

The Maryland State Medical Society

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- TO: The Honorable Joseph Vallario, Jr., Chairman Members, House Judiciary Committee The Honorable Addie Eckardt The Honorable Luiz Simmons The Honorable Ben Kramer
- FROM: Gene M. Ransom, III Executive Director
- DATE: March 9, 2011

 RE: SUPPORT – House Bill 318 – Ignition Interlock System Program – Mandatory Participation
SUPPORT WITH AMENDMENT – House Bill 360 – Vehicle Laws – Ignition Interlock System Program – Mandatory Participation
SUPPORT – House Bill 1012 – Drunk Driving Elimination Act
SUPPORT WITH AMENDMENT – House Bill 1276 – Vehicle Laws – Expansion of Ignition Interlock System Program

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, supports House Bills 318 and 1012 as written and House Bills 360 and 1276 with amendments.

Accidents that result from drunk and drugged driving take a significant toll on the citizens of Maryland each year. The death, injury and property loss that is associated with these offenses has not significantly declined despite repeated efforts to increase penalties, change blood alcohol level thresholds and other efforts to curb this life-threatening behavior. MedChi would assert that behavior modification is the sole basis upon which significant reduction in the incidence of drunk and drugged driving can be expected. The implementation of a mandatory ignition interlock program offers the State that opportunity.

All of bills before this Committee, in some way mandate or expand Maryland's current ignition interlock program. House Bill 318 provides for a mandatory program.

The Honorable Joseph F. Vallario, Jr., Chairman House Bill 318 House Bill 360 House Bill 1012 House Bill 1276 Page Two

House Bill 1012 also mandates participation in the program and reflects the program structure passed by the Senate in 2010. House Bill 360 mandates participation in the program but creates the ability for the Court to choose not to require participation under certain circumstances. Finally, House Bill 1276 strengthens the current permissive program but does not mandate participation. While MedChi acknowledges that all of these proposals will lead to a stronger, more effective ignition interlock program, the decrease in recidivism will be maximized through the implementation of a mandatory program and therefore MedChi requests that the proposals that are not fully mandatory be amended to require mandatory participation.

It has been conclusively demonstrated in other States with mandatory programs that the use of ignition interlock systems leads to long-lasting changes in driver behavior and a significant reduction in recidivism. In Maryland, more than 15,000 individuals annually are granted probation before judgment, convicted of a first offense or are repeat offenders. However, Maryland's current permissive program results in the participation of only approximately 6,000 individuals annually, a little more than 1/3 of the persons who would be enrolled under a mandatory program. Clearly, a mandatory program has the potential to not only remove the most egregious offenders from our roadways but also to dramatically increase the likelihood that first time offenders will not become repeat offenders.

For the safety of those who travel on Maryland roadways, MedChi strongly urges the adoption of a mandatory ignition interlock program.

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