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**Testimony in Opposition to L.D. 1862, *An Act to Strengthen  
Maine's Good Samaritan Laws Concerning Drug-related Medical Assistance***

Senate Chair Deschambault, House Chair Warren, and members of the Joint Standing Committee on Criminal Justice and Public Safety; my name is John Risler, I live in Belgrade, and I serve as an Assistant Attorney General in the Maine Office of the Attorney General. I am here today to testify in opposition to L.D. 1862, *An Act to Strengthen Maine's Good Samaritan Laws Concerning Drug-related Medical Assistance* as it is presently written.

In a year in which Mainers experienced over 600 overdose deaths, I support efforts that would reduce the number of deaths and the resulting pain and grief felt by their loved ones. I am generally supportive of legislation that would remove barriers that keep people from calling 911 in the event of a perceived fatal overdose. However, I am unable to support L.D. 1862 as written because, in its current form, it is overly broad in its application, and it confers immunity to individuals and criminal offenses in a manner contrary to legitimate public safety concerns.

The current Good Samaritan law, 17-A M.R.S. § 1111-B, provides immunity for a person who is experiencing an overdose, a person who administers naloxone hydrochloride to a person experiencing an overdose, and a person who seeks medical assistance for a person experiencing an overdose. As such, the immunity in our current statute encompasses those actively involved in the process of saving a life and the person whose life they are saving. L.D. 1862 seeks to expand this immunity to every person present at the location of an overdose, regardless of their contribution to the life-saving intervention. Such an expansion may confer immunity to individuals committing crimes unrelated to the overdose and who may not even be aware that an overdose occurred, representing an undeserved windfall for criminal conduct for which they would otherwise be accountable. Furthermore, the legislation accepts a rationale that a person may decide to not call for help to save the life of someone experiencing an overdose because they are concerned about the criminal liability of others at the location. I am unable to support a policy that would legitimize a person's choice to risk human life in order to protect another person's risk of criminal prosecution.

I recognize that our current statute only applies immunity to the crimes of Unlawful Possession of Scheduled Drugs, 17-A M.R.S. § 1107-A; Acquiring Drugs by Deception, 17-A M.R.S. § 1108; Use of Drug Paraphernalia, 17-A M.R.S. § 1111-A; and probation violations based on those enumerated offenses. I believe there may be benefits to expanding the scope of crimes covered by statute to encourage individuals to seek emergency assistance in the event a person

suffers an overdose, but L.D. 1862 goes too far in the conduct it exempts from prosecution. Expanding the scope of criminal offenses entitled to immunity in the event of an overdose should be done in a manner that avoids unintended consequences. As written, L.D. 1862 would provide immunity in scenarios where society has a significant interest in holding a criminal offender accountable. For example, it would exempt from prosecution a parent who is endangering the welfare of a child, possession of a firearm by a prohibited person, and trafficking of the drugs that very well may have caused the overdose in the first place, to name a few examples. Expanding the scope of the law should involve careful consideration of which laws may create potential barriers for seeking emergency assistance, as opposed to blanket immunity that could unjustly protect a wide range of criminal activity. I am open to discussing how best to expand the scope of the current statute, while balancing in the more general objective of protecting public safety.

Thank you for your attention to this testimony, and I look forward to working with the Committee on this legislation.