

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

SB 568 – Judicial Proceedings – Health Records and Reporting of Overdoses- Limitations on the Criminal Investigation or Prosecution

2/23/22

FAVORABLE

Chairman Smith and Members of the Judicial Proceedings Committee,

My name is Malik Burnett and I am an addiction medicine physician at the University of Maryland Medical Center and MedMark Treatment Centers and completed my residency training in preventive medicine at Johns Hopkins School of Medicine, as a resident of Baltimore City and I am writing to you today on behalf of the MD-DC American Society of Addiction Medicine (MDDCASAM) in favor of the passage of SB 568 which would prohibit the use of electronic health information relating to overdose from being used as part of a criminal investigation or prosecution.

According to data from the Maryland Department of Health, **2799 Marylander's died of an opioid related overdose through 2020, and we can be certain that 2021 data will continue the unfortunate twenty year upward trend of human tragedy.** Throughout this time period, in an effort to respond to the increasing epidemic, the state has improved its epidemiological capacity to both identify and intervene in overdose events. The electronic data generated through these efforts can and has been used in constructive ways to promote public health and public safety such as the Spike Alerts, which advise communities of contaminants in the local drug supply in real time. **Or by linking overdose data to the Chesapeake Regional Information System for Our Patients (CRISP), which allows providers to access the information needed to link patients to treatment, which reduces overdose risk by 76%.¹** What is abundant clear is that we cannot use the electronic health data we are able to generate today to perpetuate a criminal justice approach to a public health problem. SB 568 serves to clarify the legislatures position that emergency medical data generated during the process of saving lives should not be then used to damage those same lives through criminal investigations and prosecutions.

The use of electronic health data for law enforcement purposes further perpetuates the stigma associated with the disease of addiction. This stigma fundamentally increases the difficulty for both patients and providers alike to engage in honest dialogue about substance use and substance use disorders. **Fear of criminal prosecution will make individuals in need of timely assistance reluctant to reach out to emergency medical services, which significantly increases the likelihood that an overdose event becomes an overdose fatality.** Taking every opportunity to promote treatment over punishment is what

¹ Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open.* 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622

the general assembly can be doing to help stem this epidemic and providing favorable recommendation to SB586 is in line with that spirit.

Overall, it is clear that efforts to use the criminal justice and law enforcement systems to deter, interdict, and incarcerate both drugs and individuals has failed as a policy strategy related to addressing addiction and overdose. **We should utilize the resources of the state, including electronic health and emergency medical services data to enhance health care coordination, social safety net services utilization, and social determinants outcomes tracking.** It is the Maryland DC Society of Addiction Medicine's desire and the desire of the thousands of Maryland families that have lost loved ones to scourge overdose that you will give SB568 a favorable recommendation to protect the health care records of Maryland citizens in the moments of greatest vulnerability.

Respectfully,

G. Malik Burnett, MD MBA MPH
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Board Member, Maryland-DC Society of Addiction Medicine