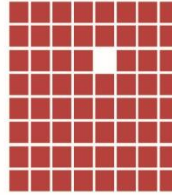




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**Maryland Chapter  
AMERICAN COLLEGE OF  
EMERGENCY PHYSICIANS**

**TO:** The Honorable Shane E. Pendergrass, Chair  
Members, House Health and Government Operations Committee  
The Honorable Joseline A. Pena-Melnyk

**FROM:** Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Richard A. Tabuteau

**DATE:** February 14, 2019

**RE:** **SUPPORT** – House Bill 139 – *Public Health – Overdose and Infectious Disease Prevention Site Program*

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On behalf of the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American College of Emergency Physicians (MDACEP), we submit this letter in **support** of House Bill 139.

This legislation provides that a community-based organization may establish an Overdose and Infectious Disease Prevention Supervised Drug Consumption Facility Program in one or more counties with the approval of the Department of Health, in consultation with the local health department. The legislation limits the program to approval of six programs, two in urban areas, two in suburban areas, and two in rural areas. The program must provide a location supervised by health care professionals or other trained staff where drug users can consume pre-obtained drugs. The program must also provide sterile injection supplies, information regarding safe injection practices, and referrals to obtain naloxone and treatment services.

According to the February 2017 Abell Foundation Report, about 19,000 people inject drugs in Baltimore City. Although hundreds of people suffer overdose deaths each year, thousands more experience nonfatal overdose, skin and soft tissue infections, and are at risk for infectious diseases due to unsafe and unsterilized injection environments.

The first official supervised drug consumption facility opened in Berne, Switzerland in 1986. Today, there are 97 facilities in 66 cities in 11 countries, with an additional seven planned to open in Canada alone. A large body of evidence-based, peer-reviewed studies demonstrate that people who utilize these facilities take better care of themselves; use their drugs more safely; and have better access to medical, social, and drug treatment services.

MedChi and MDACEP recognizes the research and the potential that these facilities can reduce the costs associated with this public health crisis. For these reasons, the above-named organizations would ask for a favorable report on House Bill 139.

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