



**Maine Medical  
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION  
AND  
THE MAINE OSTEOPATHIC ASSOCIATION**

**In Support Of**

**LD 1078 An Act to Support Maine's Public Health Objectives by Increasing Access to  
Hypodermic Apparatus Exchange Programs**

Joint Standing Committee on Health and Human Services  
Room 209, Cross Building, Augusta, Maine  
Monday, March 24, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Anne Sedlack, and I am the Director of Advocacy at the Maine Medical Association. I am submitting this testimony in support of LD 1078, An Act to Support Maine's Public Health Objectives by Increasing Access to Hypodermic Apparatus Exchange Programs, on behalf of the Maine Medical Association and Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing over 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State.

The MMA and MOA's legislative committees have joined to advocate with one voice. We have all determined we should testify in support of LD 1078.

The change in drug supply has led to an increased need in the number of syringes a person who uses drugs requires for injecting. The half-life of fentanyl, for example, is approximately 4-6 hours; thus, an individual who injects fentanyl may need new syringes several times a day (and may require several syringes for each time they inject if they

inadvertently “miss” their vein). When patients can't access a clean needle or syringe each time they use it, they can get serious infections.

Our research during the pandemic showed that expansion of harm reduction services through mobile delivery, mail delivery, and elimination of the 1:1 needle exchange were effective ways to improve access to harm reduction services.<sup>1</sup> The evidence is robust that creating access to clean needles does not result in an increase in intravenous drug use but it does result in a reduction of secondary complications of use. These complications may include not only hepatitis and HIV but also serious bacterial infections, including abscesses and heart infections, which may require prolonged hospitalization, surgery, and intensive care.

Individuals with severe infections may have to stay in the hospital for 6 to 8 weeks on IV antibiotics, require new heart valves, and/or undergo other extensive surgeries that are costly to both patients and the health care system. For example, the median cost of all hospital charges to insurance companies was approximately [\\$175,000 per patient](#).

Expanding needle exchange programs by allowing certified hypodermic apparatus exchange programs, also known as syringe service programs, to operate in additional locations within the same county as the certified program will help combat these health risks and lower costs by improving geographic access to these exchange programs.

Thank you for considering the thoughts of Maine’s physicians, and we hope you support LD 1078.

Thank you,

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<sup>1</sup> Thakrar K, Kohut M, Hutchinson R, Bell R, Loeb HE, Burris D, Fairfield KM. The impact of the COVID-19 pandemic on people who inject drugs accessing harm reduction services in a rural American state. *Harm Reduct J*. 2022 Jul 22;19(1):80. doi: 10.186/s12954-022-00660-2. PMID: 35869523; PMCID: PMC9305035.