

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
Third Reader

Senate Bill 185

(Senator Feldman)

Education, Health, and Environmental Affairs

Health and Government Operations

**Public Health - Repeal of AIDS Education Program for Persons Convicted of
Drug- or Sex-Related Crimes**

This bill repeals the requirement that the Department of Health and Mental Hygiene (DHMH) establish and conduct an educational program on acquired immune deficiency syndrome (AIDS) for specified individuals who plead guilty or *nolo contendere* to, or who are found guilty of, certain drug- or sex-related crimes.

Fiscal Summary

State Effect: None. The bill reflects current practice.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law/Background: DHMH is required to establish and conduct an educational program on AIDS for individuals who are convicted of drug- or sex-related crimes under Title 11, Subtitle 3 of the Criminal Law Article or any provision of the Maryland Controlled Dangerous Substances Act, Title 5 of the Criminal Law Article. The program must have at least four hours of instruction and include various information, including measures available to prevent the spread of AIDS and HIV. DHMH is required to set, and attendees must pay, a reasonable fee based on the costs of operating the program.

DHMH advises that the U.S. Centers for Disease Control and Prevention (CDC) no longer recommends, and has eliminated funding and technical support for, this type of educational

program. As such, there are currently no AIDS educational programs for persons convicted of drug- or sex-related crimes conducted in Maryland.

According to DHMH, CDC began emphasizing risk-reduction programs with a strong evidence base in 2002. While some of those programs focused on substance users, sex workers, and incarcerated populations, they were more specific and intensive than the four-hour educational program required under current law. After the National HIV/AIDS Strategy was released in 2010, CDC moved further away from basic educational interventions toward a medical model for HIV prevention. Since 2012, CDC has required that 75% of its HIV prevention funds focus on testing, prevention for individuals living with HIV, condom distribution, and policy interventions. Only 25% of funds can be spent on pre-exposure prophylaxis, post-exposure prophylaxis, media/marketing, and health educational or behavior change programs for HIV-negative individuals.

CDC states that, in 2010, the rate of diagnosed HIV infection among inmates in state and federal prisons was more than five times greater than the rate among nonincarcerated individuals. Most inmates with HIV acquire it in the community before they are incarcerated. CDC's largest investment in HIV prevention is funding for state, local, and territorial health departments to provide HIV prevention services in many settings, including prisons and jails. CDC has joined with universities, community-based organizations, and other partners to determine which HIV prevention interventions are most effective among incarcerated populations and how they can be applied to other settings.

Additional Information

Prior Introductions: None.

Cross File: HB 445 (Delegate West) - Health and Government Operations.

Information Source(s): U.S. Centers for Disease Control and Prevention; Department of Health and Mental Hygiene; Department of Public Safety and Correctional Services; Department of Legislative Services

Fiscal Note History: First Reader - January 30, 2017
mm/jc Third Reader - February 15, 2017

Analysis by: Kathleen P. Kennedy

Direct Inquiries to:
(410) 946-5510
(301) 970-5510

