



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: MAINE RELAY 711

Ambureen Rana

124 West Broadway
Bangor, ME 04401
Cell: (207) 350-5081

Ambureen.Rana@legislature.maine.gov

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Testimony of Representative Ambureen Rana introducing
**LD 1738, An Act to Establish the Biohazard Waste Disposal Grant Program to
Support Public Health Efforts in the State**
Before the Joint Standing Committee on Health and Human Services

Good afternoon, Senator Ingwersen, 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 part of the City of Bangor. I am proud to present **LD 1738, An Act to Establish the Biohazard Waste Disposal Grant Program to Support Public Health Efforts in the State.**

Since I last appeared before you regarding LD 1078, my bill to expand access to syringe service programs (SSPs), the situation in my community has grown even more urgent. As of April 19, the Maine CDC has confirmed 24 cases of HIV in Penobscot County – an increase of two cases in the last month alone.¹ To put this in perspective, the county averaged only two new HIV cases per year over the past five years.² These are not abstract numbers. They represent real people and the consequences of gaps in our public health infrastructure. Additionally, it is estimated that it will cost \$510,000 to treat one person living with HIV,³ which equals \$12,240,000 for the 24 new cases in Bangor.

At the same time, communities across Maine, including my own, have been grappling with the challenge of improperly discarded syringes in public spaces – on sidewalks, in parks and in other areas where families and neighbors gather. **No one wants to see syringes in our streets, parks or neighborhoods.** Public safety is a shared priority.

LD 1738 offers a proactive, evidence-based solution to this shared concern. This bill proposes the creation of a Biohazard Waste Disposal Grant Program within the Maine CDC. Through this program, the CDC would provide grants to support local initiatives aimed at reducing syringe litter and improving disposal infrastructure. Eligible applicants would include certified hypodermic apparatus exchange programs and municipal governments.

The design of this program is informed by clear, research-based evidence:

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

² <https://www.bangordailynews.com/2025/04/25/penobscot/penobscot-health/penobscot-county-maine-hiv-outbreak-24th-case-cdc/>

³ <https://www.cdc.gov/persons-who-inject-drugs/vulnerable/index.html>

- Comprehensive SSPs are proven to reduce the transmission of HIV, hepatitis C and other infectious diseases without increasing illegal drug use or crime.⁴
- In 2023, Maine's SSPs made over 26,100 referrals to healthcare, housing and other critical support services – more than double the referrals made in 2022.⁵

LD 1738 would prioritize funding for projects that:

- Address areas with documented increases in improperly discarded syringes;
- Demonstrate collaborative approaches engaging local stakeholders;
- Use innovative or evidence-based strategies to improve safe disposal efforts.

Funding will support activities such as:

- Installing secure syringe disposal boxes, both indoors and outdoors;
- Ensuring proper disposal of collected syringes at compliant in-state facilities;
- Hiring and training staff to conduct collection and disposal work;
- Implementing other strategies designed to prevent syringe waste based on local needs.

We know this type of approach works. For example, Portland's syringe buyback program, launched in October 2024, led to a 76% decrease in improperly discarded needles and a 58% increase in the number of needles safely collected.⁶ Importantly, LD 1738 does not pit public health against public safety – **it advances both**. The Maine CDC's own *Community Sharps Disposal Toolkit* recommends disposal infrastructure like drop boxes and emphasizes that proper placement and access significantly reduce syringe litter.⁷

This bill also respects local control and recognizes that Maine's communities face different realities. Whether urban or rural, large or small, this grant program provides the flexibility to design solutions that work best for local conditions. Rather than imposing a one-size-fits-all mandate, LD 1738 empowers communities to lead their own response.

As a member of the Appropriations Committee, I am all too aware of our budget constraints. That is why LD 1738 does not set a specific funding amount or number of projects. Instead, it invites collaboration among the Maine CDC, municipalities, SSPs, members of this committee and my colleagues on Appropriations to identify the right balance between fiscal realities and the urgent needs on the ground. The more we invest, the greater the impact we can achieve.

As Gregg Gonsalves, a Yale University epidemiologist and public health policy expert said, "The cost of instituting a clean-up program...is far, far less expensive than paying for the lifetime medical costs for somebody who is HIV positive or HCV positive. The economic argument is just unequivocal. [N]eedle waste is a solvable issue. We can resolve it in a pretty simple way by enhancing sanitation efforts."⁸

Our communities are asking for real, tangible solutions to syringe waste. LD 1738 delivers that solution – strengthening public safety while supporting the life-saving work of SSPs.

I am proud to sponsor this legislation, and I respectfully ask for your support.

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

⁴ <https://www.cdc.gov/syringe-services-programs/php/safety-effectiveness.html>

⁵ <https://themainemonitor.org/needle-waste-challenges/>

⁶ <https://www.wmtw.com/article/is-portlands-syringe-buyback-program-reducing-needle-waste/64144032>

⁷ <https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/documents/Community%20Sharps%20Disposal%20Toolkit%20Updated%202012.2024.pdf>

⁸ <https://themainemonitor.org/needle-waste-challenges/>