played a key role in crafting federal drug statutes, and as a lifelong advocate for more just and effective sentencing policies. I co-founded Families Against Mandatory Minimums (FAMM) and led the Criminal Justice Policy Foundation, organizations dedicated to correcting the injustices created by excessively punitive sentencing laws. Recently I served on and chaired the Advisory Commission on Policing in Montgomery County, MD.

Background. In 1986, as Assistant Counsel to the U.S. House Judiciary Committee, I wrote the Federal law that punishes drug dealers if death results from the drug they distributed. That summer, as Congress and the nation became acutely aware of the deadliness of crack cocaine, a well-intentioned goal of the bills I drafted was to protect urban communities and especially young Black men (like the athletes who died, Len Bias and Don Rogers) by giving the U.S. Justice Department the ability to seek much longer sentences and mandatory minimum sentences. As the law was applied – disproportionately to low-level offenders – the consequences of those prosecutions and lengthy sentences have been devastating to Black families and communities. The methamphetamine mandatory minimums have been disproportionately applied to the Hispanic population. Most importantly, these laws have been completely ineffective. They have not stopped the distribution of dangerous drugs. They have not made drugs more scarce. They have not saved lives. They have resulted in countless cases of unjust excessive incarceration, devastating lives, families and communities and wasting tens of billions of dollars. SB 609 is likely to be as ineffective, unjust and wasteful, but only on a smaller scale.

I have five points to make:

1. This bill won't save lives.
2. The bill is wholly unnecessary to adequately punish the distributors of fentanyl.
3. We can fairly anticipate that its harsh penalties will be applied in a racially disproportionate manner as are other Maryland and federal drug laws.
4. The harsh penalties, if imposed as conceived, are unjust when compared to other offenses with similar culpability for taking life unlawfully.
5. And finally, this bill is almost certainly going to be extraordinarily expensive and could easily cost Maryland over \$50 million in 10 years.

Analysis:

1. This bill won't save lives – it is likely to increase overdose deaths. In a drug overdose epidemic, the primary goal of public policy and legislation should be to save lives and reduce suffering. The Maryland Department of Health has extensive efforts to reach the community of drug users to help save lives. This bill will reach drug users very differently. How will this bill be understood by a person who uses opioids, cocaine, heroin and fentanyl? “If I am around someone who is having an overdose and they die or suffer serious bodily injury, I am going to be arrested and could be charged with distribution that could send me to prison for 20 years. If I call 9-1-1 for this overdosing person the cops will have my voice, my phone number, my location.” The “sharing without remuneration” exclusion is too subtle and ambiguous to be meaningful on the street. People who are overdosing and helpless are not going to get life-saving support from the people around them! More people are going to die.

2. This bill is wholly unnecessary from a law enforcement or punishment perspective. The crime in proposed section 5-602.1 is “distribution” of heroin or fentanyl. Distribution is already a heavily punished crime in THREE other sections of the law:
 - a. Md. Crim Law § 5-602. Distributing, possessing with intent to distribute (Penalty of up to 20-years imprisonment for distribution of a narcotic, § 5-608(a), and sentences of up to 25 years and 40 years for subsequent convictions).

If the distribution is of fentanyl, a mixture of fentanyl, or fentanyl analogues, **in addition** to the § 5-608 penalties, an additional penalty of up to 10 years may be imposed now, § 5-608.1(b) Penalties — Distribution of fentanyl and fentanyl mixtures.
 - b. If the distribution is of more than 28 grams (g) of heroin (or other natural opioid), more than 5 g of fentanyl or any analogue of fentanyl, or 28 g of a mixture containing a “detectable” amount of fentanyl or analogue, the sentence must be a minimum of 5 years imprisonment, § 5-612. Manufacture, distribution of specified amounts.
 - c. If the distributor of the heroin or fentanyl is “an organizer, supervisor, financier, or manager who acts as a coconspirator in a conspiracy to manufacture, distribute, dispense, transport in, or bring into the State” the heroin or fentanyl, then they are subject to imprisonment of up to 20 years in addition (the crime cannot merge with the object of the conspiracy), § 5-613. Drug kingpin.
3. Huge unwarranted racial disparity in prosecutions and sentences in drug enforcement has been the rule at the Federal level and here in Maryland. It is highly probable this new statute will be enforced in a similarly racially disproportionate manner. In Maryland, this is well established and documented by the 2023 report of the Maryland State Commission on Criminal Sentencing Policy, “An Assessment of Racial Differences in Maryland Guidelines-Eligible Sentencing Events.” **According to the report, 77.6 percent of the persons sentenced for felony narcotics offenses were Black, and 19.7% were White** (figure 9, p. 26). **For drug offenses that carry a mandatory minimum sentence, Black defendants were 89.5% and White defendants were 7.9%** (figure 20, p. 38).

In other states with separate prosecutions of “drug-induced homicide” the data reveals that *the fact that the person who died was white was the primary determinant whether a prosecution for drug-induced homicide is brought.* In the data compiled from media sources by The Action Lab at Northeastern University, no instance was identified in which the deceased victim in a prosecution was a person of color.

<https://www.healthinjustice.org/drug-induced-homicide> (accessed Feb. 27, 2026).

4. This bill will lead to injustice.
 - a. Consider the question of culpability and state of mind. This new law is silent on state of mind. The distributor does not need to *know* that the substance is heroin or fentanyl, simply to be reckless to distribute it with that possibility.
 - b. If a person drives a motor vehicle and while driving is impaired by a controlled dangerous substance (CDS) and KILLS another person, the maximum sentence is 5 years imprisonment. Md. Crim. Law sec. 2-506. The recklessness of distributing CDS with heroin or fentanyl that kills another person is no more culpable than the reckless of driving while impaired. Comparing the punishment for these two offenses involving death highlights the likely injustice of a sentence of 20 years of punishment consecutive to other punishment for distribution.
 - c. If a person commits manslaughter by operating a vehicle or vessel in a “criminally negligent manner” and KILLS another person, the maximum sentence is up to 3 years imprisonment. Md. Crim. Law sec. 2-210(c). “Criminally negligent” means with respect to a result or circumstance that the person should be aware, but fails to perceive, that the person’s conduct creates a substantial and unjustifiable risk that such result will occur and the failure to perceive constitutes a gross deviation from the standard or care that would be exercised by a reasonable person. (Md. Crim. Law sec. 2-210(c)). That failure to perceive a *substantial and unjustifiable risk that a fatal result will occur* sounds like the situation with lower-level distributors of fentanyl – people who don’t have actual knowledge that there is fentanyl. Isn’t another way to describe the crime in SB 906 is “distributing CDS in a ‘criminally negligent manner’ resulting in death or serious bodily injury.” Three years imprisonment if the killing is with a vehicle or vessel versus 20 years if the death is the result of the deceased voluntarily making the reckless act of ingesting a dangerous drug well-known to cause serious and often fatal overdoses. Compared to the 3-year penalty for manslaughter by vehicles, this bill’s 20-years imprisonment on top of other punishment is unjustly harsh. Even manslaughter involving a vehicle or vessel involving “gross negligence” only yields imprisonment of up to 10-years imprisonment. (Md. Crim. Law sec. 2-209(d)).
5. This bill will generate tens of millions of dollars of expense in the future. If its enactment is no more than a political performance to assuage the aggrieved families of victims that the death of their loved one is going to be especially punished, then it is going to be extraordinarily expensive!
 - a. As of Feb. 27, 2026, no fiscal note was prepared for this bill. However, a fiscal note was prepared on Feb. 11, 2025, for HB 1398 (2025 General Session), a nearly identical bill to SB 906. The reported total annual cost of incarceration was \$64,068 per prisoner. Because the punishment of up to 20 years under SB 906 is *consecutive to other sentences*, the cost begins to accrue only after other sentences

have been served – thus whenever these sentences are served, the annual cost of imprisonment is certain to be higher than \$64,068 per prisoner due to inflation.

- b. How many offenders are likely to be sentenced under this bill? The Department of Legislative Services (DLS) reported that in FY 2023, 5,305 “violations” of narcotics distribution offenses were filed in Maryland’s Circuit Courts, including 396 alleging violations of sec. 5-608.1 relating to distribution of fentanyl. In 2022-2023, there were a little more than 2000 fatal overdoses involving fentanyl each year, or roughly 2000 in FY 2023. The data does not compare the fentanyl distribution cases with the fentanyl fatalities. **DLS estimated that only 8 persons per year would be sentenced under the 2025 bill. Is that number realistic?** Is that what the sponsors or the aggrieved families expect? Is that how the State’s Attorneys, the Police Chiefs and the Sheriffs expect to use this new bill?
- c. It is fair to say that the DLS estimate of only 8 persons statewide being sentenced in one year will prove to be an enormous underestimate if SB 906 is enacted. In 1986, when the U.S. House Judiciary Committee reported the bill I helped write to create mandatory minimum drug sentences, the Congressional Budget Office similarly underestimated the likely impact,

“Enactment of this legislation [the Narcotics Penalties and Enforcement Act of 1986, H.R.5394, enacted in the Anti-Drug Abuse Act of 1986, P.L. 99-570, Oct. 27, 1986] could result in both additional costs and additional revenues because of the mandatory sentencing and fine provisions. **However, these potential costs or collections are not likely to be substantial because prosecutions and conviction under this statute are not likely to be frequent.**” (CBO letter to Rep. Peter W. Rodino, Jr., Chairman, House Judiciary Committee, Sep. 12, 1986, in H. Rept. 99-845, Part 1, at p. 25).

In the ensuing years, hundreds of thousands of men and women were sentenced under these provisions. The U.S. Bureau of Prisons population grew from approximately 46,000 in 1986 to over 200,000 by 2007 – a period of 21 year, and reached a high of almost 220,000 by 2013, largely driven by drug sentencing. (https://www.bop.gov/about/statistics/population_statistics.jsp accessed Feb. 27, 2026)

- d. Even the DLS estimate of a mere 8 persons sentenced per year quickly adds up. In the first year, the cost in 2025 dollars would be \$512,544. The cost for that cohort accumulates to \$2,562,720 after 5 years. Illustration of rising costs of adding ONLY 8 prisoners each year:

Annual cost of first 8 sentenced in year one	\$ 512,544
Annual cost year two (16 sentenced)	\$1,025,088
Annual cost year three (24 sentenced)	\$1,537,632

Annual cost year four (32 sentenced)	\$2,050,176
Annual cost year five (40 sentenced)	\$2,562,720
Annual cost year ten (80 sentenced)	\$5,125,440

e. But the cumulative cost is growing as well:

The cumulative cost after 5 years of the original 8 prisoners, plus the 8 added each year in years 2, 3, 4 and 5 means that Maryland would have spent: **\$7,688,160 (2025 dollars)**

And after ten years, adding just 8 prisoners a year, the cumulative cost of imprisoning this number would have been **\$28,189,920 (2025 dollars)** even though the annual cost in year ten is \$5,125,440 (2025 dollars).

f. Assume instead of only 8 persons per year, the total statewide is 16 persons per year. The annual cost of each cohort of 16 prisoners would be \$1,025,088 (2025 dollars), thus the annual cost would increase each year by about \$1,025,088 (2025 dollars). What would the cumulative cost look like?

After 5 years, the cumulative cost for 16 offenders/year would be \$15,376,320.

After 10 years, the cumulative cost for 16 offenders/year would be \$56,379,840.

This bill, if enacted and used very modestly, will soon result in huge costs to the state for its additional punishment.

It should also be noted that if the bill is used as infrequently as DLS estimates, the prosecutions and sentences using its provisions would be unjust in the sense that the law would be applied at random to those in the class of offenders eligible to be sentenced. Random application of the law is arbitrary and unjust.

For all these reasons, we urge an unfavorable report.

¹ Eric E. Sterling was Executive Director of the Criminal Justice Policy Foundation (1989-2020). He has lived in Maryland 34 years and the 18th legislative district over 27 years. From 1979 to 1989 he was Assistant Counsel, U.S. House of Representatives Committee on the Judiciary responsible for drug abuse matters among many other issues. From 2013 to 2017, on the appointment of Gov. Martin O’Malley, he served on the Maryland Medical Cannabis Commission and chaired its Policy Committee. In Montgomery County, he served for 10 years on the Alcohol and Other Drug Abuse Advisory Council including three years as chair. From 2022 to 2024, he was Chair the Montgomery County Advisory Commission on Policing. He received a B.A. from Haverford College in 1973, and a J.D. from Villanova University Law School in 1976.

Good_Trouble_Church_2026_SB 906_UNFAVORABLE.pdf

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Position: UNF



March 3, 2026

**Senate Judicial Proceedings Committee
TESTIMONY IN OPPOSITION**

*SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader's Law)*

A grass-roots, faith expansive community coming together in the name of healing and human flourishing, Good Trouble Church is a ministry centering love and freedom, leadership and liberation, community care, and sacred ceremony. Started by those who have been made vulnerable by systemic racism and the war on drugs, Good Trouble Church places harm reduction at the center of everything we do.

Good Trouble Church strongly opposes strongly opposes SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law). This bill would create harsh new penalties for individuals found liable for distributing heroin or fentanyl if someone gets seriously hurt or dies after using the drugs. This approach of increasing prison sentences to address problems related to drug use has been tried before and has never worked. We urge the General Assembly to instead focus on proven solutions that prevent overdose like evidence-based substance use treatment.

SB 906 is a well-intentioned response to Maryland's overdose crisis, but it will have the unintended consequences of making a fatal overdose more likely for more Maryland families. Laws like SB 906, often called drug-induced homicide (DIH) laws, do not discourage drug use, deter drug dealing, or reduce the prevalence of fentanyl in the drug supply. SB 906 will instead lead to further mass incarceration and ballooning state prison costs.

DIH laws like SB 906 discourage reporting potentially reversible overdoses due to fear of DIH prosecution. This year's law includes no Good Samaritan protections for individuals potentially liable under the bill even if they report the overdose in good faith. Stories of harsh penalties and DIH prosecutions will circulate and will lead people who use drugs to be hesitant to reach out for help. This could make Maryland's overdose crisis worse at a time when we are finally seeing progress in preventing fatal overdose.

Good Trouble Church works on a daily basis to improve both individual and community well-being in the Station North neighborhood of Baltimore City. The majority of our staff, volunteers, and members have lived experience with substance use, be it personal or a close friend/family member. Every time a community member that receives punishment via incarceration instead of care creates a gap in our community. SB 906 would only widen those gaps adding to the legacy of trauma experienced within in our community as a result of punitive drug war policy. SB 906 will not make our community safer, but it will rip our family, friends and loved-ones away from us.

The General Assembly should focus on investments in prevention and treatment rather than new harsh penalties. **Good Trouble Church urges the Senate Judicial Proceedings Committee to oppose SB 906.**

Thank You,
Greg Frailey
Harm Reduction Lead, Good Trouble Church
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SB 906 Distribution Causing Death or Serious Bodil

Uploaded by: Heather Warnken

Position: UNF



TESTIMONY IN OPPOSITION TO SB 906

Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury

TO: Members of the Judicial Proceedings Committee
FROM: Center for Criminal Justice Reform, University of Baltimore School of Law
DATE: February 27, 2026

The University of Baltimore School of Law’s Center for Criminal Justice Reform (“the Center”) is dedicated to supporting community-driven efforts to improve public safety and address the harm and inequities caused by the criminal legal system. **The Center strongly opposes Senate Bill 906.**

This bill creates a new criminal offense for distributing heroin, fentanyl, or a chemical analogue, “the use of which results in the death or serious bodily injury of another.” The new offense is a felony, which carries a sentence of up to 20 years. Senate Bill 906 will undermine public health and safety efforts, and unnecessarily intrude on judicial discretion by depriving judges of the ability to craft appropriate sentences based on the unique facts and circumstances of each individual case.

Several criminal laws and penalties exist in Maryland that prosecutors may use when someone dies or experiences serious bodily injury after purchasing heroin, fentanyl, or their analogues. Under Md. Code, Crim. Law § 5-602, a person guilty of manufacturing, possessing with intent to distribute, or distributing a controlled substance is guilty of a felony and is subject to imprisonment not exceeding 20 years or a fine not exceeding \$25,000 or both. Under Md. Code, Crim. Law § 5-608.1, additional carceral penalties already exist when heroin, fentanyl, or their analogues are involved. Section 5-608.1 creates a separate criminal offense for individuals found guilty of possessing, distributing, or possessing with the intent to distribute heroin, fentanyl, or their analogues. Under § 5-608.1, individuals are subject to imprisonment for up to 10 years, to be served consecutively to any other sentence. Therefore, without Senate Bill 906, an individual who sells heroin to another person may be sentenced to serve 30 years in prison under current law. Senate Bill 906 would allow that individual to serve up to 50 years in prison if the person who purchased the heroin experienced serious bodily injury or death. Notably, Senate Bill 605 would force judges to impose a consecutive sentence, regardless of the unique circumstances of the individual and the other crimes for which they may have been convicted.

The Center recognizes the devastation and gravity of the pernicious harms of substance abuse, addiction, and overdose in Maryland, particularly those relating to fentanyl and heroin. Like all states, Maryland has seen countless lives lost and families destroyed. It is because of this devastation, and not in spite of it, that the Center opposes this bill. The Center joins the proponents of Senate Bill 906 in agreeing that we must take action to confront these compounding public health crises. However, it is overwhelmingly clear that Senate Bill 906 is

not the answer. Senate Bill 906 will not only fail to make our communities safer, but it will profoundly and disparately exacerbate the harms of the criminal justice system, and distract policymakers from needed investments in treatment and more effective responses.

The Center strongly opposes Senate Bill 906 for four primary reasons: (1) Senate Bill 906's vague and overly broad language will result in variable and extreme enforcement, (2) no research exists to indicate that laws like this one reduce opioid-related harms, including severe bodily injury and death, (3) this law will needlessly cost Maryland more money when cost-effective and empirically proven interventions exist, and (4) this law will exacerbate racial disparities in drug-related prosecutions. Appropriately, much has been said about the urgent need for a public health response to substance abuse, addiction, and overdose. Instead, Senate Bill 906 doubles down on the failures of the war on drugs and runs counter to evidence and the lived realities of communities suffering from the burden of addiction. We cannot afford to and should not make these same mistakes again.

I. SENATE BILL 906 IS SUSCEPTIBLE TO BROAD AND VARIABLE INTERPRETATION, RESULTING IN DISPARATE AND EXTREME ENFORCEMENT

The vague, conflicting text of Senate Bill 906 will produce variable and extreme enforcement of its provisions. First, this is especially true because Senate Bill 906 does not define "serious bodily injury." Federal law and other sections of the Maryland code corroborate these concerns. Under 21 U.S.C. § 802(25), "serious bodily injury" is defined as a bodily injury that involves "(a) A substantial risk of death; (b) Protracted and obvious disfigurement; or (c) Protracted loss or impairment of the function of a bodily member, organ, or mental faculty." Here, the federal definition is instructive. Anyone who distributes controlled substances in Maryland resulting in serious bodily injury or death is already subject to enhanced federal penalties, including a 20-year mandatory term of imprisonment. Federal law confirms that the definition of "serious bodily injury" is extraordinarily broad. Despite the fact that legislation like Senate Bill 906 is often referred to as a "drug-induced *homicide*" law, the reality is that SB 906 would enhance criminal liability and penalties when one friend sells heroin to another friend who experiences a non-fatal overdose or who experiences extended kidney, liver, or respiratory failure.

Second, Senate Bill 906 contains no *mens rea* requirement. A defendant need not know that the controlled substance contained fentanyl or heroin to be criminally liable under this bill. Under Senate Bill 906, a high school student who had stolen what he believed to be an Adderall pill from his parents' medicine cabinet and sold that pill to his classmate could be subject to 50 years in prison if that pill actually contained heroin or fentanyl and his classmate overdosed or died as a result.

Third, despite purported protections in Senate Bill 906, this legislation would inevitably be used to prosecute the friends, family, and partners of people who experience serious bodily injury or death as a result of their substance use. Senate Bill 906 fundamentally misunderstands the nature of drug use, sharing, and transactions among people who use or abuse drugs, including those suffering from substance use disorder. Frequently, friends or family members who use drugs will pool their money and have one person go buy drugs. Later on, they meet and divide

the drugs. Often, the person who gives someone the drugs that lead to an overdose is not a drug dealer but rather a fellow user.

Fourth, the purported “sharing exception” in the bill is undermined by the drafting of subsection (D). On the one hand, the proposed bill language provides that sharing heroin or fentanyl without remuneration or exchange of goods is exempt from prosecution. At the same time, subsection (D) states that if possession of heroin, fentanyl, or their analogues “is transferred more than once prior to the occurrence of the death or serious bodily injury, each person who distributed or *delivered* the [heroin, fentanyl, or their analogues] shall be considered to have violated this section.” (emphasis added). By including “deliver[y],” subsection (D) could result in those who shared drugs by *delivering* them in the chain of distribution without remuneration or exchange of goods being subject to two more decades of prison time.

Finally, the removal of the Good Samaritan clause from Senate Bill 906 will profoundly alter the manner in which friends and family, who may also be users, respond to individuals experiencing medical emergencies or overdoses. Decades of research and experience suggest a holistic approach to managing overdoses and drug-related emergencies. A 2021 study found that states with broader legal protections, such as Good Samaritan laws, generally experienced a reduction in overdose fatalities.¹ By removing this protection from the current legislation, Senate Bill 906 not only exposes concerned loved ones seeking to assist their relatives to potential legal repercussions, but may actually deter individuals from seeking medical or emergency assistance for someone experiencing an acute overdose.

II. NO RESEARCH EXISTS TO INDICATE THAT LEGISLATION LIKE SENATE BILL 906 REDUCES OPIOID-RELATED HARMS, INCLUDING SEVERE BODILY INJURY AND DEATH

The existing research suggests there is no proof that furthering criminalization reduces opioid use or its related harms, including serious bodily injury, and death.”² In fact, research shows that criminalization only increases drug-related harms.³ Alarmingly, a 2023 study in Colorado found that “increasingly punitive drug possession policies for fentanyl possession... could lead to increased deaths from opioid overdose.”⁴ Additionally, an analysis of the impact of a conviction in an opioid-related death prosecution in Haywood, North Carolina in 2018, indicates

¹ Leah Hamilton et al., *Good Samaritan Laws and Overdose Mortality in the United States in the Fentanyl Era*, 97 Int’l J. Drug Pol’y 103294 (2021), <https://pmc.ncbi.nlm.nih.gov/articles/PMC9529169/>

² See, Alexandra Savinkina, et. al., *Mortality, Incarceration and Cost Implications of Fentanyl Felonization Laws: A Modeling Study*, 121 INT’L J. DRUG POLICY, 1, 7 (2023) (noting, criminalization has not been proven to reduce drug use or its sequelae); See also, *More Imprisonment does Not Reduce State Drug Problems*, The Pew Charitable Trusts, Mar. 8, 2018, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems#:~:text=More%20Imprisonment%20Does%20Not%20Reduce%20State%20Drug%20Problems%20%7C%20The%20Pew%20Charitable%20Trusts> (last visited Feb. 4, 2025); See also, Nora D. Volkow, *Addiction Should be Treated, Not Penalized*, 46 NEUROPSYCHOPHARMACOLOGY, 2048 (2021); See also, Jeffrey P. Bratberg, et. al., *Support Don’t Punish: Drug Decriminalization is Harm Reduction*, 63 J. AMER. PHARMACISTS ASSOC. 442-229 (2023).

³ Bratberg, et. al., *supra* note 1.

⁴ Savinkina, *supra* note 1 at 7.

that these laws are detrimental to public health.⁵ Another study, El Sabawi et. al. (2023) concluded, while “the number of [drug-induced homicide] charges filed increased exponentially from 2009 to 2016 [this is] in the absence of any meaningful evidence that such charges produced positive public health impacts.”⁶

Significantly, the authors of the only longitudinal quantitative study finding that such laws resulted in a statistically significant reduction in opioid-related deaths⁷ were forced to rescind the publication of their findings in 2023.⁸ A review of this study revealed a host of methodological issues, including problems with the data set, sampling strategies, and modeling decisions.⁹ While research into the causes and outcomes of drug abuse, addiction, and overdose should continue,¹⁰ there is consensus that longer prison sentences, which Senate Bill 906 proposes, have not resulted in a reduction in self-reported drug use, drug overdose deaths, or drug arrests.¹¹

In sum, given all the evidence that these laws do not decrease opioid-related harms, including serious bodily injury and death, Senate Bill 906 is a well-intentioned, yet misguided, remedy to a public health crisis that is devastating the lives of Marylanders and their families. As discussed below, criminalization undermines a host of other empirically proven solutions to reduce opioid-related harms that Maryland should implement or expand.

III. RATHER THAN PURSUING COST-EFFECTIVE SOLUTIONS THAT ARE EMPIRICALLY PROVEN TO WORK, SENATE BILL 906 WILL WASTE MARYLAND’S LIMITED FISCAL RESOURCES

Senate Bill 906 will unequivocally cost Maryland more money without addressing the overdose epidemic and the public health challenges associated with substance use at a time when the State is experiencing a well-documented and unprecedented fiscal crisis. This budgetary

⁵ See Jennifer J. Carroll, et. al. *Drug Induced Homicide Laws May Worsen Opioid Related Harms: An Example from Rural North Carolina* 97 INT’L J. DRUG POLICY, 1-6 (2021).

⁶ El-Sabawi, et. al, *supra* note 5, at 1384.

⁷ Youngeon Lee, et. al., *Longitudinal Study on Deterrent Effect of Drug-Induced Homicide Law on Opioid-Related Mortality Across 92 Counties and the District of Columbia in the U.S.*, 52 J DRUG ISSUES, 131-143 (2022).

⁸ Youngeon Lee, et. al., *Retracted: Longitudinal Study on Deterrent Effect of Drug-Induced Homicide Law on Opioid-Related Mortality Across 92 Counties and the District of Columbia in the U.S.*, 52 J DRUG ISSUES, 131-143 (2022).

⁹ See Jennifer J. Carroll, et. al., *A Discussion of Critical Errors in a Longitudinal Study on the Deterrent Effect of Drug-Induced Homicide Laws on Opioid-Related Mortality Across 92 Counties and the District of Columbia in the United States*, 15 WORLD MED. & HEALTH POLICY, 587-612 (2022).

¹⁰ *Id.* at 5; See also Meghan Peterson, et. al., “One Guy Goes to Jail, Two People are Ready to Take His Spot”: Perspectives on Drug-Induced Homicide Laws Among Incarcerated Individuals, 70 INT’L. J. DRUG POLICY, 47-53 (2019); See also, Taleed El-Sabawai et. al., *Drug Induced Homicide Laws and False Beliefs about Drug Distributors: Three Myths That Are Leaving Prosecutors Misinformed*, 60 AM. CRIM. L. REV., 1381 (2023). See also, Brandon Morrissey, et. al, *Prosecuting Overdose: An Exploratory Study of Prosecutorial Motivations for Drug-Induced Homicide Prosecutions in North Carolina*, 125 INT’L J. DRUG POLICY, (2024).

¹¹ *More Imprisonment does Not Reduce State Drug Problems*, *supra* note 1; See also, Volkow, *supra* note 1.

crisis is further compounded by ongoing uncertainties surrounding the fiscal impact of the federal actions of the current administration. To address the budget crisis, our state is already contending with further proposed cuts to State-funded resources and services.

Senate Bill 906 will only intensify these economic woes. This assertion is not speculation. The fiscal and policy note that accompanied the identical 2025 version of this bill¹² stated, “the cumulative general fund expenditures may increase significantly as a result of the bill’s incarceration penalty due to people being committed to State correctional facilities for longer periods of time.”¹³ Based on last year’s estimates “state costs could increase by \$599,040 for each annual cohort of defendants sentenced under the bill’s increased penalty.”¹⁴ A ten-year projection of costs, based on these estimates, would cost the State more than \$6 million. The increased costs cited in the fiscal policy note support the conclusions of the aforementioned Colorado study, which likewise found that these policies “could lead to... substantially increased costs.”¹⁵

It is worth noting that the prior fiscal and policy note for this legislation supposes that only eight individuals would be prosecuted annually under this provision. There were more than 1,600 fentanyl-related deaths in Maryland from July 2023 through June 2024.¹⁶ There were presumably additional heroin-related deaths during that year and even more serious bodily injuries caused by fentanyl or heroin. The fiscal and policy notes’ financial projection either illustrates the likely arbitrary, minimal enforcement of Senate Bill 906 in less than 1% of fentanyl-related deaths, or seriously underestimates the profound financial impact of the enforcement of this legislation.

Therefore, enacting Senate Bill 906 is a misguided solution, particularly when there are cost-effective and empirically proven solutions to reduce opioid deaths, including increased naloxone access, fentanyl test strip distribution, syringe service programs, and alternative sentencing courts focused on addressing substance abuse and related treatment needs.¹⁷ There are also, as noted above, substantial punitive penalties already on the books. Despite well-documented spikes and prevalence of overdoses and overdose deaths, there are also recent reasons to be hopeful. Maryland saw an approximately 25% decrease in fatal drug overdoses in 2025.¹⁸ We all share an urgent and common goal to reduce opioid-related harms in Maryland.

¹² Md. Dep’t of Legis. Servs., *Fiscal and Policy Note, S.B. 604*, 2025 Reg. Sess. (2025), https://mgaleg.maryland.gov/2025RS/fnotes/bil_0004/sb0604.pdf.

¹³ *Id.* at 6

¹⁴ *Id.*

¹⁵ Savinkina, *supra* note 1 at 7.

¹⁶ United States Drug Enforcement Agency, *U.S. Attorney’s Office and DEA Announce Fentanyl Overdose Task Force*, Oct. 28, 2024, <https://www.dea.gov/press-releases/2024/10/28/us-attorneys-office-and-dea-announce-fatal-fentanyl-overdose-task-force>.

¹⁷ Amir Razaghizad, et. al., *The Effect of Overdose Education and Naloxone Distribution: An Umbrella Review of Systematic Reviews*, 111 AMR. J PUB. HEALTH, 1516, 1517 (2021); *See also, More Imprisonment*, *supra* note 1.

¹⁸ Alizza Zhu, *Drug Overdose Deaths Plummeted in Baltimore, Maryland Again Last Year*; *The Baltimore Banner* (Jan. 22, 2026) <https://www.thebanner.com/community/public-health/drug-overdose-decline-maryland-baltimore-J3PO7BXJAZGRJMBMXEASZLOB6U/>

Given the reality of our limited fiscal resources, our legislative efforts should be directed toward expanding these scientifically proven and impactful solutions that will improve the lives of Marylanders.

IV. SENATE BILL 906 WILL LIKELY EXACERBATE RACIAL DISPARITIES IN THE CRIMINAL JUSTICE SYSTEM

Discriminatory enforcement of drug-related offenses has produced extreme, well-documented racial disparities throughout the criminal justice system. Despite the fact that Black people comprise 13% of the United States' population, “[they] comprise 29% of those arrested for drug law violations, nearly 35% of those incarcerated in state or federal prison for any drug law violations, and roughly 35% of those incarcerated in state prison for possession only.”¹⁹ Maryland’s racialized enforcement of the War on Drugs is similarly alarming and intolerable. According to a study by the ACLU, “between 2018-2019, 96% of all marijuana possession charges were filed against Black people in Baltimore City, even though Black people only represent around 60% of the city’s population,” and “[e]ven though Black people only made up about 65% of the population [in Prince George’s County],” 90% [of the people charged with possession of marijuana over 10 grams there] were Black.”²⁰

Senate Bill 906, if enacted, is susceptible to broad and variable interpretation, which would allow for disparate enforcement based on geography, race and socioeconomic status of the “dealer” and “purchaser,” or the political whims of individual prosecutors. Enforcement of criminal laws like Senate Bill 906 in other jurisdictions confirms that Maryland should be concerned about racially disparate and discriminatory enforcement under this legislation. For example, “[i]n McHenry County, Illinois, a county that has a [B]lack population of under 2%, prosecutors have brought [drug-induced homicide] cases against four [B]lack men from Chicago, which totals 35% of their 11 drug-induced homicide cases.”²¹ In Hennepin County, Minnesota, “[a]t the very least, [...] 72% of [the county attorney’s drug-induced homicide] prosecutions have been against [B]lack people despite a [B]lack population of 13% in the county in 2016.”²²

For the foregoing reasons, the Center for Criminal Justice Reform urges an unfavorable report on Senate Bill 906.

¹⁹ Drug Policy Alliance, *An Overdose Death is Not Murder: Why Drug-Induced Homicide Laws are Counterproductive and Inhumane*, Nov. 2017, https://drugpolicy.org/wp-content/uploads/2023/05/Overdose_Death_Is_Not_Murder_Report.pdf.

²⁰ Neydin Milian & Yanet Amanuel, *Let’s Not Repeat a Racist Past: The War On Drugs*, ACLU of Maryland, Mar. 18, 2021, <https://www.aclu-md.org/en/news/lets-not-repeat-racist-past-war-drugs>.

²¹ Drug Policy Alliance, *supra* note 21.

²² *Id.*

2026 - SB906 - written.pdf

Uploaded by: Jessie Dunleavy

Position: UNF

SB 906, Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
Position: UNFAVORABLE

February 27, 2026

The Honorable William C. Smith, Jr.
Chairman, Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, MD 21401

Dear Chair Smith, Vice Chair Waldstreicher, and Senate Judicial Proceedings Committee Members,

I am a lifelong resident of Maryland. I have a master's degree in library and information science and spent 40 years as an educator. Since my son's fatal overdose in 2017, I have devoted myself to drug policy research and have joined forces with policy analysts, health care providers, and research scientists—all dedicated to evidence based strategies to address the overdose crisis.

I am strongly opposed to SB 906 because public health experts and addiction researchers have found no evidence that increasing harsh penalties with blanket minimums will reduce overdose or deter drug distribution. Furthermore, the unintended consequences are dramatic, exacerbating the risk of increased fatalities and worsening racial disparities, at great expense.

Reminding us that increased imprisonment has never had a positive impact on drug use or drug-related deaths, experts warn that veering away from evidence depletes the resources that improve lives and productivity. Given that judges already have the discretion to impose longer prison sentences when circumstances warrant, it makes no sense to eliminate the professional judgement that considers malice or the intent to kill.

The movement for comprehensive health-focused reform is gaining momentum and, with it, hope for the breakthrough needed to significantly reduce overdose. In fact, recently reported reductions in overdose fatalities are attributed to increased access to health-focused initiatives. But hope is diminished by new crime bills that call for mandatory minimum sentences—put forth without reliable analysis of the effects on public health, individual lives, or much needed prison reform.

Data from states where such laws have been enacted reveal, not only that overdose deaths have not declined, but that those serving inordinately long sentences are low-level dealers, predominantly people of color, with many selling to support their own addictions. In short, these laws consume scarce criminal justice resources, worsen racial disparities, and do not reduce the availability of illicit drugs while simultaneously ruining the lives of those who are far removed from drug ring leaders and unaware of contaminants.

Today's cry for increasingly harsh sentences without proof of malice is fueled by the intense pain of parents who lost a beloved child. I know their pain; I am one of them. And I, too, am impassioned by a gut-wrenching death that was entirely preventable. But I also know that increased prison sentences don't

reduce drug use, and that there are people who pass along a drug without any idea of what that drug contains. Some people do deserve punitive consequences, but blanket mandatory minimum sentences not only hinder a judge's ability to determine appropriate consequences, but also distract from our focus on policies that will make a difference.

I urge the Senate Judicial Proceedings Committee to oppose SB 906.

Respectfully submitted,

Jessie Dunleavy
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Health Care for the Homeless - SB 906 OPP - DIH -

Uploaded by: Joanna Diamond

Position: UNF

HEALTH CARE FOR THE HOMELESS TESTIMONY

OPPOSITION

SB 906 – Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law)

Senate Judicial Proceedings Committee
March 3, 2026



Health Care for the Homeless opposes SB 906 as a dangerous and misguided approach to address the opioid overdose epidemic that plagues our State. This bill prohibits an individual from distributing heroin or fentanyl or chemical analogues of heroin or fentanyl, the use of which results in the death or serious bodily injury of another. Our organization joins a number of health care providers and organizations advocating for vulnerable populations in opposing this ‘drug-induced homicide’ (“DIH”) bill. This bill will not prevent overdose, deter drug distribution, or reduce the prevalence of fentanyl in the drug supply.

Health Care for the Homeless provides comprehensive and integrated health care, including a robust and growing program to address and treat opioid use disorder. We see firsthand how the overdose epidemic has ravaged our communities. About 2,500 people have died of a fatal overdose every year since 2018. Understandably, grieving families and an alarmed public demand action. However, as clinical experts in overdose prevention strategies, we know this bill will be counterproductive to preventing fatal overdoses in our State.

DIH laws like this bill aim to deter drug distribution through enhanced criminal penalties for drug distribution that leads to a fatal overdose. However, harsher penalties have never been shown to be effective. Furthermore, we are extremely concerned that the bill will lead to other unintended consequences by leading people who use drugs further into the shadows and reducing the likelihood that potentially reversible overdoses are reported. This chilling effect is more likely to increase fatalities and heartbreak rather than making any public health improvement. According to our Harm Reduction Manager, Molly Greenberg, RN:

Our clients experience stigma at every turn, often leading to internalized shame, disengagement with healthcare, and isolation from all of the systems and people who have abandoned them. Loneliness and fear are proven to be associated with overdose, so our number one responsibility is to create an environment in which people feel they will be met with compassion at every single encounter. Thoughtful overdose prevention strategies moves us away from dehumanizing punitive practices and towards a culture of connection and healing in a way that is meaningful to each individual person.

The further criminalization of substance use prevents individuals from seeking supportive services. When there is less fear of punishment or arrest by police, individuals feel safer accessing treatment.

Maryland has made great strides in putting in place effective overdose prevention strategies. Let’s not move backwards. Instead, Maryland should recommit to their commitment to reframing

substance use as a public health issue, not a criminal one. **As a health provider that sees how crucial and life-saving harm reduction and decriminalization are for the clients we serve, Health Care for the Homeless urges the committee to issue an unfavorable report on SB 906.**

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at sites in Baltimore City and Baltimore County.

Our Vision: Everyone is healthy and has a safe home in a just and respectful community.

Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

For more information, visit www.hchmd.org.

Testimony SB 906 Drug Induced Homicide MDCSAM UNFA

Uploaded by: Joseph Adams, MD

Position: UNF



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 906 UNFAVORABLE

Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
Senate Judicial Proceedings Committee Hearing: March 3rd, 2026

The treatment and prevention of addiction and overdose in Maryland is at a crossroads. One path leads to increased penalties and incarceration despite decades of harms and lack of effectiveness. These deterrence-focused measures are not borne out by the evidence.

Each life cut short by overdose is a tragedy. No parent should have to experience this.
This is why we oppose this bill.

Some parents will advocate for SB 906 believing that very long periods of incarceration will prevent people from exchanging drugs. Unfortunately, at least half of people sentenced under similar Drug-Induced Homicide laws elsewhere are not drug dealers, but **friends and family of the decedent who also suffer from addiction.** Other parents who have lost loved ones oppose this bill because it is more likely to increase, not decrease, overdose.

The great majority of people with addictions exchange drugs with others, often for money or something of value, to help them avoid intolerable withdrawal symptoms. The drug-related death of a friend or family member is largely unpredictable. Using illicit opioids is inherently dangerous.

Long sentences may be appropriate for professional drug traffickers, but not for people with addictions who get caught, by chance, for doing what most people in this population feel is needed to help loved ones avoid intolerable withdrawal, or to avoid it themselves.

Advocates of long sentences often point to anecdotes of individuals who got sober while incarcerated. But most people released from prison return to drug use, and the evidence for even a short-term reduction in drug use after release is mixed, according to a comprehensive review of the literature on this question by Vanderplasschen, et al., 2013 (below).

Decades of incarceration are devastating to individuals, their chances of recovery, and to their families. The futility of mass incarceration is clear when we consider that people with addiction have already lost everything: jobs, relationships, finances, and health – yet continue to use drugs until they get the appropriate help.

Respectfully,
Joseph Adams, MD, FASAM, addiction & internal medicine; Co-Chair, MDDCSAM Public Policy Committee.

ANNOTATED BIBLIOGRAPHY:

A review of drug use outcomes after incarceration (and “therapeutic communities”)

Vanderplasschen W, et al. Therapeutic Communities for Addictions: A Review of Their Effectiveness from a Recovery-Oriented Perspective. *ScientificWorldJournal*. 2013 Jan 15;2013:427817.

“Half of those charged with drug-induced homicide were not, in fact, “dealers” in the traditional sense, but friends and partners to the deceased” . . . There is a “broad misclassification of friends, partners, family members, and others as ‘dealers.’ ”

Leo Beletsky (Northeastern University) “America’s Favorite Antidote: Drug-induced Homicide In The Age Of The Overdose Crisis,” 2019. *Utah Law Review* 833 (2019). Volume 2019 | Number 4 Article 4
<https://dc.law.utah.edu/cgi/viewcontent.cgi?article=1219&context=ulr>

“There is not a shred of evidence that [DIH] laws are effective at reducing overdose fatalities.”

“Drug war proponents have been repeating the deterrence mantra for over 40 years, and yet drugs are cheaper, stronger, and more widely available than at any other time in US history.

“Research consistently shows that neither increased arrests nor increased severity of punishment for drug law violations reduces either use or sales.

“The only behavior that is deterred by drug induced homicide prosecutions is the seeking of life-saving medical assistance. The most common reason people cite for not calling 911 in the event of an overdose is fear of police involvement, notwithstanding ‘Good Samaritan laws’ which are undermined by DIH laws.”

An Overdose Death Is Not Murder: Why Drug-Induced Homicide Laws Are Counterproductive and Inhumane. Drug Policy Alliance November 2017. <https://perma.cc/U2PT-MXYV>

“Unduly long prison terms are counterproductive for public safety. . .”

“The excessive nature of punishment in the U.S. is not based on a rational analysis of incarceration and the fundamental objectives of sentencing policy. Moreover, unduly long prison terms are counterproductive for public safety.”

IBID: An Overdose is Not Murder, Drug Policy Alliance.

Report: Long-Term Sentences: Time to Reconsider the Scale of Punishment. November 5, 2018. The Sentencing Project. (The article appears in the UMKC Law Review, Vol. 87:1.)

<https://www.sentencingproject.org/reports/long-term-sentences-time-to-reconsider-the-scale-of-punishment/>

“According to deterrence theory, [incarceration] ought to have had a deterrent effect, but, instead, the recidivism rate for drug offenders between 2005 and 2010 was 76.9% within five years of release.”

Bureau of Justice Statistics, “Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010” (2014).

[https://bjs.ojp.gov/library/publications/recidivism-prisoners-released-30-states-2005-patterns-2005-2010-. . . .update#:~:text=Supplemental%20Tables%20\(Most%20serious%20commitment.\(CSV\)%20have%20been%20added.&text=About%20two%20thi rds%20\(67.8%25\),were%20arrested%20within%205%20years.](https://bjs.ojp.gov/library/publications/recidivism-prisoners-released-30-states-2005-patterns-2005-2010-. . . .update#:~:text=Supplemental%20Tables%20(Most%20serious%20commitment.(CSV)%20have%20been%20added.&text=About%20two%20thi rds%20(67.8%25),were%20arrested%20within%205%20years.)

“ . . . At least among those with drug-related charges, incarceration and supervision seemed not to deter subsequent illegal behavior. . . . A 2010 study found that variations in prison and probation time had no detectable effects on rates of recidivism; meaning that changing the length of someone's prison or probation sentence did not noticeably impact their likelihood of committing another crime after release.”

Donald Green and Daniel Winik, “Using Random Judge Assignments to Estimate the Effects of Incarceration and Probation on Recidivism among Drug Offenders,” *Criminology* 48, no. 2 (2010): 357–387, doi: 10.1111/j.1745-9125.2010.00189.x/abstract

A large body of evidence demonstrates that neither increased arrests nor increased severity of criminal punishment for drug-related offenses have resulted in less use (demand) or fewer sales (supply). In 2011, for instance, researchers found that changes in hard drug arrest rates did not predict changes in [injection drug use] population rates.

Samuel R. Friedman et al., “Drug Arrests and Injection Drug Deterrence,” *American Journal of Public Health* 101, no. 2 (2011): 344-249, doi: 10.2105/AJPH.2010.191759.242. Pew Charitable Trusts,

A recent 50-state study found no relationship between state drug imprisonment rates and drug use or overdose deaths.

Pew Charitable Trusts, “Letter to The President’s Commission on Combating Drug Addiction and the Opioid Crisis RE: The Lack of a Relationship between Drug Imprisonment and Drug Problems” (June 2017).

<http://www.pewtrusts.org/en/research-and-analysis/speeches-and-testimony/2017/06/www.pewtrusts.org/~media/assets/2017/06/the-lack-of-a-relationshipbetween-drug-imprisonment-and-drug-problems.pdf>

“Numerous scholars of drug policy assert that the incarceration of drug offenders ... has little or no impact on drug distribution.” According to “the replacement effect, the market responds to the demand for drugs by replacing drug sellers sent to prison with either new recruits or by the increased drug selling of dealers already in the market. As a result, the incapacitation effect found for some other offenses is largely nullified in the case of drug dealing. In fact, there is indirect evidence that the incarceration of drug dealers has actually contributed to an increase in crime.”

Roger K. Przybylski Correctional and Sentencing Reform for Drug Offenders Research Findings on Selected Key Issues September 2009. RKC Group. Lakewood, Colorado.

Funded by the Colorado Criminal Justice Reform Coalition

https://www.ccjrc.org/wp-content/uploads/2016/02/Correctional_and_Sentencing_Reform_for_Drug_Offenders.pdf

“ . . . The main effect of imprisoning people who sell drugs “is merely to open the market for another seller.”

Anne Morrison Piehl, Bert Useem and John J. DiIulio, Jr., “Right-Sizing Justice: A Cost Benefit Analysis of Imprisonment in Three States,” Center for Civic Innovation at the Manhattan Institute, Civic Report No. 8 (1999)

https://www.manhattan-institute.org/pdf/cr_08.pdf.

“

The major reason for 911 calls being delayed or not made at all was concern over police presence.”

Baca CT et al. What Heroin Users Tell Us About Overdose, *Journal of Addictive Diseases* 26, no. 4 (2008): 63-68,

In Baltimore, one of the most common reasons for delaying the 911 call was fear of police involvement.

Robin A. Pollini et al., “Response to Overdose Among Injection Drug Users,” *American Journal of Preventive Medicine* 31, no. 3 (2006): 261-264, doi: 10.1016/j.amepre.2006.04.002

"As people addicted to opioids transition to or enter the illicit heroin market, they are met with the same “arrest and incarcerate” policies that have been widely recognized as ineffective at reducing drug use, causing high rates of relapse, recidivism and re-incarceration.

Global Commission on Drug Policy website, <http://www.globalcommissionondrugs.org/>

UNF SB906 K. York 02.27.26.pdf

Uploaded by: Katie York

Position: UNF

February 27, 2026

In Opposition to SB906:

Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader's Law)

I request an unfavorable report for SB 906. The approach of using longer and longer prison sentences to address problems related to drug use has been tried before and has failed miserably. While the deterrent effect of SB906 will be negligible, it will impact mass incarceration and state prison costs. Drug-induced homicide (DIH) prosecutions discourage people who use drugs from reporting potentially reversible overdoses for fear of harsh criminal penalties. I sincerely urge the General Assembly to focus on investments in trauma-informed prevention, treatment, other harm-reduction measures rather than new harsh penalties.

Sincerely,
Katie York

Edgewood, Maryland

YorkForHarford@gmail.com

MD SB 906 FJP Testimony.docx.pdf

Uploaded by: Lisa Hamer

Position: UNF



TESTIMONY ON SB906

Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death

Senate Judicial Proceedings Committee

March 3, 2026

TESTIMONY IN OPPOSITION

Submitted by: **Rebecca Blair, Senior Policy Advisor & Lisa Hamer, Senior Policy & Advocacy Counsel, Fair and Just Prosecution**

Honorable Chair & Members of the Senate Judicial Proceedings Committee:

I write on behalf of Fair and Just Prosecution (FJP) to express our opposition to SB906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death. This bill would hold individuals suffering from addiction liable for overdose deaths they did not intend to cause and are not aware have even occurred, and it will do nothing to improve public safety.

FJP, a project of the Tides Center, is a national organization that brings together elected prosecutors as part of a nonpartisan network of leaders committed to a justice system grounded in fairness, compassion, and fiscal responsibility. The leaders we work with hail from over 60 jurisdictions — urban, suburban, and rural alike — and they collectively represent nearly 20% of our nation's population. We support measures that provide healthcare and services to those suffering from addiction, instead of those that seek longer and longer periods of incarceration for victims of a public health crisis.

The research is clear that laws criminalizing drug-induced homicide (DIH), like SB906, fail to deter drug use or distribution, prevent overdose victims from accessing medical help, and intensify distrust of law enforcement within drug-impacted communities. This bill is glaringly misaligned with decades of public health research and has the potential to exacerbate the devastating effects of the opioid epidemic on Maryland communities.

Although we are aware that proponents of this bill have stated that it is intended to target high-level drug distributors, it is written so broadly as to allow prosecutors to secure decades-long prison sentences against individuals who bear no meaningful culpability for an overdose death. The law defines distribution so broadly as to include any sharing of drugs for which money is exchanged, without any requirement that the prosecution demonstrate mens rea or even knowledge on the part of the distributor, which would all but ensure that it is weaponized against vulnerable individuals who have played no part in driving, and have seen no profit from,

the opioid crisis. For example, if two friends agree to split an order of fentanyl, and one of them reimburses the other for her half of the transaction before going on to overdose, the survivor could be prosecuted under this law. A low-level courier who delivers a package containing a drug that leads to an overdose could face decades in prison, even if he had no way of knowing what was inside the package. Someone who picks up and pays for a package containing drugs as a favor for a family member, and then accepts reimbursement for the expense, could face prosecution under this law if anyone goes on to experience an overdose as a result of using those drugs.

Unfortunately, decades of research has made clear that such scenarios are not remotely far-fetched: although DIH laws are almost always framed around the intent to prosecute entrepreneurial drug sellers or “kingpins,” they are in practice almost exclusively used to prosecute and imprison low-level dealers or friends and family of the deceased.¹ When legislatures fail to narrowly tailor DIH laws to apply only to high-level distributors, the most vulnerable inevitably bear the brunt of the law’s impact, regardless of legislative intent.

Rather than meaningfully reducing the supply of opioids in Maryland, this law is far more likely to discourage overdose bystanders from seeking emergency help. Most overdose deaths are preventable with timely medical intervention, and any effort to address the opioid crisis should prioritize expanding access to such treatment. Instead, this law—which does not even provide basic Good Samaritan protections to those who seek medical help for an overdose—will force many people witnessing active overdoses, who have the ability to summon life-saving assistance, to weigh the threat of a life-ruining prison sentence before calling 911. Marylanders will undoubtedly die preventable deaths as a result.

Moreover, this bill seeks to solve a non-existent problem; Maryland’s existing criminal statutes already provide ample mechanisms for prosecutors to hold accountable those who truly prey on and profit from individuals with opioid use disorder. For example, Maryland’s drug trafficking laws allow prosecutors to seek long prison sentences for large-scale drug distributors, and many jurisdictions in Maryland already seek manslaughter charges for traffickers whose drug sales result in deaths. In Maryland, distributing fentanyl already carries a penalty of up to 30 years in prison. If harsh punishments were sufficient to solve the opioid crisis, they would have worked by now.

The “war on drugs” has actually been a war on families, communities, and resources. As laid out in our [issue brief](#), laws criminalizing drug-induced homicide do not advance public safety or improve outcomes for those suffering from substance use disorder. As an organization committed to evidence-based solutions to this public health crisis, after listening to our network of prosecutors, we have found that research supports the following:

¹ See, e.g., Beletsky, L. (2019), *America's Favorite Antidote: Drug-Induced Homicide, Fatal Overdose, and the Public's Health*, Utah Law Review, 2019(4), 833, <https://dc.law.utah.edu/ulr/vol2019/iss4/4>; Edwards, J. (2002), *Making Friends into Felons*, New Jersey Law Journal, 1, <https://www.law.com/njlawjournal/almID/900005371745/Making-Friends-Into-Felons/>; Davis, S. and Polcyn, B. (2017), *High-Level Drug Dealers Rarely Charged with Drug-Related Homicides as Wisconsin Death Toll Reaches 10k*, Fox 6 Now Milwaukee, <https://www.fox6now.com/news/high-level-drug-dealers-rarely-charged-with-drug-related-homicides-as-wisconsin-death-toll-reaches-10k>.

- DIH laws do not stop overdoses. Analyses of drug-induced homicide practices in jurisdictions in New Jersey, Tennessee, North Carolina, Illinois, Louisiana, and New York, found that despite dramatic growth in drug-induced homicide prosecutions, all of the jurisdictions experienced significant increases in overdose deaths, ranging from 7.6% to 20.1% in a single year.²
- DIH laws discourage people who use drugs from reporting potentially reversible overdoses for fear of harsh criminal penalties. The most common reason people cite for not seeking medical attention for an overdose victim is fear of law enforcement involvement.³
- So-called “good samaritan” exceptions to DIH laws do not encourage reporting of overdoses, and they are difficult and burdensome for defendants to prove.
- In practice, DIH laws have almost exclusively been used to prosecute and imprison low-level dealers or friends and family of the deceased, many of whom struggle with drug use themselves.⁴
- DIH laws obstruct actual efforts to disrupt large-scale distribution networks. Prosecutors and law enforcement need witness cooperation in order to prosecute trafficking offenses, and these laws push those witnesses further into hiding.
- Racial disparities are already particularly pronounced in the application and enforcement of drug laws, and DIH prosecutions perpetuate those disparities.⁵
- DIH prosecutions can further drain already overburdened and underfunded district attorney and coroner offices, while providing no public safety benefit.⁶

Thousands of Marylanders have lost their lives to this public health crisis, and the tragedy of the overdose epidemic throughout our nation cannot be overstated. The individuals for whom this bill is named deserved an opportunity at treatment, rehabilitation and recovery. Unfortunately, this bill will do nothing to prevent others from succumbing to opioid overdose and death.⁷ Under this bill, if any one of the named individuals had traded their drugs to another person, or shared them in exchange for something as small as a soda or cigarette, and the person with whom they shared or traded their drugs then died, they would not have received the treatment they needed to get healthy; they would have been prosecuted and potentially sentenced to up to twenty years in prison. The loss of each of these individuals is tragic beyond measure, but this bill holds only the potential to create more and more tragedies.

² Drug Policy Alliance (2017), *An Overdose Death Is Not Murder: Why Drug-Induced Homicide Laws Are Counterproductive and Inhumane*, 10, https://drugpolicy.org/sites/default/files/dpa_drug_induced_homicide_report_0.pdf.

³ Tracy, M. et al. (2005), *Circumstances of Witnessed Drug Overdose in New York City: Implications for Intervention, Drug and Alcohol Dependence*, 79(2), 181-190, <https://www.sciencedirect.com/science/article/abs/pii/S0376871605000505?via%3Dihub>.

⁴ Beletsky, L. (2019), *America’s Favorite Antidote: Drug-Induced Homicide in the Age of the Overdose Crisis*, *Utah Law Review*, 2019(4), 833-890, <https://dc.law.utah.edu/cgi/viewcontent.cgi?article=1219&context=ulr>.

⁵ For example, in an Illinois county with a Black population of under 2%, 35% of their drug-induced homicide defendants are Black, and in a Minnesota county with a Black population of 13%, at least eight of 11 cases (72%) prosecuted were against Black defendants. See Drug Policy Alliance, *supra* note 2 at 47.

⁶ For example, Hamilton County, Ohio, reported spending at least \$750,000 per year to investigate drug-induced homicide cases, even as overdose rates in the county nearly doubled between 2012 and 2016. See *Id.* at 24.

⁷ There is no empirical evidence that harsher punishment reduces the supply of, or demand for, drugs. See Pew Charitable Trusts (2017), *Letter to The President’s Commission on Combating Drug Addiction and the Opioid Crisis RE: The Lack of a Relationship between Drug Imprisonment and Drug Problems*, <https://www.pewtrusts.org/-/media/assets/2017/06/the-lack-of-a-relationship-between-drug-imprisonment-and-drug-problems.pdf>.

When sheriff or police departments recommend charges against individuals who lack any intent to cause harm and had minimal involvement in the trafficking of drugs, local prosecutors are put in an extremely difficult position of having to decline to file charges, an action that can have severe political consequences. If this bill is passed, the legislature will have no ability to curb the prosecutions that result from this law; those prosecutions will undoubtedly be overwhelmingly unjust, drive mass incarceration, and fail to prevent drug-related harms.

Fair and Just Prosecution urges the Senate Judicial Proceedings Committee to oppose SB906. I appreciate your time and consideration of this testimony. Thank you.

Sincerely,

Rebecca Blair, Senior Policy Advisor
Lisa Hamer, Senior Policy & Advocacy Counsel
Fair and Just Prosecution

WrittenTestimony.DrugInducedHomicide.2.27.26.pdf

Uploaded by: Lydia Watts

Position: UNF

**Testimony in Opposition to
SB 906 Criminal Law – Distribution of Heroin or Fentanyl Causing
Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law)**

**Presented by Lydia C. Watts, Esq., Executive Director, the Rebuild, Overcome, and Rise
(ROAR) Center at University of Maryland, Baltimore**

March 3, 2026

My name is Lydia Watts. I am the Executive Director of the Rebuild, Overcome, and Rise (ROAR) Center at the University of Maryland, Baltimore. I am submitting this written testimony in opposition to **SB 906 Criminal Law – Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law)**. The views expressed herein are mine as an expert in the field and are not the views of the University of Maryland, Baltimore. ROAR provides wrap-around services to victims of crime in Baltimore City. Since June 2019 when ROAR started providing services, we have assisted over 900 people, all of whom are survivors of crime ranging from homicides, non-fatal shootings, rapes, assaults, intimate partner violence, and more. Some of the people we have helped have experienced the loss of a loved one to an accidental overdose.

There is no question that losing a loved one to a death by overdose is devastating for all impacted and that the damage wreaked upon families and whole communities by the easy access to deadly street-drugs is immeasurable. *However, creating criminal offenses to charge those who sold the drugs that led to a death or serious bodily injury does not meet the needs of those most impacted and criminalizes the wrong players in this ecosystem of deadly drugs.* Most people who would be charged under this created offense are completely unaware of the substances within their product that can result in death or serious bodily injury. They are often engaging in the distribution of drugs due to their own difficult life experiences and are street-level dealers who are not responsible for the deadly substances being put into the product they are selling.

Despite the commonly recited troupes about crime victims wanting more strict sentences and jail time for those who caused harm, most victims of all types of crime are not looking for more arrests and prosecutions. They are looking for the support they so desperately need and even support for those who hurt them rather than creating more and greater penalties for those who have caused them harm.¹ This is part because the incarceration of someone does not address the

¹ Crime Survivors Speak, The First-Ever National Survey of Victims' Views on Safety and Justice, Alliance for Safety and Justice. <https://allianceforsafetyandjustice.org/wp-content/uploads/documents/Crime%20Survivors%20Speak%20Report.pdf>

struggles experienced by survivors, but also because of the impact that overcriminalization and mass incarceration of disenfranchised communities – especially Black men and women – has only caused greater harm.

The rate of death by overdose – especially among the Black community - is high in Baltimore City (and similarly situated cities across the country) because of the devastating impact of intergenerational trauma, institutionalized/structural racism, decades upon decades of zero investment in the neighborhoods that were decimated through the racist practices of redlining, and an embarrassing lack of investment in our city’s youth and families. The family members of overdose victims turn to programs like ROAR instead of seeking criminal prosecution of the person who sold their loved one the drugs that caused their death or injury because they want support for themselves and their families – often put into chaos by the untimely death or disability of their loved one. They want to live in safe and affordable housing in a neighborhood that is not fraught with daily overdoses. They want jobs that pay them a decent wage. They want transportation options that are reliable and efficient so that they can get their children to school and themselves to work. They want to send their kids to school knowing that they are safe and getting the best education possible. And they want to heal from the traumas they have endured and become more at peace with themselves and their lives.

Speaking from a personal perspective, the vast majority of the survivors with whom I have worked over the past 30+ years have not favored the criminal justice response to their victimization (non-scientifically, I would say over 90%). **SO, WHAT DO CRIME VICTIMS WANT?**²

- First and foremost, assistance with finding *safe and affordable housing*, especially if they have been victimized at or near their homes and/or are living in parts of the city in which there are high rates of overdoses;
- Easy to access, long-term, and *culturally appropriate counseling* (including group counseling);
- *Non-judgmental and timely assistance in navigating* the complex and bureaucratic systems, such as public benefits, medical/mental health/substance use disorder care, housing, juvenile justice, foster care, etc.
- *Legal Assistance* to minimize the impact of the victimization on housing, employment, education, safety, immigration status, financial security, and privacy/dignity.
- *Autonomy in decision-making* about their experience;

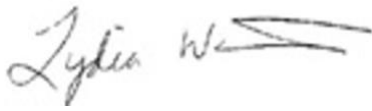
² Warnken, Heather and Lauritsen, Janet, Who Experiences Violent Victimization and Who Accesses Services?, Center for Victim Research, Findings from the National Crime Victimization Survey for Expanding Our Reach, April 2019. https://navaa.org/wp-content/uploads/2021/02/CVR-Article_Who-Experiences-Violent-Victimization-and-Who-Accesses-Services.pdf; and Crime Survivors Speak, The First-Ever National Survey of Victims’ Views on Safety and Justice, Alliance for Safety and Justice. <https://allianceforsafetyandjustice.org/wp-content/uploads/documents/Crime%20Survivors%20Speak%20Report.pdf>. See page 27, Box 3: “Invest in evidence-based services that protect crime survivors and stop the cycle of victimization”; Updated in 2024: “Listening to Survivors” https://build.allianceforsafetyandjustice.org/sites/default/files/2025-09/Listening-To-Survivors-Accessible-2024.pdf?_gl=1*1p9ouij*_gcl_au*OTM2NDI3MzEwLjE3NzE2MTE0NDU.

- ***Increased support for a diversity of service options***, including more located within communities and at venues unaffiliated with formal justice system processes.³
- ***Access to job support, transitional housing and other longer-term resources necessary for stabilization and mitigation of risk.***⁴

Without meaningful support to get these needs met and investments in communities to make these wishes a reality, these survivors often experience trauma for years, even the rest of their lives, while trying their best to survive and “deal with” that trauma.

Lydia Watts, Executive Director of the ROAR Center at University of Maryland, Baltimore urges the Senate Judicial Proceedings Committee to oppose SB 906.

Sincerely,

A handwritten signature in cursive script that reads "Lydia Watts". The signature is written in black ink and is positioned to the left of a horizontal line that extends to the right.

Lydia C. Watts, Esq., MPH
Executive Director
Rebuild, Overcome, and Rise (ROAR) Center
University of Maryland, Baltimore

³ Warnken, Heather, Untold Stories of California Crime Victims. Research and Recommendations on Repeat Victimization and Rebuilding Lives, April 2014 (page 19).
https://www.law.berkeley.edu/files/WI_CA_Untold_Stories_03_31_14_lo_res_Final.pdf

⁴ Same report in footnote 3 (page 25).

Additional Information about Race and the Criminal Justice System That Would be Exacerbated by the Passage of SB 604

Dating back to 1993, Kimberle Crenshaw wrote: “Women of color [in work cited, the author is referring to survivors of intimate partner violence] are often reluctant to call the police, a hesitancy likely due to a general unwillingness among people of color to subject their private lives to the scrutiny and control of a police force that is frequently hostile. There is also a more generalized community ethic against public intervention, the product of a desire to create a private world free from the diverse assaults on the public lives of racially subordinated people.”⁵ “[F]or some people subjected to abuse, the criminal justice system – indeed, any state system – is not a safe and comfortable place within which to seek justice. People of color, who are already overrepresented in the criminal justice system, may have concerns about approaching the state for assistance, fearing that the state will intervene punitively against their partners or against them.”⁶ And their fears are often warranted. Sometimes calling the police results in homelessness for victims of intimate partner violence,⁷ or in their own arrest. These same fears are present – perhaps even heightened – for survivors of gun and other forms of community violence.

Black men are over-represented among those accused of and convicted of violent crime though there is no evidence to suggest that men of color are more prone to violence than white men,⁸ though the media certainly portrays otherwise.⁹ The perception of men – particularly young men – of color as inherently more violent has inexorably and negatively shaped lives, communities, history, and political landscapes.¹⁰ Not only are young men of color disproportionately

⁵ Kimberle Crenshaw, *Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color*, 43 STAN. L. REV. 1241, 1257 (1993).

⁶ Leigh Goodmark, “*Law and Justice are Not Always the Same*”: *Creating Community-Based Justice Forums for People Subjected to Intimate Partner Abuse*”, Florida State University Law Review Vol. 42:707, 720 (year?).

⁷ There have been many housing authorities across the country who were exposed in the early 2000s for evicting domestic violence victims for violating the policy that no illegal activity could take place on public housing property, and since she called the police for help, the housing authority was alerted that a crime had occurred – an assault against the victim who is now getting evicted as a result. This practice is still occurring today on privately owned properties. See Jenny Kutner, “Domestic Violence Victims can be Evicted for Calling the Police”, July 14, 2016, <https://mic.com/articles/148484/domestic-violence-victims-can-be-evicted-for-calling-police-here-s-why#.oJfYfDbSK>.

⁸ Kim Farbota, *Black Crime Rates: What Happens When Numbers Aren't Neutral*, January 19, 2016, http://www.huffingtonpost.com/kim-farbota/black-crime-rates-your-st_b_8078586.html.

⁹ In *Tough Guise: Violence, Media and the Crisis in Masculinity*, Jackson Katz and Jeremy Earp argue that the media provide an important perspective on social attitudes – and that while the media are not the cause of violent behavior in men and boys, they do portray male violence as a normal expression of masculinity. Earp, Jeremy and Jackson Katz. *Tough Guise: Violence, Media & the Crisis in Masculinity* (study guide). Media Education Foundation, 1999. In 1999, Children Now, a California-based organization that examines the impact of media on children and youth, released a report entitled *Boys to Men: Media Messages About Masculinity*. The report observes that... non-white male characters are more likely to experience personal problems and are more likely to use physical aggression or violence to solve those problems. *Boys to Men: Media Messages About Masculinity*. Children Now, 1999. <http://mediasmarts.ca/gender-representation/men-and-masculinity/how-media-define-masculinity>, last visited 8.23.16.

¹⁰ “This far-reaching form of stereotyping and oppression—what Toni Morrison and others call the “[white gaze](#)”—has shaped individual lives and collective histories within communities of color.” David J. Knight, *Beyond the Stereotypical Image of Young Men of Color*, The Atlantic, January 5, 2015. <http://www.theatlantic.com/education/archive/2015/01/beyond-the-stereotypical-image-of-young-men-of-color/384194/>

represented among those accused of using violence, but also of being victims of violence.¹¹ Yet, their needs as victims of crime, and the commensurate trauma that often comes with victimization, are largely ignored, thereby exacerbating the devastating impact of the continued assault of structural racism.

Since men of color are *perceived* as more prone to be violent, it is likely that they will adopt behaviors to support that perception or assumption. Michelle Alexander in The New Jim Crow poses the question, “Are we willing to demonize a population, declare a war against them, and then stand back and heap shame and contempt upon them for failing to behave like model citizens while under attack?”¹² She goes on to say “[t]here is nothing abnormal or surprising about a severely stigmatized group embracing their stigma... Indeed, the act of embracing one’s stigma ...is a political act – an act of resistance and defiance in a society that seeks to demean a group based on an inalterable trait... [E]mbracing the stigma of criminality is an act of rebellion – an attempt to carve out a positive identity in a society that offers them little more than scorn, contempt, and constant surveillance.”¹³ The “dance” - or “minstrel show” as Alexander calls it¹⁴ - of men of color acting “ghetto”, violent, posturing to gain some sense of respect and control, plays perfectly into stereotypes and implicit racism that men of color are in fact more violent.

It is important to note, that rates of incarceration have skyrocketed for women during this same time period, at even greater and more astonishing rates.¹⁵ “There are 14 times more women in jail in this country today than there were in the 1970s... [And] women typically become incarcerated after experiencing gender-based trauma throughout their lives. About eight in ten [incarcerated women] have experienced domestic partner abuse. A large majority has survived sexual violence.”¹⁶ Again, women of color are disproportionately represented among the incarcerated. Many of these women are in jail or prison because a violent partner forced them into illegal activity, most typically assisting in some portion of a drug exchange, but also in sex work.¹⁷ Other times, women may engage in illegal activity to survive in an environment that does not support poor mothers well, if at all. Over the past 20 years, public benefits have been dramatically cut, affordable housing stock has plummeted, and childcare costs and other costs of living have soared. Livable wages are almost non-existent for those working in certain sectors of

¹¹ Danielle Sered, *Young Men of Color and the Other Side of Harm*, Vera Institute of Justice, December 2014.

<http://archive.vera.org/sites/default/files/resources/downloads/young-men-color-disparities-responses-violence.pdf>

¹² Michelle Alexander, The New Jim Crow: Mass Incarceration in the Age of Colorblindness (2010), p. 170.

¹³ Id at p. 171.

¹⁴ Alexander writes about how the media portrays men of color as caricatures of “racial stereotypes and images associated with the era of mass incarceration – an era in which black people are criminalized and portrayed as out-of-control, shameless, violent, over-sexed and generally underserving.” Id at pg. 173.

¹⁵ Coker & Macquoid, *Opposing Hyper-Incarceration*, *supra* note 15 at 588 (2015).

¹⁶ Micelle Chen, *Why Are There So Many Women in Jail? The number of women in jails has skyrocketed over the past four decades*, <https://www.thenation.com/article/why-are-there-so-many-women-in-jail/>, August 22, 2016.

¹⁷ “Survivors who were forced into criminal activity by abusive partners could also be eligible for alternative sentencing under the legislation [Domestic Violence Survivors Justice Act, passed in May 2016 in New York state]. Advocates stress that abusers often use violence to coerce survivors into committing crimes like robbery or drug trafficking.” Melissa Jeltsen, *Should Domestic Violence Victims go to Prison for Killing Their Abusers?*, May 26, 2016, http://www.huffingtonpost.com/entry/domestic-violence-prison-legislation_us_573deaa3e4b0ace7b8e94236.

our economy. Working in illegal economies may literally feel like the only choice to financially support oneself and a family.¹⁸

All of this is true also for those selling and buying street-drugs through the State of Maryland. To criminalize those caught in this matrix of racism and poverty will only compound the harm.

¹⁸ “Particularly for women, their interactions with the justice system are often the result of survival efforts,” said Liz Swavola of the Vera Institute of Justice, one of the report’s principal authors. “They are predominantly women of color, and they are overwhelmingly poor.” Rebecca McCray, *There are More Women in U.S. Jails Than Ever Before*, August 17, 2016, <http://www.takepart.com/article/2016/08/16/women-jails?cmpid=tp-twtr>. “Women often become involved with the justice system as a result of efforts to cope with life challenges such as poverty, unemployment, and significant physical or behavioral health struggles.” Vera Institute of Justice, *Overlooked: Women and Jails in an Era of Reform*, August 2016.

NCADD-MD - 2026 SB 906 UNF - Drug Induced Homicide

Uploaded by: Nancy Rosen-Cohen

Position: UNF



**Senate Judicial Proceedings Committee
March 3, 2026**

Senate Bill 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law)

Oppose

NCADD-Maryland respectfully opposes the increased penalty proposed in Senate Bill 906. The crisis of opioid overdoses is one we know the entire community is affected by and is trying to respond to. NCADD-Maryland appreciates that the intent of the sponsor and supporters of this bill is to help address this serious problem. For too many decades we have tried to arrest and prosecute our way out of drug addiction. And we have failed.

Instead of creating more and longer criminal penalties, we need a bigger and stronger array of positive tools in our work to address substance use disorders, provide better interventions, and reduce the demand for opioids and other drugs. In recent years, Maryland has made progress with things like making the life-saving drug naloxone more available, expanding syringe services programs, and certifying peer recovery specialists. And it's paying off.

Maryland continues to see a decrease in the number of overdose deaths. While the number is still too high, we are excited to be on the right path, and we believe Maryland should double down on the health interventions that are working, and not revert to old policies that have proven to fail.

We know the intent of this bill is to get to the higher level dealers. We also know that in practice, this bill will be used to pile on charges to put pressure on people who also have substance use disorders, and will in effect lead to longer sentences for those who really need help. While the overdose crisis pulls at our hearts and we instinctively want to lock up people who sell drugs to our loved ones, we have to look at a long history that shows we cannot arrest our way out of the disease of addiction. This is true about the overdose crisis as well.

NCADD-Maryland a public health crisis demands a public health response, not a proposal for enhanced criminal penalties. There is much we can do together to reduce opioid overdoses and deaths. This proposal will not accomplish that goal. We respectfully ask for an unfavorable report on Senate Bill 906.

Franklin SB 906 - Drug Induced Homicide Opposition

Uploaded by: Neill Franklin

Position: UNF



LAW ENFORCEMENT ACTION PARTNERSHIP

ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS

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Thomas Schoolcraft
Transitions Coordinator
Minnesota, USA

Chief Thomas Thompson (Ret.)
Ohio, USA

Date: March 3, 2026

Re: SB906/HBI 386 - Distribution of Heroin or Fentanyl Causing Serious Bodily
Injury or Death

Position: **OPPOSE**

**STATEMENT OF
MAJOR STANFORD "NEILL" FRANKLIN, [i]
Maryland State Police (Ret.)
ON BEHALF OF THE
LAW ENFORCEMENT ACTION PARTNERSHIP [ii]**

SUBMITTED TO
THE MARYLAND SENATE
JUDICIAL PROCEEDINGS COMMITTEE
HON. WILLIAM C. SMITH, JR., CHAIR

**IN OPPOSITION TO
SB 906 – Criminal Law –
Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death**

Chair Smith and Distinguished Representatives, on behalf of Law Enforcement Action Partnership (LEAP), we oppose SB 906/HBI 386 and urge you to give it an unfavorable report because it will:

- Be ineffective in saving lives;
- Undermine existing public health and overdose prevention efforts in Maryland;
- Be phenomenally expensive (DLS estimates predict \$4.9 million per year in 2035 and growing);
- Fail to deter the distribution of fentanyl and heroin;
- Lead to unjust punishment for persons suffering from serious substance use disorders and low-level drug distributors; and
- Disproportionately adversely impact racial minorities as applied.

LEAP greatly appreciates the intention and leadership behind introducing this legislation, which seeks to address the devastating number of fentanyl and heroin overdoses. Unfortunately, the proposed mechanism will be ineffective because it would punish those who distribute these drugs even more harshly than under current law. Every law enforcement officer and prosecutor appreciates legislation inspired by the desire to save lives. All of us at LEAP, having made criminal justice our life's work, have worked with survivors and victims of horrendous crimes. We understand, far more than is commonly recognized, the profound losses they have endured and that those harms are often never fully addressed by the justice system.

I am sure that you all agree that no matter how appealing and well-intentioned a legislative concept may be, it must be evaluated based on whether it will be effective, whether it risks unintended consequences, and whether it advances the cause of justice. SB 906/HBI 386 appears to attempt to limit the risk of discouraging individuals present at an overdose from calling 9-1-1 for emergency medical assistance. However, the bill's structure would still create significant uncertainty for those present during an overdose event. As drafted, the legislation risks placing the greatest legal uncertainty on the very person likely to know the circumstances and location of the overdose victim and therefore best positioned to summon immediate medical assistance. If that person must first consider whether their actions or relationship with the victim could later be interpreted as distribution, it is unlikely to promote the rapid, life saving response that overdose situations demand.

SB 906/HBI 386 also attempts to exclude from its harsh penalties those who are using drugs with the person who died from an overdose, defined as the "sharing of heroin or fentanyl. . . without remuneration." In many real world situations, however, drug use among individuals experiencing substance use disorder can involve informal exchanges or shared resources, creating uncertainty about how remuneration may ultimately be interpreted or applied. As drafted, these features remain too narrow to achieve their intended life saving objectives. Individuals present during an overdose, who may already hesitate to summon help, may reasonably fear that seeking emergency assistance could expose them to investigation or prosecution. Policymakers must consider how a new law will be perceived by the people it directly impacts, not only by those who draft and support it.

This bill, if implemented as intended, will be phenomenally expensive. The Fiscal Note of March 3, 2024, for HB1245 (2024), a substantially similar version of this bill, reported the then-current average total cost per incarcerated person in Maryland as \$5,110 per month, or \$61,320 annually. Using FY 2023 prosecution data and estimating that 5% of those convicted of distributing narcotics would be sentenced under SB 906/HBI 386, the Department of Legislative Services estimated eight individuals annually would be sentenced to the maximum consecutive 20- year penalty. Eight incarcerated individuals per year at \$61,320 each is \$490,560. That sum does not appear to be very large, except that it would repeat for the next 20 years for a total of \$9,811,200. **Every year that eight prisoners were sentenced, this bill would be creating an eventual expense of \$9,811,200 in 2024 dollars. If enacted, after 10 years of imprisonment under this bill could cost \$4,905,600 in a single year.** The cumulative cost of incarcerating just 8 persons convicted of this new offense by the end of 2035 would exceed \$26,960,800 by 2036 in 2024 dollars.

Many of our law enforcement colleagues, in their passion to combat crime, continue to rely on concepts of drug trafficking and assumptions about the behavior of men and women with serious opioid use disorders that experience has shown to be ineffective. One such concept is that low-level offenders, including people who use drugs, can be pressured with the threat of long sentences to inform on their supplier, leading “up the chain” to successful investigation and prosecution of the most culpable high-level distributors. In practice, this rarely occurs. Consequently, our courts and prisons are filled with the lowest level distributors serving sentences of 15 to 20 years, the types of lengthy penalties legislators originally intended for the most culpable offenders.

Let me also clarify a key feature about the drug traffic that this legislation does not and cannot address. The nation's supply of illegal opioids is often contaminated by fentanyl long before it reaches Maryland. Most distributors operating at the neighborhood level do not add fentanyl to the drugs they distribute and do not know or control the purity or composition of the product they are selling. In this respect, the offense created by this bill lacks a fundamental feature traditionally associated with criminal law: clear criminal intent. Implicitly, a typical defendant prosecuted under this legislation may be deemed reckless regarding the possibility that the product they distributed contained fentanyl. Certainly, there will be defendants who knew or had reason to believe they were distributing fentanyl. However, the bill does not explicitly require proof of that state of mind.

Traditionally, acts of recklessness lack the level of intentionality associated with the highest degrees of culpability warranting lengthy additional sentences. For example, manslaughter by vehicle resulting from criminal negligence, the killing of another by operating a vehicle or vessel in a criminally negligent manner, is subject to up to 3 years imprisonment. Criminally negligent means with respect to a result or circumstance that the person should be aware, but fails to perceive, that the person's conduct creates a substantial and unjustifiable risk that such result will occur and the failure to perceive constitutes a gross deviation from the standard or care that would be exercised by a reasonable person. (Md. Crim Law sec. 2-210(c)). If one kills another by operating a vehicle in a grossly negligent manner, you are subject to imprisonment of up to 10 years (1st offense) (Md. Crim Law. sec. 2-209). If you kill someone while driving a vehicle impaired by CDS, you can be imprisoned for up to 5 years. The 20 years here, for most of the persons who are likely to be charged, seems excessive compared to the penalties for killing someone in those other circumstances.

Regarding any assertion that this new offense will deter the distribution of heroin or fentanyl: Every person who shares or distributes such drugs right now knows that they face a long sentence if they are caught. The addition of a new potential sentence enhancement, such as SB 906/HBI386, will not change their behavior – it will not deter those who are willing to risk the sentences that are already authorized in Maryland law (as well as those in Federal law). Both low-level and high-level distributors of opioids are already subject to long Maryland sentences. First, a simple distribution violation of Maryland Criminal Law § 5-602, “Distributing, possessing with intent to distribute, or dispensing controlled dangerous substance,” if a narcotic like heroin or fentanyl, now carries a prison sentence of up to 20 years for a first offense (Md. Crim. L. § 5-608 (a)). If second offense after a serious first offense, a prison sentence of up to 25 years (Md. Crim. L. § 5-608 (c)).

If fentanyl or its analogues are distributed as part of a first offense, current law provides for an additional consecutive sentence of 10 years (Md. Crim. L. § 5-608.1 (b)). Then there is currently already a mandatory minimum sentence of 5 years imprisonment for the distribution of 5 pure grams or more of fentanyl or a mixture weighing more than 28 grams that contains a detectable amount of fentanyl (and these amounts can be accumulated by any number of transactions that occur in a 90-day period) (Md. Crim. L. § 5-612).

And the higher-level distributors (grandly characterized as drug kingpins: “organizers, supervisors, financiers, or managers who act as a co-conspirators in a conspiracy to manufacture, distribute, dispense, transport in, or bring into the State a controlled dangerous substance”) are further subject to a mandatory minimum of 20 years imprisonment up to 40 years. Very simply, the likelihood that SB 906/HB1386, if enacted, will deter anyone from selling fentanyl or heroin is close to zero.

The much greater likelihood is that those who will be prosecuted under this new section are persons who were using drugs or sharing their drugs or who sold the small quantity of drugs that triggered the fatal overdose. These are going to be the family members of the deceased, perhaps close friends or drug sharing acquaintances, or persons prevailed upon by the deceased who is desperate to use. I recall two such Maryland cases in 2017 where I was designated as an expert witness for the defense. In both cases, the accused were friends of the deceased, and they were charged with murder. These were not the high-level distributors.

While SB 906/HB1386 relies on misconceptions of the malicious drug dealer, knowingly pushing fentanyl-tainted drugs on customers in hopes of getting them hooked, this is very rarely the case. Instead, many of those prosecuted for drug overdose deaths are themselves users and could have just as easily been the victim. The deceased, meanwhile, are typically individuals who have long struggled with opioid use disorder, and who in some cases may have deliberately sought out drugs containing fentanyl.

Additionally, as noted in the 2023 Maryland State Commission on Criminal Sentencing Policy report, “An Assessment of Racial Differences in Maryland Guidelines-Eligible Sentencing Events,” [iii] Blacks are arrested, prosecuted and sentenced at significantly higher rates than White individuals for similar drug offenses. As such, there is no reason to believe that the results of SB 906/HB1386 will be any different.

We must also consider the lasting effects of the COVID-19 pandemic, during which addiction and overdose death rates soared in just about every category in the United States and Canada. The increases are most likely attributed to changes in the illegal drug supply, increased use of substances to cope with stress, and less access to support services for people who use drugs. Post COVID-19, Canada has dramatically increased support services for people who use drugs, resulting in a significant downward trend of overdose deaths, without becoming overly aggressive with punitive drug laws.

LEAP strongly encourages policymakers to learn from the successful approaches in Canada by increasing access to substance use treatment and mental health support services, expanding overdose prevention and response strategies, and continuing efforts to reduce the stigma associated with substance use. Environments

conducive to alienating drug users from society, pushing them farther into the shadows of dangerous use habits, must be eliminated. We must continue working toward creating environments of connection for those who use drugs.

Hopefully, this committee agrees that low-level drug offenders, most of whom have serious substance use disorders, do not deserve a two-decade term of imprisonment. The most prominent feature of these prosecutions will be their relative infrequency and randomness. It is not justice to randomly punish a handful of offenders out of a great mass of similarly situated persons.

I think we can all agree that in the overwhelming majority of these cases, the deceased has been using these drugs for some time or sought them out. The likelihood that the defendant prosecuted under a bill like SB 906/HBI 386 is the allegorical drug “pusher” luring unsuspecting young people to try the lethal drug for the first time in order to “hook” them as customers is extremely small.

For these reasons, we ask that you oppose SB 906/HBI 386 and instead support policies aimed toward prevention, treatment, and public safety.

[i] Major Neill Franklin (Ret.) is a distinguished figure in law enforcement, boasting a remarkable 34-year career that includes notable positions within both the Maryland State Police and the Baltimore Police Department. Franklin's extensive service began with the Maryland State Police, where he dedicated 23 years of his life to public safety. His exceptional performance led him to be selected in 2000 by the Commissioner of the Baltimore Police Department to reconstruct and lead the Education and Training Section in Baltimore.

Throughout his tenure with the Maryland State Police, Franklin made significant contributions, notably serving as the commander of the Education and Training Division and the Bureau of Drug and Criminal Enforcement. He was instrumental in the creation and oversight of the first Domestic Violence Investigative Units for the Maryland State Police, showcasing his commitment to progressive policing practices.

Franklin's perspective on the War on Drugs was profoundly shaped by the community impacts he witnessed during his career. Influenced by former Baltimore Mayor Kurt Schmoke, who famously criticized the drug war's violent repercussions, Franklin became a staunch advocate for reform. This commitment was further fueled by the heartbreaking loss of his close friend, Maryland State Police Corporal Ed Toatley, who was killed during an undercover drug operation. This tragedy solidified his resolve to challenge and change ineffective drug policies.

In 2010, Franklin transitioned from active duty to leadership as the Executive Director of the Law Enforcement Action Partnership, a role he held for a decade until his retirement in 2020. Under his guidance, the organization worked towards reshaping public safety strategies and advocating for reformative approaches to drug policy.

Franklin's expertise in policing has also been recognized in judicial settings, where he has served as an expert witness in both Maryland Circuit and federal district courts. His commitment to community engagement and reform extends beyond his professional duties; he has held positions on various boards, including the Youth & Police Initiative, the Alliance for Safety and Justice, the National Organization of Retired State Troopers, the Faith Based Community Council on Law Enforcement and Intelligence, and TurnAround Inc. among others.

Through his extensive service and advocacy, Major Neill Franklin has made a lasting impact on law enforcement practices and community safety initiatives, demonstrating a profound commitment to justice and reform.

[ii] The Law Enforcement Action Partnership (LEA) is a nonprofit group of police, prosecutors, judges, and other criminal justice professionals who speak from firsthand experience. Our mission is to make communities safer by focusing law enforcement resources on the greatest threats to public safety and working toward healing police-community relations.

[iii] [2023 Maryland State Commission on Criminal Sentencing Policy report, “An Assessment of Racial Differences in Maryland Guidelines-Eligible Sentencing Events”](#) – Note: These conclusions are based on data gathered before July 1, 2022 changes in the sentencing guidelines. More recent data was inadequate to be analyzed, and the Commission estimates it will need to wait until 2026 to report on the changes.

SB0906-JPR-OPP.pdf

Uploaded by: Nina Themelis

Position: UNF



BRANDON M. SCOTT
MAYOR

Office of Government Relations
88 State Circle
Annapolis, Maryland 21401

SB0906/HB1386

March 3, 2026

TO: Members of the Senate Judicial Proceedings Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

RE: Senate Bill 906 – Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law)

POSITION: Unfavorable

Chair Smith, Vice Chair Waldstreicher, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **opposes** Senate Bill (SB) 906.

The bill would increase penalties for distributing heroin and/or fentanyl when the use of that heroin and/or fentanyl results in death or serious injury. The BCA fully supports the intent of this bill: to save lives by preventing overdose deaths. However, we are concerned that SB 906 will unintentionally undermine the State's existing efforts to combat the overdose crisis. Specifically, the BCA is concerned that this bill will result in the following:

- **More people using drugs alone – meaning there will be no one to call for help if they overdose.** Laws like the one proposed here can cause more people to use alone, because they are afraid to be arrested if someone they are using drugs with overdoses. If someone uses opioids alone, there is no one to call emergency response services or administer naloxone (commonly known as “Narcan”) if they overdose.^{i,ii,iii}
- **Criminalization of friends and family.** The BCA understands that this bill intends to address drug dealing. However, in states that have enacted similar laws, 50% of prosecutions were against friends, family, and romantic partners of the deceased.^{iv}
- **Additional obstacles to overcoming substance use disorder.** Imprisonment does not deter drug use – it creates additional obstacles to overcoming addiction, like making it harder to gain employment, pursue higher education, and obtain housing.^{v,vi}
- **Increased overdoses as a result of increased incarceration.** States with higher drug imprisonment rates do not have lower rates of drug use or overdose deaths.^{vii} Rather, research shows that imprisonment leads to a significantly higher risk of drug overdose after release.^{vi,viii} This is because individuals' tolerance to drugs decreases while they are incarcerated, so if/when they use drugs after they are released, their bodies are more vulnerable to overdose.
- **A less efficient use of taxpayer dollars.** Taxpayer dollars would go further toward ending the overdose crisis if they were spent on treatment, rather than imprisonment. It costs the State of Maryland nearly \$60,000 each year to keep one person incarcerated.^{ix} By contrast, a year of evidence-based medication for opioid use disorder – the gold standard of treatment – can cost less than \$6,000.^x

Because the BCA stands firmly with saving lives and preventing harm, we recommend a public health, rather than criminal, approach to addressing the overdose crisis. As such, the BCA respectfully requests an **unfavorable** report on SB 906.

-
- ⁱ Saint Louis County Department of Public Health. (n.d.). Harm Reduction. Retrieved from <https://stlouiscountymo.gov/st-louis-county-departments/public-health/substance-use-resources/harm-reduction/>
- ⁱⁱ New York State Office of Addiction Services and Supports. (n.d.). Harm Reduction. Retrieved from <https://oasas.ny.gov/harm-reduction>
- ⁱⁱⁱ Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County. (n.d.). Harm Reduction. Retrieved from <https://www.adamhsc.org/resources/finding-help/by-service/harm-reduction>
- ^{iv} Beletsky, Leo (2019) "America's Favorite Antidote: Drug-Induced Homicide in the Age of the Overdose Crisis," *Utah Law Review*: Vol. 2019: No. 4, Article 4. DOI: https://doi.org/10.63140/igcy_z3qq4
- ^v The Massachusetts Department of Public Health. (2016). *An Assessment of Opioid Related Deaths in Massachusetts (2013-2014)*. <https://www.mass.gov/files/documents/2016/09/pg/chapter-55-report.pdf>
- ^{vi} Volkow ND. Addiction should be treated, not penalized. *Neuropsychopharmacology*. 2021;46(12):2048-2050. doi:10.1038/s41386-021-01087-2
- ^{vii} Pew. (2018). More Imprisonment Does Not Reduce State Drug Problems. Retrieved from <https://www.pew.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems#4-drug-imprisonment-varies-widel>
- ^{viii} Binswanger IA, Stern MF, Deyo RA, et al. Release from prison--a high risk of death for former inmates [published correction appears in *N Engl J Med*. 2007 Feb 1;356(5):536]. *N Engl J Med*. 2007;356(2):157-165. doi:10.1056/NEJMsa064115
- ^{ix} Maryland State Archives. (2025). Maryland at a Glance: Criminal Justice. Retrieved from <https://msa.maryland.gov/msa/mdmanual/01glance/html/criminal.html>
- ^x National Institute on Drug Abuse. (2018). Medications to Treat Opioid Use Disorder. Retrieved from https://nida.nih.gov/sites/default/files/21349-medications-to-treat-opioid-use-disorder_0.pdf?utm_source=chatgpt.com

SB906_PJC_Unfavorable.pdf

Uploaded by: Robin McNulty

Position: UNF



Khalilah M. Harris, EdD, JD - Executive Director
Public Justice Center
201 North Charles Street, Suite 1200
Baltimore, Maryland 21201
410-625-9409
harrisk@publicjustice.org

SB906

**Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Harm
(Victoria, Scottie, Ashleigh, and Yader's Law)
Hearing of the Senate Judicial Proceedings Committee
March 3, 2026, 1:00 PM**

UNFAVORABLE

The Public Justice Center (PJC) is a nonprofit legal services organization dedicated to protecting and expanding the rights of people living in poverty and addressing the root causes of injustices. The PJC provides advice and representation at no cost to clients, advocates before legislatures and government agencies, and collaborates with community and advocacy organizations; we actively incorporate anti-racism and racial equity goals into our advocacy work. The PJC has a longstanding commitment to civil rights-based reform in the criminal legal system.

The **PJC strongly opposes SB906** Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Harm. This bill would create a new enhanced penalty of up to 20 years in prison for those found responsible for a fatal overdose. This approach of using longer prison sentences to address problems related to drug use has been tried before and has failed.

The overdose epidemic has tragically cost the lives of thousands of Marylanders. The General Assembly should focus on proven solutions that prevent overdose, like evidence-based treatment and education, to bring an end to this crisis. Laws like SB906, often called drug-induced homicide (DIH) laws, claim to prevent overdose by using harsh penalties as a deterrent. SB906 proposes up to 20 additional years for those convicted of distributing heroin or fentanyl that results in a fatal overdose. Distributing fentanyl already carries a penalty of up to 30 years in prison¹. Incarceration cannot treat a health crisis. Proponents of DIH laws claim they are intended to target “dealers” and cartels; in reality, law enforcement often targets “low level offenders” and people who use drugs².

¹ LawAtlas. “Drug Induced Homicide Laws,” May 2024. <https://lawatlas.org/datasets/drug-induced-homicide-1529945480-1549313265-1559075032>; Drug Policy Alliance. “An Overdose Death Is Not Murder: Why Drug-Induced Homicide Laws Are Counterproductive and Inhumane.”

² Phillips, Kaitlin. “From Overdose to Crime Scene: The Incompatibility of Drug-Induced Homicide Statutes with Due Process.”

DIH laws like SB906 have other unintended consequences. DIH prosecutions will discourage people who use drugs from reporting potentially reversible overdoses for fear of harsh criminal penalties. The bill text includes no 'Good Samaritan' protections for individuals potentially liable under the proposed law, even if they report an overdose in good faith; it is likely that some who report overdoses will be prosecuted. This will discourage scores of others who use drugs from reporting overdose, potentially increasing the number of fatalities. In other words, the opposite of what the bill purports to achieve.

For these reasons, the Public Justice Center urges **the Senate Judicial Proceedings Committee to issue SB906 an unfavorable report.** Thank you for your consideration of our testimony. If you have any questions, please contact Robin McNulty at 410-625-9409 x 278 or mcnultyr@publicjustice.org.

SB 906_DIH_UNFAVORABLE.pdf

Uploaded by: Samuel Snodgrass

Position: UNF



March 3, 2026

**Senate Judicial Proceedings Committee
TESTIMONY IN OPPOSITION**

*SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader's Law)*

Broken No More is an organization composed primarily of parents and other family members who have lost a loved one to overdose. Our goal is to support health-based drug policies that have been demonstrated to decrease overdose deaths so that no one else has to experience the horrific pain of losing the one they love.

Broken No More strongly opposes SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law). This bill would create harsh new penalties for individuals found liable for distributing heroin or fentanyl if someone gets seriously hurt or dies after using the drugs. This approach of increasing prison sentences to address problems related to drug use has been tried before and has never worked. We urge the General Assembly to instead focus on proven solutions that prevent overdose, like evidence-based substance use treatment.

SB 906 is a well-intentioned response to Maryland's overdose crisis, but it will have the unintended consequences of making a fatal overdose more likely for more Maryland families. Laws like SB 906, often called drug-induced homicide (DIH) laws, do not discourage drug use, deter drug dealing, or reduce the prevalence of fentanyl in the drug supply. SB 906 will instead lead to further mass incarceration and ballooning state prison costs.

DIH laws like SB 906 discourage reporting potentially reversible overdoses due to fear of DIH prosecution. This year's law includes no Good Samaritan protections for individuals potentially liable under the bill, even if they report the overdose in good faith. Stories of harsh penalties and DIH prosecutions will circulate and will lead people who use drugs to be hesitant to reach out for help. This could make Maryland's overdose crisis worse at a time when we are finally seeing progress in preventing fatal overdoses.

At Broken No More, our parents have worked for the implementation and strengthening of Good Samaritan Laws to eliminate the fear of calling for help during an overdose situation to save the lives of other parents' children. We want the first thought that a person has during an overdose situation to be to call for help, not that they can spend decades in prison. DIH laws, by causing the latter, are antithetical to Good Samaritan Laws, and parents bury children who could have been saved.

The General Assembly should focus on prevention and treatment rather than new, harsh penalties.
Broken No More urges the Senate Judicial Proceedings Committee to oppose SB 906.

Sincerely,

Samuel H. Snodgrass, PhD

Board of Directors, Broken No More/GRASP (Grief Recovery After a Substance Passing)

SB906_opposition.pdf

Uploaded by: susan ousterman

Position: UNF

Senate Bill 906

Submitted by: Susan Ousterman

Position: Oppose

Chair and Members of the Committee,

In 2020, I lost my son, Tyler, to an accidental overdose involving heroin, fentanyl, and xylazine. His death was preventable, but not through harsher penalties. More laws would have only created more barriers to his recovery.

Distributing fentanyl already carries a penalty of up to 30 years in prison. There is no evidence that increasing it will deter drug sales. What it will do is expand mass incarceration and state prison costs, without stopping the flow of fentanyl or preventing a single overdose.

Laws like SB 906 have unintended consequences. They make people too afraid to call for help during an overdose. While some bills include limited Good Samaritan protections, those protections are narrow and do not apply in every situation. Fear and ambiguity cost lives.

These laws do not stop the major players in the drug trade. They do not dismantle cartels. Instead, they are used to prosecute friends, family members, and low-level sellers, the very people most likely to call 911 in an overdose emergency. I have seen cases where a son was charged in his father's death because they used together. I know parents who had their child's friend prosecuted, and every one of them regrets it.

I have met parents who support harsher penalties, and I do not blame them. Their grief is real. When you lose a child, every cell in your body wants someone to blame. But when parents receive proper support, when they are held through their grief instead of pushed toward retribution, they often come to understand how harmful it is to be part of a system that increases the risk of someone else dying, and meeting their parents in a grief support group months later.

If lawmakers truly want to reduce the push for bills like this, invest in bereavement services for disenfranchised grief. Parents who lose children to overdose are often isolated and stigmatized. Their grief is complicated by shame and silence. When that grief is unsupported, anger becomes the only outlet. But when it is supported, it transforms into advocacy for prevention, treatment, and compassion, not punishment.

Tyler's Story

Tyler was my firstborn and the kindest human I've ever met. He was the kid who made sure no one sat alone at lunch. On holidays, we never knew who would show up at our house, because he refused to let anyone be alone. He was a percussionist in the high school marching band and wanted to study music therapy. I am a better person because of him.

Like many teenagers, he struggled with anxiety and turned to substances to cope. But unlike previous generations, he had easier access to prescription opioids than to less addictive alternatives. His dependence came quickly, but he did not want to be dependent. He sought help.

Instead of receiving care, he faced barrier after barrier:

- There were not enough treatment beds available.
- The emergency room sent him home instead of initiating treatment.
- He was arrested for carrying an unused syringe.

I will never forget the fear in Tyler's eyes the first time he experienced withdrawal and realized he was dependent. Desperate for help, he came to me. On the advice of our family doctor, I took him to the emergency room. What followed was medical negligence. As we debated whether to send him 400 miles away to the only facility covered by Tricare, Tyler grew sicker by the minute. Feeling like he had no other option, he purchased heroin to ease his withdrawal and crashed his car on the way home. That was the first of many 30-day rehab stays.

Over six years, Tyler tried to access treatment more than a dozen times:

- He was denied detox because his drug test came back negative, so he used just to test positive and overdosed in the lobby of the very facility that denied him care. He was revived with naloxone and still sent home to wait for an open bed.
- He lived on the streets of Kensington in Philadelphia because shame kept him from coming home.
- He contracted endocarditis from reusing syringes because it was illegal to obtain clean ones.
- He was incarcerated on a bench warrant after missing probation because he was undergoing open-heart surgery.
- He was forced into a county-approved recovery house that prohibited medical cannabis, the only thing that helped ease his withdrawal symptoms.
- He was denied treatment funding because he had a medical cannabis card.
- We were defrauded by a treatment facility after paying cash out of desperation.

Tyler did not want to use drugs. He wanted to heal. He wanted to make his family proud. He wanted to be a father. He did not use to get high. He used to avoid being violently sick, and because he could not access the help he needed.

The night he died, he came home afraid and hopeless, just as he had been the first time he sought help. We made a plan. He was going to move out west. We were going to start over.

But he walked to the corner store and used one last time.

Thirty minutes passed. I went to look for him.

I arrived at the gas station at the same time as first responders.

No law increasing prison sentences would have saved Tyler. Access to treatment without barriers might have. Medical care without stigma might have. A system designed for healing instead of punishment might have.

SB 906 continues a strategy that has failed for decades. It expands incarceration without expanding care. It criminalizes proximity instead of addressing root causes. It may satisfy the understandable desire for accountability, but it will not stop overdose deaths.

If you truly want to honor the lives named in this bill, invest in treatment access, harm reduction, and comprehensive bereavement services for families. Make it easier to access effective mental healthcare than illicit substances. Do not create more grieving parents.

If your goal is to save lives, I urge you to oppose SB 906.

Thank you for taking the time to read my position.

SB906 - UN favorable 2025.pdf

Uploaded by: Toni Torsch

Position: UNF



**Daniel Carl Torsch
Foundation**

New day. New beginning.

Date: February 27, 2025

Bill Number: SB906

Position: UN-Favorable

Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader's Law)

To: Members of Maryland's Senate Judicial Proceedings Committee

My son Danny died of an overdose, and I once supported and testified in favor of this type of bill. Anger and this immense pain filled me, and I wanted to hold someone accountable. But now I know that's not the way to reduce deaths. Through my work in the community I've witnessed what has worked and is saving lives.

I'm the director of the Daniel Carl Torsch Foundation. We have a team of outreach workers providing various health-centered risk reduction services including prevention and recovery support to approximately 400 people a month. And that's partly because of this committee and the laws that you have helped enact. The penalties in this bill will undermine all of that work and progress.

If this bill passes, it won't take long for the community to hear of the penalties. They won't pay attention to the tweaks and hinted provisions of the bill. It will undo all of the great work of finally getting folks to call for help in the event of an overdose. It is with 100% certainty, deaths will rise again. These types of laws have a limited deterrent effect and have **never** been proven to reduce drug related deaths. This approach of increasing prison sentences to address problems related to drug use has been tried before and has never worked. I urge the General Assembly to instead focus on proven solutions that prevent overdose like evidence-based substance use treatment. SB 906 is a well-intentioned response to Maryland's overdose crisis, but it will have the unintended consequences of making a fatal overdose more likely for more Maryland families. Laws like SB 906, often called drug-induced homicide (DIH) laws, do not discourage drug use, deter drug dealing, or reduce the prevalence of fentanyl in the drug supply. SB 906 will instead lead to further mass incarceration and ballooning state prison costs. Please don't take Maryland steps backwards.

It is for these reasons that I am respectfully requesting an un-favorable report.

Toni Torsch, Director

Daniel Carl Torsch Foundation

www.dctfoundationinc.org

443-554-6150

9712 Belair Road, Su 205, Nottingham MD 21236

2026_SB 906_DIH_UNFAVORABLE_ZKOSINSKI_3.3.26.pdf

Uploaded by: Zachary Kosinski

Position: UNF

March 3, 2025

**Senate Judicial Proceedings Committee
TESTIMONY IN OPPOSITION**

*SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury
(Victoria, Scottie, Ashleigh, and Yader's Law)*

My name is Zachary Kosinski. I am a born and raised Marylander, a person living in long-term substance use recovery, a harm reductionist, and currently Director of Harm Reduction at Behavioral Health System Baltimore, Inc.

I, Zachary Kosinski, strongly oppose SB 906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Serious Bodily Injury or Death (Victoria, Scottie, Ashleigh, and Yader's Law). This bill would create harsh new penalties for individuals found liable for distributing heroin or fentanyl if someone gets seriously hurt or dies after using the drugs. This approach of increasing prison sentences to address problems related to drug use has been tried before and has never worked. I urge the General Assembly to instead focus on proven solutions that prevent overdose like evidence-based substance use treatment.

SB 906 is a well-intentioned response to Maryland's overdose crisis, but it will have the unintended consequences of making a fatal overdose more likely for more Maryland families. Laws like SB 906, often called drug-induced homicide (DIH) laws, do not discourage drug use, deter drug dealing, or reduce the prevalence of fentanyl in the drug supply. SB 906 will instead lead to further mass incarceration and ballooning state prison costs.

DIH laws like SB 906 also discourage reporting potentially reversible overdoses due to fear of DIH prosecution. This year's law includes no Good Samaritan protections for individuals potentially liable under the bill even if they report the overdose in good faith. Stories of harsh penalties and DIH prosecutions will circulate and will lead people who use drugs to be hesitant to reach out for help. This could make Maryland's overdose crisis worse at a time when we are finally seeing progress in preventing fatal overdose.

In my years of active drug use, before finding recovery, it was my experience that many people who use drugs also sell drugs in order to sustain their own drug use. This is also my professional experience, leading the harm reduction work at Behavioral Health System Baltimore where we offer overdose prevention services to people who use drugs in Baltimore. Most people charged with drug possession and intent to distribute in Maryland are not high-level drug traffickers. They are average people with substance use disorders who sell drugs in order to support their own drug use or to escape their current economic circumstances. The solutions to this are improved access to evidence-based services, greater economic opportunity, and less stigma against people who use drugs. The law already adequately provides ways to hold high-level drug traffickers accountable. This bill, if passed, would do little to decrease overdose, decrease drug use, decrease drug sales, or improve the lives of Marylanders. In fact, it is more likely that it would further trap average Marylanders in a cycle of incarceration, release, return to use, and reincarceration, a cycle which is factually associated with greater overdose risk. No one should die by overdose, but this bill is not the answer and will do nothing to save the lives of the thousands of Marylanders who remain at risk of overdose in our communities today.

The General Assembly should focus on prevention and treatment rather than new harsh penalties. **I, Zachary Kosinski, urge the Senate Judicial Proceedings Committee to oppose SB 906.**

Zoe Renfro LOO SB0906 2026-02-27.pdf

Uploaded by: Zoe Renfro

Position: UNF

February 27, 2026

The Honorable William C. Smith, Jr.
Chairman, Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
11 Bladen St., Annapolis, MD 21401

RE: OPPOSITION of SB0906 - Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law) - UNFAVORABLE

Dear Chair Smith, Vice Chair Waldstreicher, and Senate Judicial Proceedings Committee Members,

As an individual resident of Baltimore City, I strongly **oppose** SB0906 – Criminal Law - Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law).

SB0906 prohibits the unlawful distribution of heroin, fentanyl, and their analogues, the use of which results in the death or serious bodily injury of another. A violator would be guilty of a felony and subject to imprisonment for up to 20 years, to be served consecutively to any other sentence. Each person who transfers possession of the substance may be subject to prosecution. A prosecution under the bill may be brought in the county where the violation occurred or the county where the death or serious bodily injury occurred.

The proposed legislation is a well-intentioned response to the overdose crisis that has devastated families and communities across Maryland. Drug overdose is the leading cause of injury death statewide, claiming four Marylanders each day ([MDH Dashboard](#), [CDC WONDER](#)). While we continue to lose too many of our loved ones to overdose, Maryland's significant investments in proven solutions have driven a downward trend in drug overdose deaths since 2021 ([Office of Gov. Moore](#)). I urge the General Assembly to continue Maryland's focus on evidence-based solutions like targeted naloxone distribution, medication-assisted treatment, and 911 Good Samaritan laws ([CDC 2018](#)).

Although SB0906 seeks to prevent overdose death, drug use, and drug distribution through an enhanced criminal penalty, evidence suggests it will have the unintended consequence of increasing fatal overdoses statewide. The proposed legislation will undermine Maryland's Good Samaritan law, passed in 2014 to protect those who seek medical assistance in an overdose emergency ([Md. Code Ann., Health General §13-3101 - 13-3109](#)). Harsher penalties will exacerbate the fear of arrest that discourages bystanders from calling 911 for an overdose ([Footer et al 2022](#)). Overdoses that would have been reversed by EMS would go unattended. With EMS reversing more than 6,000 overdoses per year, Maryland cannot afford to miss these opportunities to save lives ([MDH Dashboard](#)). To continue Maryland's significant strides in overdose prevention, we must prioritize saving lives and encouraging vulnerable individuals to report overdoses.

While the deterrent effect of SB0906 would be negligible, the cost of lengthy prison sentences would be substantial. The Maryland Department of Legislative Services estimated a previous iteration of this proposal would result in 8 additional incarcerated individuals per year, with a \$75,000 annual cost to the State per person ([Md. DLS 2025](#)). Under these assumptions, by 2037, this bill will have cost the state an additional \$39.6 M. The proposal would divert finite state resources from proven overdose prevention interventions to incarceration.

Today, for each fatal overdose in Maryland, nine nonfatal overdoses require emergency care ([MDH Dashboard](#)). A decrease in help-seeking during overdose emergencies would increase the ratio of fatal to nonfatal overdoses, significantly increasing the burden of the overdose crisis. In 2025, the estimated cost of fatal and nonfatal overdose to Maryland was \$15.1B, including \$14.7B in statistical life lost, \$239M in medical care, \$83M in quality of life lost, and \$65M in work lost ([CDC WISQARS](#), [MDH Dashboard](#)). Maryland cannot afford to lose more of our loved ones.

SB0906 hopes to render the drug landscape less lethal by deterring the manufacturing and distribution of highly potent pills ([MCPA/MSA 2025](#)). Increased criminal penalties for drug-related crimes do not deter drug use, drug-related crimes, or overdose deaths ([Pew 2017](#), [Morrissey et al 2024](#)). On the contrary, increased criminalization contributes to higher drug potency, indicating this legislation will have the opposite effect ([Beletsky and Davis 2017](#)).

Supporters of prior bills sought additional prosecutorial tools to dismantle drug distribution networks and seek justice for overdose victims by holding drug sellers accountable ([MSAA 2025](#), [Md. OAG 2025](#)). I ask the General Assembly to seek justice for overdose victims by ending overdose death through proven public health interventions.

Maryland must focus on proven prevention and treatment interventions rather than increased criminal penalties. **I urge the Senate Judicial Proceedings Committee to give SB0906 an unfavorable report.**

For more information about this position, please contact Zoe Renfro at zoe.renfro@gmail.com.

Sincerely,

A handwritten signature in blue ink that reads "Zoe Renfro". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

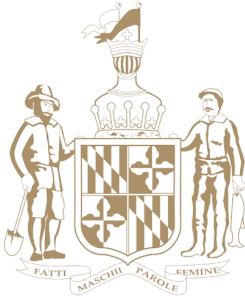
Zoe Renfro, MPH

Resident of Baltimore City, Maryland

SB906 - MOOR - LOC.docx.pdf

Uploaded by: Emily Keller

Position: INFO



Maryland's Office of Overdose Response

Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Overdose Response

March 3, 2026

The Honorable William C. Smith
Chair, Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, MD 21401

RE: Senate Bill 906 – Criminal Law – Distribution of Heroin or Fentanyl Causing Death or Serious Bodily Injury (Victoria, Scottie, Ashleigh, and Yader's Law) - Letter of Concern

Dear Chair Smith:

Maryland's Office of Overdose Response (MOOR) respectfully submits this letter of concern for Senate Bill (SB) 906, which creates a felony penalty of up to 20 years imprisonment for the sale of heroin or fentanyl, the use of which results in the death of or serious bodily injury to another.

MOOR is concerned that creating new and harsher criminal penalties for the sale of illicit substances will not enhance the state's efforts to reduce overdose death and treat the overdose crisis as a public health issue. Much research exists to suggest that harsher criminal penalties and longer prison sentences do not reduce substance use, the sale of drugs, or drug overdose.¹ MOOR is also concerned about the risk of criminal charges as a result of this bill being applied to people with substance use disorders rather than to drug traffickers, the vulnerability to substance use disorder and overdose of people who are incarcerated and those leaving incarceration, racial disparities in drug-related criminal charges, and the high financial cost of this bill to the state.

MOOR is concerned that while this bill is intended to target and penalize drug traffickers who are operating at a large scale, the average person with a substance use disorder is at equal risk of being targeted by the new penalties. People with substance use disorders generally need to continue using substances or face withdrawal symptoms. Withdrawal from some substances can be fatal and, at a minimum, can be extremely uncomfortable and increase risk behaviors.² As such, some people who use drugs may also share or sell small amounts of drugs to help people they know stay out of withdrawal. Research shows that roughly half of people who use drugs also sell drugs in order to support their substance use disorder. One study found that, among participants who had used heroin, cocaine, or

¹ <https://www.pew.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

² <https://doi.org/10.1186/s12954-023-00893-9>

crack cocaine in the last 6 months, 44% were involved in the drug economy, and those who reported daily use of drugs were even more likely to be involved in the drug economy.³ Another study found that 53% of participants, who were people who injected drugs, were engaged in prohibited economies, such as drug selling or sex work.⁴ Of those engaged in these economies, 47% said they would no longer engage in those economies if they didn't need money for drugs. Imprisoning people with substance use disorder who sell a small amount of drugs that inadvertently results in the death of another person with substance use disorder is not in the spirit of this bill. SB 906 also risks the unintended consequence of discouraging bystanders from calling 911 in the event of an overdose. Maryland's Good Samaritan Law provides legal protections to those seeking medical assistance in the event of an overdose emergency; however, the Good Samaritan Law does not apply to felony charges. Research also indicates that harsher penalties exacerbate fear of arrest and discourage bystanders from calling 911.⁵

MOOR is concerned that imprisonment as a result of this bill would be deleterious to people with substance use disorder. Access to high-quality substance use disorder treatment in prison is limited, and multiple studies have indicated that drug overdose is the leading cause of death after release from incarceration.^{6,7,8} The first two weeks post-release from incarceration is the time of highest risk, with a study from North Carolina showing a 40-fold increased odds of an opioid overdose in that period of time.⁹

MOOR is concerned about the implications of this bill with regard to racial disparities because there are significant racial disparities in drug-related criminal charges. Research shows that, despite reporting using and selling drugs at similar rates to white people, Black people were more likely to be charged with possession or drug selling, while white people were more likely to be charged with lesser crimes related to supporting their substance use disorder, such as theft.¹⁰ Additional data show that in 2019, Black people made up 12% of the US population but accounted for 27% of adult drug arrests.¹¹

MOOR is concerned that SB 906 also risks incurring significant additional expenses for the state. The Department of Legislative Services' fiscal note for SB 604 of 2025, which imposes a similar penalty as SB 906, provides for a potential increase of \$599,040 in state expenditures annually related to the costs associated with imprisoning individuals for the new penalty. The fiscal note also indicates that Maryland's Office of the Public Defender highlighted a potential increase in expenditures of over \$1,000,000 for costs related to hiring several new staff members.

MOOR recognizes that this bill is well-intentioned, motivated by the immense pain that too many Marylanders who have lost a loved one to an opioid-related overdose are forced to carry. However, we believe that further penalizing individuals who use drugs will not have the desired outcome of this proposed legislation. Maryland's legal code already has the tools it needs to punish individuals who break the law by selling illicit drugs. As opposed to increasing incarceration rates and the devastating impact that this can have for those seeking substance use recovery, MOOR believes that continuing to

³ [10.1093/jurban/79.2.266](https://doi.org/10.1093/jurban/79.2.266)

⁴ [10.1016/j.drugalcdep.2007.05.003](https://doi.org/10.1016/j.drugalcdep.2007.05.003)

⁵ [https://pure.johnshopkins.edu/en/publications/pwud-experiences-of-criminal-justice-reform-enduring-tensions-but/](https://pure.johnshopkins.edu/en/publications/pwud-experiences-of-criminal-justice-reform-enduring-tensions-but)

⁶ [10.1056/NEJMsa064115](https://doi.org/10.1056/NEJMsa064115)

⁷ [10.1111/j.1360-0443.2010.02990.x](https://doi.org/10.1111/j.1360-0443.2010.02990.x)

⁸ [10.2105/AJPH.2018.304514](https://doi.org/10.2105/AJPH.2018.304514)

⁹ Ibid.

¹⁰ doi.org/10.1177/0022042616678614

¹¹ <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2022/02/drug-arrests-stayed-high-even-as-imprisonment-fell-from-2009-to-2019>

invest in evidence-based public health strategies will be far more effective in our efforts to sustain the reductions in overdose mortality that Maryland has seen over the last four years.

If you would like to discuss this further, please do not hesitate to contact Benjamin Fraifeld, Associate Director for Policy & Advocacy at MOOR, 443-346-3013.

Sincerely,

A handwritten signature in black ink that reads "Emily Keller". The signature is written in a cursive style with a large initial "E" and a long, sweeping underline.

Emily Keller
Special Secretary of Overdose Response