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Testimony of Representative Ambureen Rana introducing
LD 1078, An Act to Support Maine's Public Health Objectives by Increasing Access to Hypodermic Apparatus Exchange Programs
Before the Joint Standing Committee on Health and Human Services

Good afternoon Senator Ingwerson, Representative Meyer and distinguished members of the Health and Human Services Committee. My name is Representative Ambureen Rana, and I have the honor of representing House District 21, which includes the City of Bangor.

I am proud to introduce **LD 1078, An Act to Support Maine's Public Health Objectives by Increasing Access to Hypodermic Apparatus Exchange Programs.**

As many of you know, my community is currently experiencing an alarming HIV outbreak.¹ The Maine CDC has confirmed 22 cases of HIV as of March 15. Twenty-one of these individuals have a co-infection of Hepatitis C, and 20 of these individuals have been unhoused within 1 year of diagnosis. At the same time, many cities and towns in Maine have been seeking out solutions to reduce improperly discarded syringes in their communities. Public safety is a priority, and improperly discarded syringes in parks and neighborhoods create unnecessary risks.

LD 1078 seeks to increase the flexibility of Maine's certified syringe service programs (SSPs) by allowing them to operate additional locations within the same county where they are certified. Currently, certified SSPs are only permitted to operate at the specific locations where they are certified due to current Maine CDC administrative rules. This greatly inhibits their ability to reach those in need, leaving many without safe disposal options.

Allowing SSPs to expand operations within their certified county will make harm reduction efforts more effective, equitable and responsive. This has already been tested and proven in Maine. Governor Mills introduced executive orders that temporarily expanded SSP mobility during the COVID-19 pandemic, first allowing them to move freely within municipalities, and

¹ <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hiv-cluster.shtml>

later within counties. Reverting to the pre-pandemic rules have left many people with less access to services, forcing them to reuse syringes until they can reach an SSP.

A county-level service area that goes beyond just a municipality is essential so that programs can reach people in every small town in Maine. Within our most rural areas, there are thousands of people who can benefit from these services, but they are often unable to access them due to a lack of transportation. It would be impossible to have an SSP in every municipality, but there are people in every town who would benefit from the access to care and disposal services.

By allowing SSPs to operate more freely in their county of certification, we can ensure that when individuals have used syringes, SSPs are more able to reach them to facilitate proper disposal.

Right now, if an encampment moves locations, SSPs cannot follow the need without going through an administrative process to certify a new location. This bill will allow SSPs greater flexibility in promptly responding to changing needs within the county they serve. Enhancing the ability to reach people where they are at will not only reduce improperly discarded syringes, it will also increase access to healthcare, peer support and substance use services.

Ultimately, this bill offers a balanced approach to dealing with a myriad of public health issues that our communities are facing. It is possible to reduce improperly discarded syringes without posing a direct threat to life-saving and disease-reducing public health programs. Now is the time to increase access to essential care, while equipping SSPs with the flexibility that they need to provide responsive services and assist with proper and safe disposal. I urge this committee to pass this critical piece of legislation at a time when it is urgently needed.

Thank you for your time and consideration. I am happy to answer your questions.