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Testimony of the Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

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

Sponsor: Representative Rana
Hearing Date: March 24, 2025

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Dr. Puthiery Va, and I serve as the Director of the Maine Center for Disease Control (Maine CDC) at the Maine Department of Health and Human Services. I am here to testify neither for nor against LD 1078, *An Act to Support Maine's Public Health Objectives by Increasing Access to Hypodermic Apparatus Exchange Programs*.

LD 1078 allows a certified hypodermic apparatus exchange program (SSP) to operate in a location other than that specifically authorized in its certification, as long as the location is in the same county. The bill requires that the State is notified of the location and requires proper disposal of hypodermic apparatuses. Any additional location must maintain all other certification requirements, including reporting.

Maine CDC is neither for nor against this bill. Currently, an SSP must prepare a new application each time it seeks certification at a new location and submit the application to Maine CDC for review within 30 days of receipt. If LD 1078 is enacted, the certification process will change, reducing some oversight of applications and implementation of new locations within the same county and also increasing accessibility to needed services in the community. In 2020-2021, through Executive Order, Governor Mills allowed SSPs to operate additional sites within their certified counties without needing to submit new applications. During this period the agency received no complaints about the expansion of harm reduction services from the public or municipalities.

SSPs are primarily located in urban areas and there is an unmet need for SSPs in rural areas of Maine. The 2019 "Vulnerability Assessment for Opioid Overdoses and Bloodborne Infections Associated with Non-Sterile Injection Drug Use in Maine" identified Kennebec, Penobscot, Somerset, and Washington Counties, as well as parts of Cumberland County, as geographic areas with residents at highest risk for opioid overdoses and bloodborne infections from injection drug use.

LD 1078 seeks to make SSPs more accessible. Evidence shows benefits when SSPs can implement their programs consistent with best practice, such as ensuring low-threshold services through increased number of locations and hours of operation, assessing the needs of the people who inject drugs (PWID), and accommodating their needs.¹ Due to Maine's rurality, many individuals cannot easily access SSPs often due to limited transportation.² Flexibility to operate at multiple locations within a county will allow SSPs to adapt quickly and reach more participants. During a time when Maine is experiencing an outbreak of HIV and Hepatitis C and high rates of viral hepatitis, it is important to expand the availability and accessibility of proven interventions to reduce infectious disease transmission. SSPs are a proven harm reduction best practice. However, LD 1078 may increase the number of SSP locations throughout the State without oversight of an applicant's readiness to operate in accordance with Department rules and requirements. Maine CDC suggests adding in public notices and letters to municipalities, and legal and safe locations for fixed or outreach harm reduction services.³

Increase in SSP locations requires support fiscally and with proper oversight to ensure new sites are well prepared and approved to operate in their municipalities. Maine CDC sees the value in SSP flexibility and increased accessibility however funding is not available for new initiatives at this time. The Department would also recommend that the bill be revised to ensure SSPs receive approval before implementing a new location within their county or if it were limited to operation within the municipality.

To conclude, Maine CDC is neither for nor against LD 1078 recognizing the benefits of this bill, but lacks funding to cover its anticipated costs and also has concerns about the potential loss of some oversight authority at new locations, if enacted as written.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.

¹ Javed, Z., Burk, K., Facente, S., Pegram, L., Ali, A. & Asher, A. (2020). Syringe Services Programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation. Atlanta, GA: US Department of Health and Human Services, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Centers for Disease, Control and Prevention; 2020.

² Miller LW, Murray KA, Branch ED, Thakarar K. Use of Syringe Service Programs in Rural vs Urban Maine: A Harm-Reduction Study. *J Maine Med Cent.* 2024 Winter;6(1):7. doi: 10.46804/2641-2225.1153. Epub 2024 Jan 10. PMID: 39118865; PMCID: PMC11309026.

³ Maine Center for Disease Control and Prevention (2019). Vulnerability Assessment for Opioid Overdoses and Bloodborne Infections Associated with Non-Sterile Injection Drug Use in Maine. <https://www.maine.gov/dhhs/mecdc/navtabs/documents/Maine-CDC-Vulnerability-Assessment-Report.pdf>