

**Testimony of Liam LaFountain
to the Joint Standing Committee on Health & Human Services**

Against

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

March 17, 2025

Good morning, Senator Ingwerson, Representative Meyer, and Members of the Joint Standing Committee on Health & Human Services,

My name is Liam LaFountain. I am a Senior Data Analyst for a non-profit healthcare organization based in Maine and serve as City Council President in Biddeford. I submit this testimony solely on my own behalf. Through my experience in both roles, I have observed how public health policies impact local communities, municipal operations, and healthcare costs.

I am testifying against ***LD 219, An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-One Exchange***. While others will address public health and clinical concerns, I urge the committee to consider the following three points:

1. Flexibility for Municipalities

Maine municipalities have taken varied approaches to syringe exchange programs. Last year, the City of Sanford imposed tighter restrictions on syringe exchanges¹, while the City of Portland rejected a similar proposal due to public health risks². This demonstrates the need for flexibility—what works in one municipality may not be effective in another. A one-size-fits-all mandate could disrupt existing programs that are working well.

2. Focus on Disposal, Not Access Restrictions

If the primary objective of this bill is to address syringe waste and litter, the bill language should focus on disposal solutions rather than limiting access. Restricting syringe distribution may not be as effective at reducing litter as targeted cleanup and incentivized disposal efforts. For example, the City of Portland's syringe buyback program, funded by opioid settlement funds, led to a 58% increase in syringes returned

¹ Murphy, Sean. "Sanford City Council Approves Needle Exchange Restriction." *Spectrumlocalnews.Com*, 14 Nov. 2024, spectrumlocalnews.com/me/maine/health/2024/11/14/sanford-city-council-approves-needle-exchange-restriction.

² Benninghoff, Grace. "Portland Council Rejects Return to 1-to-1 Needle Exchange Program, Opts for Buyback Plan." *Press Herald*, 22 Oct. 2024, www.pressherald.com/2024/10/21/portland-city-council-shoots-down-mayors-proposal-to-scale-back-needle-exchange/.

within six weeks—up from 76,554 to 120,793. Improperly disposed syringes dropped by 76% in the same timeframe, from 1,677 to 387 according to a March 11th Memorandum from the City’s Director of Public Health to its Health and Human Services & Public Safety Committee³. These findings suggest that addressing syringe waste through effective disposal strategies, rather than restricting access, can be a successful alternative approach that is both practical and impactful.

3. Long-term Healthcare Costs

I encourage the committee to consider the significant long-term healthcare costs associated with this bill as drafted. Limiting access to clean syringes can increase the risk of Hepatitis C and HIV transmission, which can lead to lifelong medical expenses that far exceed the cost of effective harm reduction programs. According to a study published in *Sexually Transmitted Diseases Journal*, the average lifetime medical cost for an individual with HIV is approximately \$420,285, with some cases exceeding \$1 million.⁴ Hepatitis C treatment is similarly costly, with 12-week courses of antiviral drugs ranging from \$39,600 to \$94,500.⁵ These costs fall on Maine’s healthcare system, employer-sponsored health plans, and taxpayers—through higher healthcare premiums for businesses, employees, and increased costs for MaineCare. In contrast, investing in syringe access and disposal programs could prove more cost-effective, reducing the risk of disease transmission and waste.

In closing, I urge the committee to focus on supporting municipalities in addressing substance use disorder and syringe waste, rather than imposing restrictive mandates. By prioritizing syringe disposal programs and providing municipalities with the resources they need, our state can more effectively manage these concerns while reducing both healthcare costs and the burden on Maine municipalities.

Thank you for your time and consideration.

³ Rauscher, Bridget. *Public Portal • Civicclerk*, 11 Mar. 2025, portlandme.portal.civicclerk.com/event/7211/files/attachment/25399.

⁴ Bingham A, Shrestha RK, Khurana N, Jacobson EU, Farnham PG. Estimated Lifetime HIV-Related Medical Costs in the United States. *Sex Transm Dis*. 2021 Apr 1;48(4):299-304. doi: 10.1097/OLQ.0000000000001366. PMID: 33492100.

⁵ Watson, Stephanie. “Cost of Hepatitis C Treatment: 5 Things to Know.” *Healthline*, Healthline Media, 27 Feb. 2024, www.healthline.com/health/hepatitis-c/treatment-costs#antiviral-drug-costs.