

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Third Reader

House Bill 1502

(Delegate Wells)(By Request - Baltimore City
Administration)

Health and Government Operations

Finance

**Baltimore City - AIDS Prevention Sterile Needle and Syringe Exchange Pilot
Program - Revisions**

This bill renames the AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program to be the HIV Prevention Syringe Services Program. The bill also alters program requirements, the composition and responsibilities of the program's oversight committee, the program-related duties of the director and the Baltimore City Health Department (BCHD), and data collection and program evaluation processes. The bill repeals language specifying that program staff and participants are not immune from criminal prosecution for (1) redistributing hypodermic needles or syringes in any form; (2) any activities not authorized or approved by the program; or (3) possessing or distributing controlled paraphernalia or committing other unlawful activity outside of Baltimore City limits.

Fiscal Summary

State Effect: None. The bill only affects local government operations.

Local Effect: None. The bill primarily updates terminology and makes changes to program oversight.

Small Business Effect: None.

Analysis

Bill Summary:

Program Requirements

The bill specifies that the program must *distribute syringes* and provide for the exchange of used hypodermic needles and syringes for sterile hypodermic needles and syringes for participants *as needed*. The program must also:

- be designed and maintained to provide security measures *and processes* required to *safely distribute* hypodermic needles and syringes and *account for* the number of hypodermic needles and syringes *exchanged and distributed by BCHD* and the number of hypodermic needles and syringes in storage;
- be operated to allow participants to exchange used hypodermic needles and syringes at available *mobile syringe services sites*;
- include adequate staff training in providing community *service provider* referrals; and
- educate injecting drug users on the *risk of transmitting HIV* or the hepatitis B virus through *high-risk* needle-sharing practices and sexual behaviors.

The bill also repeals the requirement to establish a method of identification and authorization for program staff members who have access to hypodermic needles, syringes, or program records.

Oversight Committee and Program Director

The composition and appointment of oversight committee representatives is altered as follows:

- the number of representatives from academia who specialize in public health is reduced from two to one;
- the requirement for the law enforcement representative to be nominated by the Secretary of Public Safety and Correctional Services is repealed;
- the representative of the Baltimore City Police Department (BCPD) is removed;
- the two representatives from the Maryland Department of Health (MDH), the Department of Juvenile Services (DJS), or the Maryland State Department of Education (MSDE) are reduced to just one representative from MDH, who no longer must be nominated by the Secretary of Health; and
- rather than the Mayor of Baltimore City determining up to three other individuals for the committee, BCHD makes the selection.

The oversight committee's current responsibilities are clarified to include providing advice to the Commissioner of Health and the program director on developing *and revising as necessary* (1) program operating procedures for the *distribution* and exchange of hypodermic needles and syringes to injecting drug users; (2) a plan for community outreach and education; (3) a protocol for providing *referrals* for program participants to *addiction* treatment and rehabilitation; and (4) a plan for evaluating the program.

With advice of the oversight committee (rather than their advice *and approval* under current law), the director must develop *and revise as necessary* (1) program operating procedures for the *distribution* and exchange of hypodermic needles and syringes to injecting drug users; (2) a community outreach and education program; and (3) a protocol for providing *referrals* for program participants to substance abuse treatment and rehabilitation. The director must submit the operating procedures, community outreach and education program plan, and the *addiction treatment referral* protocol to the Commissioner of Health *or the commissioner's designee* for approval prior to the implementation of *revised procedures*.

Data Collection

The bill repeals the requirement to collect data on the occupation of program participants, as well as the types of drugs used, length of drug use, and frequency of injection. The program must collect data on the number of participants *referred to addiction* treatment (rather than those entering drug counseling and treatment) and the number of referrals made by the program for *addiction* treatment *for people who inject drugs*.

Program Evaluation

With advice of the oversight committee (rather than their advice and approval under current law), BCHD must develop and implement a plan for program evaluation. The plan must include the *estimated prevalence and incidence* of HIV among program participants. The bill repeals the requirement to include (1) changes in the level of drug use, needle-sharing, and condom use among program participants; (2) the status of treatment and recovery for program participants who entered drug treatment programs; (3) the impact of the program on risk behaviors for the transmission of HIV, hepatitis B, and other life-threatening bloodborne diseases among injecting drug users; and (4) the cost-effectiveness of the program versus the direct and indirect costs of HIV infection in terms of medical treatment and other services normally required by HIV-infected individuals.

The bill repeals the requirement for BCHD to develop and implement a methodology (1) for identifying program hypodermic needles and syringes and (2) to perform HIV antibody testing on the residue left in a sample of hypodermic needles and syringes returned to the program. BCHD must instead collect returned needles and syringes and

send them to the Rapid Analysis of Drugs Program operated by the Center for Harm Reduction at MDH.

Current Law: Chapter 360 of 1994 established the AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program in BCHD. Initially scheduled to terminate in 1997, Chapters 177 and 178 of 1997 repealed the termination date and continued an annual reporting requirement.

The program must:

- provide for the exchange by participants of used hypodermic needles and syringes for sterile hypodermic needles and syringes;
- operate in accordance with procedures approved by the Commissioner of Health and the advice and approval of the oversight committee;
- be designed to provide maximum security of exchange locations and equipment, including safety measures that may be required to control the use and dispersal of hypodermic needles and syringes and security measures that allow for a full accounting of the number of hypodermic needles and syringes in circulation and the number in storage;
- be operated to allow participants to exchange used hypodermic needles and syringes at any exchange location, if more than one location is available;
- include appropriate levels of staff expertise in working with injecting drug users and adequate staff training in providing community referrals, counseling, and preventative education;
- provide for the dissemination of other preventative means for curtailing the spread of the HIV infection;
- provide a linkage for referrals to drug counseling and treatment services, and follow-up on the referrals to assure participants receive their desired treatment;
- educate injecting drug users on the dangers of contracting HIV or hepatitis B through needle-sharing practices and unsafe sexual behaviors;
- include policies and procedures for the screening of applicants to the program in order to preclude noninjecting drug users from participation;
- establish procedures for identifying program participants that are consistent with confidentiality provisions; and
- establish a method of identification and authorization for program staff members who have access to hypodermic needles, syringes, or program records.

Oversight Committee

The Mayor of Baltimore must appoint an oversight committee for the program, which consists of:

- two representatives from academia who specialize in public health issues;
- one representative from law enforcement, nominated by the Secretary of Public Safety and Correctional Services;
- one representative of BCPD;
- two representatives from MDH, DJS, or MSDE, nominated by the Secretary of Health;
- one representative of a Baltimore City community group;
- one representative of an AIDS advocacy group;
- one drug abuse treatment counselor;
- one recovering injecting drug user; and
- up to three other individuals determined by the Mayor of Baltimore as appropriate for appointment to the committee.

The oversight committee is responsible for providing advice to the Commissioner of Health and the director on developing (1) program operating procedures for the furnishing and exchange of hypodermic needles and syringes to injecting drug users; (2) a plan for community outreach and education; (3) a protocol for providing a linkage for program participants to substance abuse treatment and rehabilitation; and (4) a plan for evaluating the program. The committee also must provide ongoing oversight of the program and make recommendations to the program director or Commissioner of Health regarding any aspect of program procedures, operation, or evaluation.

Data Collection and Evaluation

In its operating procedures, BCHD must include measures to collect the following program data: (1) the number of participants served by the program; (2) the length of time a participant is served by the program; (3) demographic profiles of program participants, including age, sex, race, occupation, ZIP code, types of drugs used, length of drug use, and frequency of injection; (4) the number of hypodermic needles and syringes exchanged; (5) the number of participants entering drug counseling and treatment; and (6) the number of referrals made by the program for drug counseling and treatment.

With the advice and approval of the oversight committee, BCHD must develop and implement a program evaluation plan including the following issues: (1) the prevalence of HIV among program participants; (2) changes in the level of drug use, needle-sharing, and condoms among program participants; (3) the status of treatment and recovery for program

participants who entered drug treatment programs; (4) the impact of the program on risk behaviors for the transmission of HIV, hepatitis B, and other life-threatening bloodborne diseases among injecting drug users; (5) the cost-effectiveness of the program versus the direct and indirect costs of HIV; (6) the strengths and weaknesses of the program; and (7) the advisability of continuing the program.

Immunity

No program staff member or participant may be found guilty of violating § 5-601, § 5-619, § 5-620, § 5-902, or § 5-904 of the Criminal Law Article for possessing or distributing controlled paraphernalia or drug paraphernalia whenever that possession or distribution is a direct result of activities in connection with the work of the program. However, a staff member or participant is not immune from criminal prosecution for (1) the redistribution of hypodermic needles or syringes in any form; (2) any activities not authorized or approved by the program; or (3) the possession or distribution of controlled paraphernalia or any other unlawful activity outside of the Baltimore City limits.

Except for violations of any laws that could arise from, reside, attached to, or contained within hypodermic needles or syringes returned to the program, program staff members or participants do not have immunity from criminal prosecution for a violation of any law prohibiting or regulating the use, possession, dispensing, distribution, or promotion of illicit drugs or any conspiracy or attempt to commit any of those offenses.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Baltimore City; Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - March 11, 2025
km/jc Third Reader - March 17, 2025

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