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Testimony of the Maine Municipal Association

In Opposition to

LD 1452 – An Act to Allow the Emergency Medical Services Board to Assess Civil Penalties for the Noncompliance of Emergency Medical Services Persons with the Requirement to Administer Naloxone Hydrochloride in Compliance with Training and Procedures Developed by the Board

April 23, 2025

Senator Beebe-Center, Representative Hasenfus and distinguished members of the Criminal Justice and Public Safety Committee, my name is Rebecca Graham, and I am submitting testimony in unanimous opposition to LD 1452, at the direction of MMA's Legislative Policy Committee (LPC). Our LPC is made up of individuals from across Maine with municipal officials elected by their peers across Maine's 35 Senate districts representing communities with very different access to available enforcement resources and local capacity.

Municipal officials are deeply concerned about attempts to assess civil penalties on Emergency Medical Service personnel for their efforts or lack thereof to adequately train individuals to use leave behind naloxone kits as indicated in the bill included in the current protocol. Not only is this demoralizing for the professionals who willingly serve in situations most people walk away from but seems to be the reverse logic of the legislative directives that encourage individuals to call for assistance of others in an overdose by providing immunity for serious criminal offenses to incentivize doing the right thing. This will not only make it harder to find individuals willing to serve in these roles but sends the wrong message to our communities that service to others is only valued when it is not willingly practiced on a daily basis.

Under current law, a licensed individual who fails to act according to the scope of their license and medically directed protocol, or employer policy is subject to potential corrective action up to and including revocation of license, termination and criminal or other legal action. The board under Title 32 §88 Sec.3(c) already has existing authority to issue civil penalties against a licensee and these are out of step with the fine amounts proposed in the bill which are lower than the current authority.

Additionally, it is in direct conflict with the law enabling the administration of naloxone under Title 32 §86 (4) [PL 2023, c. 161, §1] which states:

... emergency medical services person, ambulance service or nontransporting emergency medical service licensed under Title 32, chapter 2-B may [emphasis added] dispense naloxone hydrochloride or another

opioid overdose-reversing medication to an individual of any age at risk of experiencing an opioid-related drug overdose or to a member of the individual's immediate family, a friend of the individual or another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose.

And under Title 32 §86(4) [PL 2023, c. 161, §3] for ambulance and non-transporting services states:

...ambulance service or a nontransporting emergency medical service licensed under this chapter *may* [emphasis added] dispense naloxone hydrochloride or another opioid overdose-reversing medication in accordance with [Title 22, section 2353, subsection 2-A](#) and the rules adopted and protocols developed for ambulance services and nontransporting emergency medical services under this chapter.

Title 22 section 2353, subsection 3-A, “notwithstanding” any provision of the law contrary at the direction of protocols developed by the board, and again a person or service licensed under Title 32, section 88-B, Subsection 1, paragraph A, is again permissive “*may*” dispense “naloxone hydrochloride or another opioid overdose-reversing medication”. The intent was to avoid creating a mandate that the legislature was unwilling to appropriate funds to address, while encouraging the enabling of its use where there was capacity. While this section of law Title 32 §85(8) [PL 2023, c. 646, Pt. A, §40] and in the bill states:

“... emergency medical services person licensed under this chapter shall *shall* [emphasis added] administer and dispense naloxone hydrochloride or another opioid overdose-reversing medication in compliance with protocols and training developed in accordance with this chapter.”

The bill appears to target the individual licensee for a service reality that is beyond their control. The problem lies not only in the conflict of laws between the license of the service and the license of the individual, but also that necessary number of “leave behind kits” is always not available by all licensed providers. One bad batch of fentanyl could create an incident that surpasses the need for both the medicines to administer but also to the leave behind kits when transportation to an emergency facility is refused. This situation alone is why an interstate alert system has been created that recognizes these incidents move up the drug transportation corridor of the interstate highway system and moves from southern New England states towards Maine in a matter of hours.

Additionally, officials have heard that the online training system for the protocol through MaineEMS has not been without issues, including long response times waiting for help with technical issues with login and access the training. Punishing the individual licensee for failures

that can occur well beyond their control is not the appropriate policy move, while providing the medicines for all services and all “leave behind kits” is and may take the courage to appropriate funds to guarantee they are always available for all services in all communities.

Officials respectfully ask that you leave the current powers for license discipline in place which adequately captures truly negligent behavior and do not create a situation that threatens to punish the individuals for operational reality beyond their control more harshly than those you provide complete immunity to simply call for assistance.