



Testimony in Opposition to
LD 219 An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-one Exchange
Sponsored by Representative Anne-Marie Mastraccio
Joint Standing Committee on Health and Human Services
March 17, 2025

Senator Ingwerson, Representative Meyer, and honorable members of the joint standing committee on Health and Human Services, my name is Betsy Sweet and I'm the owner and principal lobbyist at Moose Ridge Associates. I'm testifying before you today on behalf of my client, the Behavioral Health Community Collaborative or BHCC.

The Behavioral Health Community Collaborative is a coalition of non-profit, community behavioral health organizations, all governed by volunteer boards of directors. BHCC includes KidsPeace, The Opportunity Alliance, Shalom House, Spurwink, Sweetser, Volunteers of America Northern New England. We are a professional association devoted to improving the lives of the clients we serve, those with behavioral health needs, and building a strong, community-based mental health system in Maine.

BHCC is opposed to the proposed one-for-one syringe exchange program because we view this particular approach is fundamentally flawed in several respects. Our view is based on our experience in the field and the guidance we receive from the Centers for Disease Control, National Institutes of Health, and The Substance Abuse and Mental Health Services Administration (SAMHSA).

The one-for-one exchange model creates an unnecessary barrier to accessing clean syringes. Individuals struggling with addiction often face chaotic circumstances that make it difficult to consistently return used needles. By requiring a strict one-for-one exchange, we risk increasing the likelihood that people will share or reuse contaminated equipment when they cannot meet this requirement.

Research has consistently shown that needs-based distribution programs—those that provide syringes based on individual need rather than requiring returns—are more effective at reducing transmission of bloodborne diseases like HIV and Hepatitis C. The Centers for Disease Control and Prevention recommends comprehensive syringe services programs without strict exchange requirements.

I urge this committee to consider a needs-based distribution model that provides syringes based on individual need. This model additionally offers comprehensive harm reduction services including substance use treatment referrals, and connects participants with additional health and social services.

While I understand the desire to ensure proper needle disposal through a one-for-one requirement, evidence suggests this approach is counterproductive to both public health and community safety goals. I respectfully ask that you reconsider this proposal in favor of a more effective, evidence-based approach to harm reduction in our community.