Rachel Talbot Ross
Senator, District 28

THE MAINE SENATE
132nd Legislature

3 State House Station
Augusta, Maine 04333

Testimony of Senator Rachel Talbot Ross
LD 1646 "An Act to Amend Maine's Good Samaritan Laws Regarding Suspected Drug-related Overdoses"

Senator Beebe-Center, Representative Hasenfus, and distinguished members of the Joint Standing Committee on Criminal Justice and Public Safety. I am Senator Rachel Talbot Ross. I represent Senate District 28, which includes part of Portland, part of the Casco Bay Islands, and includes the University of Southern Maine Campus. I am here today to present LD 1646, An Act to Amend Maine's Good Samaritan Laws Regarding Suspected Drug-related Overdoses.

I want to begin by recognizing the important work this committee—and the Maine State Legislature as a whole—has undertaken to reduce fatal overdoses in our state. In 2022, at the height of the overdose crisis, Maine lost 723 people to accidental overdose. In response, the Legislature took decisive action: we invested in treatment, expanded access to naloxone, and undertook a three part expansion of Maine's Good Samaritan Law. As a result, we lost 490 people in 2024, and 320 from January 2025 to October 2025. Losing even one life is a tragedy. Every overdose is preventable.

Beginning with the 129th Legislature, enacted Maine's first "Good Samaritan" law, offering limited legal protections to both the caller and the person experiencing an overdose in an effort to increase the number of people who call for help when someone is overdosing and save lives.We learned fairly quickly that the law needed amending: people on the scene continued to be arrested when law enforcement responded to overdose calls which was not the intention of the law. As a result, the overwhelming impact remained the same, people in these situations were not calling 911 because they feared what would happen. This was phase one of Maine's Good Samaritan Law.

Phase two came when the Honorable Senator Chloe Maxmin partnered with Maine's recovery community to propose the expansion of the Good Samaritan Law during the 130th Legislature. During that time, we were losing 2 Mainers on average everyday from fatal drug overdoses. We achieved a historic bipartisan victory by passing LD 1862, the strongest Good Samaritan Law in the nation. This landmark legislation was built upon a shared belief that the number one priority at the scene of an overdose is to **save a life, not to charge people with crimes**. We stood

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The bill defines "symptom of a drug-related overdose" to mean any physical, cognitive, or behavioral condition that may reasonably indicate a potentially life-threatening reaction to drug use. The definition explicitly includes altered mental status, impaired or irregular breathing, abnormal skin appearance, changes in consciousness, involuntary bodily functions, and other symptoms reasonably associated with drug ingestion, use, or exposure.

This language is reasonably tailored to the symptoms of an overdose. Many overdoses do not present in a single, uniform way. The law should protect people who describe what they are seeing, not penalize them for failing to label it correctly in the moment.

Second, LD 1646 recognizes that clarity in the law must be paired with clarity in practice. The bill therefore includes a new requirement for training Maine's law enforcement officers on the Good Samaritan Law.

Beginning January 1, 2028, the bill requires in-service recertification training for law enforcement officers to include at least two hours of instruction on responding to calls for suspected drug-related overdoses or calls involving symptoms of an overdose. This training must cover how to identify overdose symptoms and must clearly explain a protected person's immunity from arrest under the Good Samaritan Law.

Importantly, the bill also requires that this training be provided by an organization specializing in substance use disorders and be delivered within existing resources. This ensures that training is accurate, evidence-based, and grounded in the realities of substance use and overdose response.

The bill also directs the relevant board to coordinate and approve this training, encourages the use of telecommunications technology to increase access, and ensures consistency across agencies. This approach benefits everyone. It provides officers with clear guidance, supports first responders in focusing on care, and reinforces public trust that the law will be applied as intended.

We know that confusion about the Good Samaritan Law is not theoretical. It is happening now. People have been arrested after callers reported someone unconscious or passed out. Others have been denied immunity because a caller described symptoms without performing CPR or administering naloxone, even when naloxone would not have been effective. In some cases,

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people have died before the courts ever resolved whether Good Samaritan protections should have applied.

This kind of after-the-fact parsing of what a caller meant does not serve public safety. It discourages people from calling 911, undermines confidence in the law, and contradicts the Legislature's clear intent. As overdose deaths have begun to decline, it is critical that we do not weaken or erode the protections that helped make that progress possible. LD 1646 supports Maine's Good Samaritan Law by restoring clarity, reaffirming legislative intent, and ensuring that both the public and law enforcement share a common understanding of how the law works.

For these reasons, I urge the committee to support LD 1646. Thank you for your time and consideration.

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