



HOUSE OF REPRESENTATIVES

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

Dani L. O'Halloran

Phone: (207) 745-4499

Dani.O'Halloran@legislature.maine.gov

January 7, 2026

Testimony of Dani O'Halloran in opposition of
LD 1646, An Act to Amend Maine's Good Samaritan Laws Regarding Suspected
Drug-related Overdoses
Before the Criminal Justice and Public Safety Committee

Good afternoon Senator Beebe-Center, Representative Hasenfus and members of the Criminal Justice and Public Safety Committee. My name is Dani O'Halloran, and I proudly represent District 20, which includes most of Brewer. Today, I am testifying in opposition to **LD 1646, An Act to Amend Maine's Good Samaritan Laws Regarding Suspected Drug-related Overdoses.**

I want to be honest from the start.

I support Maine's current Good Samaritan Law.

I believe people should never hesitate to call for help when someone is overdosing, and the law we have today already protects that lifesaving action while maintaining public safety and appropriate law enforcement discretion.

My concern with LD 1646 is not its intent; it is its broad scope and the unintended consequences it will create.

Current law ties immunity to a suspected overdose emergency.

LD 1646 expands that immunity to situations where a person is merely displaying *symptoms* that could be associated with drug use, even if no overdose is occurring.

Those protected symptoms are defined very broadly and include:

- Confusion
- Agitation or Paranoia
- Altered Mental State
- Vomiting
- Irregular Breathing
- Sweating or Clammy Skin
- As well as other conditions that could reasonably be associated with drug use or exposure.

These are subjective indicators commonly observed during open-air drug use and in many non-overdose situations.

Under this bill, immunity can attach before an overdose, even when the individual did not request help themselves. Once a medical or law-enforcement response occurs and identity or evidence is obtained as a result, enforcement options may be blocked.

That creates pre-emotive immunity, not just emergency protection.

I also wonder about parties that involve drug use. It is not out of the realm of possibilities that someone may call and claim there's an overdose when they hear the sirens coming up their street or the loud bang on their door. Knowing that the requirement is no longer generally having to be overdosing, you can claim you have any of the symptoms listed above.

Law enforcement has raised serious concerns, and those concerns are justified. Officers may be placed in a position where providing medical care, which they should always do, triggers immunity and prevents intervention even when drug use is occurring openly in our public parks, along our riverfronts and in our downtown areas.

In practice, these risks create functional non-enforcement zones in spaces meant for families, businesses, and community life, not because drug use is legal, but because enforcement tools are neutralized!!

There is also an important treatment issue we cannot ignore. This is close to my heart with the struggles of a loved member of my family.

I do recognize that incarceration alone is not treatment, and I agree with that. But justice system contact is often the gateway to treatment, especially for individuals who are not yet able or willing to seek help on their own.

The choice should not be framed as punishment versus compassion; it should be framed as a smart, balanced intervention that saves lives.

For many people struggling with substance use disorder, justice system intervention provides the first real opportunity for stabilization. When individuals are arrested:

- They are forced to sober up.
- They receive a medical evaluation.
- They are often connected to detox, treatment, or medication-assisted programs.
- They may gain access to education, counseling or recovery services they were not accessing voluntarily.

For some, this is the only moment of stability they experience.

By expanding immunity so broadly that law enforcement cannot potentially intervene even during repeated and open drug use in shared public spaces, this bill risks cutting off one of the few remaining pathways into treatment and recovery, potentially delaying help until the subsequent or fatal overdose.

I support harm reduction, I support Good Samaritan protections and I support saving lives.

But I also believe that public safety, accountability and intervention are not incompatible with compassion.

The current Good Samaritan Law already strikes that balance. LD 1646 goes further than necessary and risks undermining both enforcement and recovery pathways.

For those reasons, I urge caution with this bill and would vote Ought Not to Pass.

Thank you for your time.