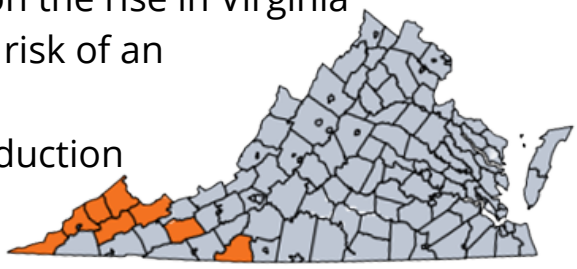
HB791 (Plum)
Expanded Comprehensive Harm Reduction Bill

The Problem:

- Overdose fatalities and HCV rates continue to rise in the Commonwealth.
- Viral hepatitis is the #1 cause of liver cancer, which is on the rise in Virginia
- Several counties in Virginia are currently at immediate risk of an HIV outbreak according to the CDC.
- Virginia has only 4 approved Comprehensive Harm Reduction Programs (CHRPs) serving approximately 500 of the 25,000 people in need (2%).



- In contrast, North Carolina's programs served nearly 10,000 people last year and distributed 70,000 doses of naloxone, the opioid overdose reversal medicine.
- Virginia's current CHRP law only allows programs in certain localities and requires organizations to navigate a prohibitive approval process.
- Virginia's current CHRP law expires on June 30, 2020.

The Solution:

- Model legislation after North Carolina, not only preserving current programming through removal of the sunset clause, but expanding programming to meet the growing need.
- Streamline the program startup process while preserving VDH oversight.

Comprehensive Harm Reduction programs (CHRPs) have been studied for more than 30 years and operate in 39 states, DC, and Puerto Rico.

CHRPs save lives by lowering the likelihood of fatal overdose.

Participants are 5 times more likely to enter treatment.

Areas with programs see an 80% decrease in HIV infections and a 50% decrease in Hepatitis C.

Programs have a return on investment of $7.58 for every $1 spent. The 1-year return on investment was $243.4 M for Philadelphia and $62.4 M for Baltimore.

Law enforcement benefits from reduced risk of needlesticks and no increase in crime or drug use.

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Data references available upon request.

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NVHR
National Viral Hepatitis Roundtable

NIVA salud, inc

VIRGINIA Rural Health Association

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health brigade
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McShin Foundation
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Virginia Recovery Coalition

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