

## Joint Standing Committee on Health and Human Services

## Testimony on LD 1078 – An Act to Support Maine's Public Health Objectives by Increasing Access to Hypodermic Apparatus Exchange Programs

March 27, 2025

Senator Ingwersen, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Debbie Laurie, City Manager of the City of Bangor, and on behalf of the Bangor City Council I am providing testimony on LD 1078, "An Act to Support Maine's Public Health Objectives by Increasing Access to Hypodermic Apparatus Exchange Programs."

The City of Bangor has and continues to be highly supportive of harm reduction efforts that protect the health and safety of our community members. Through our Public Health Department we facilitate distribution of Narcan through the Maine Naloxone Distribution Initiative to five counties, we offer inperson and virtual opioid overdose prevention training and until the closure of Health Equity Alliance, were home to three syringe service programs (two of which have a mobile component).

Harm reduction is vital, and it must be implemented strategically to ensure the effectiveness and sustainability of programs while addressing community concerns. Expanding locations beyond those initially authorized may lead to challenges in oversight, resource allocation, and public understanding of their impact.

Currently, Maine CDC does have the ability to adapt quickly to approve syringe service programs (SSP) as necessary. Late last fall, representatives of Maine CDC and the City of Bangor met to discuss the expansion of a program to include a mobile service component and the City received noticed of Maine CDC's approval 10 days later. We appreciated the efforts of Maine CDC to proactively include municipal officials in this important decision.

Since the announcement of the HIV cluster, the City of Bangor and our community partners have been advocating for the development of evidence based best practices and strategies to inform the State's public health policy related to syringe service programs. Specifically, we have urged the Department to 1) develop a needs assessment that will yield data driven decisions as to SSP locations, 2) include people with lived experience in the planning and implementation of the SSP, 3) employ a needs based distribution method that fosters relationship building and minimizes waste, 4) require applicants to leverage partnerships to provide SSP services with other services like medical and housing outreach, treatment, and community public health agencies 5) ensure appropriate locations are selected that allow for safety (lightening, clear visibility) and confidentiality. Further we would request that the Department update its applications process to allow for municipal input on locations to ensure state officials are aware of any municipal concerns related to locations, such as schools, daycares or public parks or facilities, etc.

Public misconceptions about harm reduction programs often stem from fear or a lack of understanding. Ensuring Maine CDC engages in collaborative efforts to educate the community on the life-saving benefits of these programs and their role in reducing disease transmission can positively shift narratives. Reducing stigma makes it more likely that individuals will seek help without fear of judgment, ultimately benefiting both public health and community cohesion. Allowing for an expansion of services without proactively addressing community concerns will erode public trust.

Limiting public engagement in the establishment of locations for hypodermic apparatus exchange programs can potentially have unintended impacts on public and private property. Some community members may express concerns about discarded syringes, loitering, or perceived safety risks near new program sites. These challenges, whether real or perceived, can create friction within neighborhoods and undermine public support for harm reduction initiatives.

Again something we experienced firsthand. In November 2023, the City received notification of an application to provide mobile syringe services in Bangor and other locations in Maine. The notice did not include locations, and the current rules regarding applications doesn't appear to require that information. On March 1, 2024, the City received notice from the Maine CDC that they had approved three outreach mobile locations; two of which were municipally owned parcels, one of which is a park adjacent to our public library. The ability of a State agency to unilaterally determine a public parcel is the most appropriate location for harm reduction services without consulting with or permission from the property owner is not conducive to achieving our shared goals. Balancing harm reduction with community needs requires open communication, thoughtful planning, and a shared commitment to fostering healthier, safer neighborhoods.

We would encourage the Committee to consider directing the Department to undertake a comprehensive review of the existing program and guidance to ensure it is reflective of evidence based best practices and strategies. Further, we would request that the application process be amended to include input from municipal officials so that we can provide insight as to locations under consideration. Thank you for your consideration, and please do not hesitate to reach out with questions.

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