



PORTLAND
Regional Chamber of Commerce

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Testimony in Support of LD 219-An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-one Exchange

Joint Standing Committee on Health and Human Services
March 17, 2025

Senator Ingwersen, Representative Meyer and members of the Committee on Health and Human Services,

I am Eamonn Dundon, the Director of Advocacy of the Portland Regional Chamber of Commerce. We represent 1,300 businesses in our region who employ over 75,000 Mainers. We are submitting this written testimony today to express our organization's support for LD 219.

We urge you to support this commonsense legislation to help our communities regain control over the volume of discarded needles in city parks, sidewalks, and private property. By reinstating a 1-to-1 exchange policy, we can ensure that Maine's needle exchange programs continue providing clean needles while also encouraging responsible disposal. Under the current model, which allows clients to receive up to 100 clean needles without returning used ones, our communities are struggling with a growing public health and safety crisis.

Improper needle disposal is an issue weighing heavily on the minds of Portland residents, visitors, and businesses owners alike. We have spoken with business owners who remove over 40 improperly discarded needles from their properties each day, largely due to restrictions on municipal cleanup efforts for private property. Residents who fund our public parks and playgrounds through their tax dollars increasingly feel unsafe in these spaces—especially parents with young children—due to the rising presence of discarded needles.

There is no question that needle exchange programs play a critical role in preventing the spread of communicable diseases. However, protecting public health should not come at the cost of unsafe and unsanitary conditions that put the broader community at risk.

Public health experts provide essential guidance, but no single group can claim absolute authority over how to balance the needs of an entire state. Advocates for the current 0-to-100 exchange model may genuinely believe that unlimited distribution is the best strategy to combat disease transmission among those struggling with addiction. However, that approach does not consider the impact on the vast majority of our communities—families, businesses, and residents—who do not inject drugs but must deal with the consequences of unchecked needle proliferation.

We learned a similar lesson during the COVID-19 pandemic. From a purely public health perspective, prolonged school closures may have been the best way to reduce virus transmission. Yet that analysis failed to fully account for the long-term consequences beyond the immediate health crisis—learning loss, mental health struggles, and social development setbacks. A more balanced approach, beyond just the public health implications, was needed then, just as it is with this matter now. While unlimited needle distribution may be ideal from a narrow public health standpoint, it does not address the broader concerns of community safety, the financial and logistical burden on property owners forced to clean up hazardous waste, or the municipal resources spent removing needles from public spaces.



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We recognize the concerns raised by the public health community about rolling back the current policy. In the spirit of compromise, we encourage this committee to consider exchange ratios that improve community safety while still supporting harm reduction—such as a 1-to-5 or 1-to-10 exchange—alongside additional mitigation strategies like increased sharps collection boxes and needle buy-back programs.

We thank you for your time and commitment to all Mainers, and we ask for your approval of this important legislation.