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Testimony of Representative Ambureen Rana in opposition to

LD 219, An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-one Exchange

Before the Joint Standing Committee on Health and Human Services

Dear Senator Ingwerson, Representative Meyer and distinguished members of the Health and Human Services Committee:

My name is Representative Ambureen Rana, and I have the honor of representing House District 21, which includes the City of Bangor. I am writing this testimony in strong opposition to LD 219.

Our community is currently facing a devastating HIV outbreak, with 21 confirmed cases among our unhoused population as of March 8, 2025.

LD 219 seeks to reinstate a restrictive 1:1 syringe exchange policy for Maine's certified Syringe Service Programs (SSPs). This bill represents a step backward in our efforts to reduce syringe waste, prevent the spread of HIV and promote public health in our communities.

I want to be clear – no one wants syringes in our streets, parks or neighborhoods. Public safety is a shared priority, and harm reduction strategies align with that goal. However, LD 219 would undermine the very programs designed to reduce syringe litter and increase safe disposal options.

Current harm reduction practices recognize that rigid 1:1 exchange models do not reflect the realities of substance use. People often lose or misplace syringes, may not have one available for exchange at every visit, or may be obtaining them from multiple sources. Research and real-world evidence show that strict 1:1 policies push individuals away from safe disposal options, leading to an increase – not a decrease – in syringe waste in public spaces. The most effective way to reduce improperly discarded syringes is to ensure people have consistent access to clean supplies and, critically, to safe disposal services.

Instead of limiting SSPs, we should be expanding their ability to provide safe disposal options, which is exactly what two of my upcoming bills aim to do. One of these proposals would create

a grant program for municipalities and community organizations to enhance cleanup and disposal efforts. The other would improve SSP mobility within counties, allowing them to follow needs rather than being restricted by a rigid certification process. This flexibility would ensure that SSPs can serve people where they are, facilitating proper syringe disposal while also improving access to lifesaving resources.

This approach is not new. Governor Mills temporarily expanded SSP mobility during the COVID-19 pandemic, first allowing them to move freely within municipalities, and later, within counties. The results were overwhelmingly positive, particularly in rural areas where access to services is already limited. These types of evidence-based policies are what we should be supporting – not regressive measures like LD 219 that make it harder to keep our communities safe.

Public health policy should be informed by science, best practices and the needs of our communities. LD 219 is out of step with all three.

I urge this committee to reject this harmful legislation and instead support solutions that address syringe waste while also prioritizing harm reduction, disease prevention and public safety. Thank you for your time and consideration.