

Maryland Syringe Service Program Statute

§24–901.

- (a) In this subtitle the following words have the meanings indicated.
- (b) “Community–based organization” means a public or private organization that is representative of a community or significant segments of a community and provides educational, health, or social services to individuals in the community.
- (c) “Drug” has the meaning stated in § 8–101 of this article.
- (d) “HIV” means the human immunodeficiency virus that causes Acquired Immune Deficiency Syndrome (AIDS).
- (e) “Participant” means an individual who has registered with a Program.
- (f) “Program” means an Opioid–Associated Disease Prevention and Outreach Program.
- (g) “Residue” means the remains of a controlled dangerous substance attached to or contained within a hypodermic needle or syringe.
- (h) “Substance–related disorder” has the meaning stated in § 7.5–101 of this article.
- (i) “Viral hepatitis” means inflammation of the liver caused by the hepatitis A, B, C, D, and E viruses.

§24–902.

- (a) (1) A Program may be established by a local health department or a community–based organization, subject to the provisions of this subtitle.
 - (2) (i) A county may cooperate with another county to establish a Program.
 - (ii) A community–based organization may establish a multicounty Program.
- (3) This subtitle does not apply to the AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program established under Subtitle 8 of this title.
- (b) (1) (i) A local health department or community–based organization shall apply to the Department and a local health officer for authorization to operate a Program.
 - (ii) A local health department or community–based organization may apply at any time for authorization to operate a Program under subparagraph (i) of this paragraph.
- (2) The Department and a local health officer jointly shall issue an authorization determination based on the ability of a Program to meet the requirements of this subtitle.
- (3) The Department and a local health officer shall:
 - (i) Approve or deny an application for authorization to operate a Program within 60 days after receiving a complete application; and
 - (ii) Provide to the applicant a written explanation of the decision of the Department and local health officer.
- (4) (i) A local health department or community–based organization may appeal an adverse decision by the

Department and a local health officer to the Deputy Secretary for Public Health Services.

(ii) The Deputy Secretary shall:

1. Grant or deny an appeal within 60 days after receiving an appeal; and
2. Provide a written explanation of the Deputy Secretary's decision to the local health department or community-based organization.

(c) If established under subsection (a) of this section, a Program shall:

(1) Provide for substance use outreach, education, and linkage to treatment services to participants, including distribution and collection of hypodermic needles and syringes; and

(2) Operate in accordance with:

(i) The technical assistance of the Standing Advisory Committee; and

(ii) The procedures, plans, and protocols approved by:

1. The local health officer for each county in which a Program is established; and
2. The Department.

§24-903.

(a) A Program shall:

(1) Be designed and maintained to provide security of Program locations and equipment, in accordance with regulations adopted by the Department;

(2) Be operated to allow participants to obtain and return hypodermic needles and syringes at any Program location, if more than one location is available;

(3) Include appropriate levels of staff expertise in working with individuals who inject drugs;

(4) Include adequate staff training in providing community referrals, counseling, and preventive education;

(5) Provide for the dissemination of other preventive means for curtailing the spread of HIV and viral hepatitis;

(6) Provide **linkage** to additional services, including:

(i) Substance-related disorder counseling, treatment, and recovery services;

(ii) Testing for HIV, viral hepatitis, and sexually transmitted diseases;

(iii) Reproductive health education and services;

(iv) Wound care; and

(v) The services of an overdose response program under Title 13, Subtitle 31 of this article;

(7) Educate participants on the dangers of contracting HIV and viral hepatitis;

(8) Provide overdose prevention education and access to naloxone, or a referral for a participant to obtain naloxone;

(9) Establish procedures for identifying Program participants that are consistent with the confidentiality provisions of this subtitle;

(10) Establish a method of identification and authorization for Program staff members and Program volunteers who have access to hypodermic needles, syringes, or Program records; and

(11) Develop a plan for data collection and Program evaluation in accordance with regulations adopted by the Department.

(b) A Program **may offer** additional services, including:

(1) Substance–related disorder counseling, treatment, and recovery services;

(2) Testing for HIV, viral hepatitis, and sexually transmitted diseases;

(3) Reproductive health education and services;

(4) Wound care; and

(5) The services of an overdose response program under Title 13, Subtitle 31 of this article.

(c) With the technical assistance of the Standing Advisory Committee, a Program shall develop:

(1) Program operating procedures for the distribution, collection, and safe disposal of hypodermic needles and syringes;

(2) A community outreach and education plan; and

(3) A protocol for linking Program participants to substance–related disorder treatment and recovery services.

(d) After receiving technical assistance from the Standing Advisory Committee, **a Program shall submit the operating procedures, plan for community outreach and education, and protocol for linking Program participants to substance–related disorder treatment and recovery services developed under subsection (c) of this section for approval to:**

(1) **The local health officer for each county in which a Program is established; and**

(2) **The Department.**

§24–904.

(a) The Department shall appoint a Standing Advisory Committee on Opioid–Associated Disease Prevention and Outreach Programs.

(b) The Standing Advisory Committee shall consist of:

(1) The Deputy Secretary for Public Health Services;

(2) One individual from academia who specializes in public health issues related to substance–related disorders or infectious diseases;

(3) One representative from law enforcement, nominated by the Executive Director of the Governor's Office of Crime Control and Prevention;

(4) One individual with expertise in the prevention of HIV or viral hepatitis;

(5) One health care practitioner with experience providing services to individuals who inject drugs;

(6) One individual with substance use experience;

(7) One family member of an individual who injects or has injected drugs;

(8) One representative of local law enforcement;

(9) One local health officer;

(10) One representative of a local or regional hospital;

(11) One individual with experience in syringe services programs; and

(12) Any additional members recommended by the Department.

(c) The Deputy Secretary for Public Health Services shall serve as chair of the Standing Advisory Committee.

(d) The Standing Advisory Committee shall:

(1) Provide technical assistance to each Program on developing:

(i) Program operating procedures for collection and distribution of hypodermic needles and syringes;

(ii) A plan for community outreach and education; and

(iii) A protocol for linking Program participants to substance-related disorder treatment and recovery services; and

(2) Make recommendations to a Program regarding any aspect of Program procedures or operation.

§24-905.

(a) The Department shall:

(1) Adopt regulations for the implementation of this subtitle, in consultation with the Standing Advisory Committee and the Maryland Association of County Health Officers; and

(2) Ensure the provision of technical assistance to a Program about best practices, best practice protocols, and other subject areas.

(b) The regulations adopted under subsection (a)(1) of this section shall establish:

(1) Procedures for ensuring the security of Program locations and equipment;

(2) An appeals process for appeals authorized by § 29-902(b)(4) of this subtitle, including the standard of review that the Deputy Secretary for Public Health Services must apply when reviewing a decision of the Department and a local health officer; and

- (3) Procedures for data collection and Program evaluation.

§24–906.

(a) (1) Each Program participant shall be issued a unique identification card with a unique identification number.

(2) The unique identification number may not be cross-indexed to any personal identifying data on the participant.

(b) Any information obtained by a Program that identifies Program participants, including Program records, is:

- (1) Confidential;
- (2) Not open to public inspection or disclosure; and
- (3) Not discoverable in any criminal or civil proceeding.

(c) (1) Notwithstanding the provisions of subsection (b) of this section, on the written consent of a Program participant, information obtained by a Program that identifies the Program participant may be released or disclosed to an individual or agency for purposes of linking to services under § 24–903(a)(6) of this subtitle.

(2) In addition to the provisions of paragraph (1) of this subsection, if a Program participant raises the issue of participation in a Program either as a subject matter or legal defense in an administrative, civil, or criminal proceeding, the Program participant waives the confidentiality as to identity provided under subsection (b) of this section.

(3) Substance-related treatment records requested or provided under this section are subject to any additional limitations on disclosure or re-disclosure of a medical record developed in connection with the provision of substance-related treatment services under State law or 42 U.S.C. § 290DD–2 and 42 C.F.R. Part 2.

§24–907.

A Program shall collect and report at least annually the following data to the Department:

- (1) The number of participants served by the Program;
- (2) The number of new participants registered by the Program during the reporting period;
- (3) Demographic profiles of participants served by the Program, including:
 - (i) Age;
 - (ii) Gender;
 - (iii) Race;
 - (iv) Zip code; and
 - (v) Types of drugs used;
- (4) The number of hypodermic needles and syringes distributed and collected;

(5) Each location at which hypodermic needles and syringes were distributed; and

(6) The number of linkages provided to participants under § 24–903(a)(6) of this subtitle.

§24–908.

(a) A Program staff member, Program volunteer, or Program participant may not be arrested, charged, or prosecuted for violating § 5–601, § 5–619, § 5–620, or § 5–902(c) or (d) of the Criminal Law Article for possessing or distributing controlled paraphernalia or drug paraphernalia whenever the possession or distribution of the controlled paraphernalia or drug paraphernalia is a direct result of the employee's, volunteer's, or participant's activities in connection with the work of a Program authorized under this subtitle.

(b) Notwithstanding the provisions of subsection (a) of this section, a Program staff member, Program volunteer, or Program participant is not immune from criminal prosecution for any activities not authorized or approved by a Program.

§24–909.

Except for violations of any laws that could arise from residue attached to or contained within hypodermic needles or syringes being returned or already returned to a Program, nothing in this subtitle provides immunity to a Program staff member, Program volunteer, or Program participant from criminal prosecution for a violation of any law prohibiting or regulating the use, possession, dispensing, distribution, or promotion of controlled dangerous substances, dangerous drugs, detrimental drugs, or harmful drugs or any conspiracy or attempt to commit any of those offenses.