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HOUSE OF REPRESENTATIVES

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Testimony in Favor

LD 1159: An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers

April 10th, 2023

Good afternoon Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee.

My name is Laurie Osher. I have the honor of representing District 25, which is most of Orono. I am here today to present LD 1159: An Act to Establish A Pilot Project Regarding Harm Reduction Health Centers. To begin, I want to thank my co-sponsors Senator Beebe-Center, Representatives Crafts, Abdi, Boyer, Dhalac, LaRochelle, Riseman, Roeder, and Sayre for joining me in championing this legislation. I also want to thank the advocates and folks on the front lines of the substance use crisis, many of whom you will hear from today, for their dedication to saving the lives of people who use drugs in Maine.

LD 1159 seeks to support Mainers who are challenged by substance abuse disorder by authorizing the creation of harm-reduction health centers in communities. A Harm Reduction Health Center, also known as an Overdose Prevention Center, is a community-based resource offering health screenings, disease risk reduction, infection prevention, access to treatment, peer support services, and safe, supervised spaces where a person may use pre-obtained substances. The centers are staffed by addiction medicine physicians, nurses, harm reduction specialists, and peer support workers. The majority of these services are already available. The only service that LD 1159 adds is a safe place to use pre-obtained substances.

I introduced LD 1159 because it will save lives. Here are the specifics of the bill:

- Authorizes the creation of a 2-year pilot project to establish and operate harm reduction health centers. The sunset date of the pilot project is July 2026;
- Requires that the harm reduction health center receive an affirmative vote of approval from the municipal leaders of the community that the center seeks to operate in, including approval of the location and hours of operation;
- Provides immunity to the State, the municipality, employees, and participants of the center from criminal or civil liability;

- Forms an advisory board of public health and harm reduction experts to guide the department in rule-making;
- And requires the department to report to the 132nd Legislature on the effectiveness of the project.

LD 1159 is modeled after successful legislation establishing Harm Reduction Health Centers in Rhode Island, which was overwhelmingly passed in 2019 by the House and Senate, and signed into law by Gov. Dan McKee as a two-year pilot project. After some delay, in large part due to COVID-19, Rhode Island's regulations for *Harm Reduction Health Centers (216-RICE-40-10-25)* became effective on February 16, 2022.

Rhode Island legislators and advocates are seeking to extend the pilot for an additional two years that legislation is expected to be successful. The House voted in favor (51-13) last month and Governor McKee has promised that he will sign it into law after it is approved by the State Senate.

Rhode Island's pilot project didn't ask the State Legislature for funding. Instead, Rhode Island's project sought a novel source of funding: the settlement payment from the litigation against prescription opioid manufacturers and distributors. Now, \$2 million of those funds have been earmarked for supervised consumption by their state committee. The first RI center is expected to open by the end of this year.

For a quick history lesson, I want to draw the connection between what we are talking about today, with the early days of the HIV and AIDS crisis. An unknown virus was killing hundreds of people in the United States, the majority of whom were gay men, hemophiliacs, and people who used injection drugs and their loved ones. It took years for the government to respond to that public health emergency because politicians allowed the stigmatization of the people infected with the virus to desensitize them to the need to take swift action. It took years to fund research, support safer sex education, support the distribution of condoms and provide free HIV testing. Politicians listened to the catastrophists who told them that supporting public health initiatives to reduce the infection rate would be a sign of support for gay rights or for the use of IV drugs instead of listening to the experts; the people who were dying and were seeing their friends dying. I cared for and buried friends who died of AIDS, I wrote to my legislators and participated in ACT-UP actions, and I was horrified by the government's foot dragging. ACP-UP, an organization of people impacted by AIDS, was clear about what was needed to address the crisis, but the US government didn't listen. As the recovery advocacy community is doing now, they understood the problem and worked diligently to implement the needed support services.

Fast forward to now, HIV testing, prevention services, and treatments have reduced the incidence of HIV infection and turned AIDS into a treatable illness instead of a death sentence. As members of the legislature, we can learn from the past. Instead of inaction, we can learn from the past. That's why I'm partnering with the recovery advocacy community to introduce this bill, which provides an important service to reduce substance use-related deaths in Maine.

There are currently over 120 centers like this throughout the world, some which have been in operation since 1986. There has never been a fatal overdose in any of the existing centers, anywhere in the world, ever. That is because the bottom line is that harm-reduction health centers save lives. **Additionally, harm reduction health centers reduce public drug use and the amount of public discarded syringe waste by offering indoor spaces for people who are unhoused and/or who use drugs to manage their disease, instead of in public places like parks.** Sites like these are also estimated to save millions of dollars, with New York City estimating \$7 million in annual savings across four proposed sites. Last year, in one of New York City's Harm Reduction Health Centers, there were 600 overdoses and no deaths. Almost all of those overdoses (590) were reversed by the provision of oxygen or Naloxone. Only 10 of those required an ambulance trip to the hospital, saving lives, saving money, and unclogging emergency rooms.

Last year, 716 people died in Maine from preventable opioid overdoses, and hundreds more died from complications related to non-sterile equipment for substance consumption and from the contaminants in the drugs being consumed. We must implement a public health approach to drug use in Maine, and one way to do that is to support and pass LD 1159.

I am happy to answer any questions you may have; there will be experts coming after me who may also have the answers.

Thank you,

Representative Laurie Osher