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Testimony of the Maine Osteopathic Association  
Before the Committee on Health and Human Services

In Reference to:

- **LD 1177, An Act To Increase Access to Intranasal Naloxone Hydrochloride for Syringe Services Programs**
- **LD 1333, An Act Concerning the Dispensation of Naloxone Hydrochloride by Emergency Medical Services Providers**
- **LD 1428, An Act To Increase the Availability of Nasal Naloxone in Community Settings**  
Public Hearing: Friday, April 23, 2021 9:00 AM, Cross Building, Room 209

Senator Claxton, Representative Meyer, and distinguished members of the Committee on Health and Human Services,

My name is Brian Kaufman, DO FACP FASAM. I hold board certification in: Internal medicine, pain medicine, Neuro-musculoskeletal medicine and addiction medicine. I currently practice pain management and addiction medicine in New Hampshire, but reside in Kennebunk and practiced in Maine for 13 years. On behalf of my physician colleagues, I am pleased to provide testimony in support of LD 1177, An Act To Increase Access to Intranasal Naloxone Hydrochloride for Syringe Services Programs; LD 1333, An Act Concerning the Dispensation of Naloxone Hydrochloride by Emergency Medical Services Providers and LD 1428, An Act To Increase the Availability of Nasal Naloxone in Community Settings.

The Maine Osteopathic Association (MOA) is a professional organization representing approximately 400 osteopathic physicians as well as more than 700 residents and students. Our mission is to “serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy and member services in order to ensure the availability of quality osteopathic health care to the people of this State.”

The MOA supports greater access to the life-saving drug Narcan (or nasal naloxone). According to the Attorney General’s report, Maine recorded its worst year for drug overdoses in 2020, with 503 deaths, and numbers are still alarming high in the first quarter of 2021.<sup>1</sup> ***We know that Naloxone saves Maine lives from opioid overdoses, but it can only do so if it is in the right hands, at the right time.***

Because of this firm belief, the MOA supports the mechanisms proposed by all three bills (LD1177, 1333 and 1428) and offers comments below:

LD1177 would allow hypodermic apparatus exchange programs and overdose prevention programs to distribute intranasal naloxone hydrochloride through vending machines in accordance with rules adopted by the Department of Health and Human Services. LD 1333 authorizes emergency medical services persons, ambulance services and nontransporting emergency medical services to administer intranasal naloxone hydrochloride if they have received medical training in accordance with protocols adopted by the Medical Direction and Practices Board. LD1428 would allow community organizations, which are defined as private or nonprofit organizations operating a facility that serves the community, to store and administer nasal naloxone hydrochloride upon a standing order from a licensed health care professional authorized by law to prescribe nasal naloxone hydrochloride.

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<sup>1</sup> MAINE MONTHLY OVERDOSE REPORT For February, 2021. Released March 2021. <https://www.maine.gov/tools/whatsnew/attach.php?id=4357806&an=1>

In 2018, the U.S. Surgeon General has called for heightened awareness and availability of naloxone to reverse the effects of opioid overdose. Since then, we've seen a rise in the dispensing of Naloxone, including in Maine – but there are additional ways to improve this response and ultimately, save lives by making it more readily available. Unfortunately, “national data on patients to whom clinicians should consider co-prescribing naloxone show that less than 1% of these patients actually receive a naloxone prescription.”<sup>2</sup>

Naloxone reverses the life-threatening respiratory depression associated with opioid overdose – allowing a person experiencing overdose to continue breathing. Naloxone has virtually no effect on someone who has no opioids in their system. There are minimal risks and greater access to this life saving drug is good public policy.

Please do not hesitate to contact us at [info@mainedo.org](mailto:info@mainedo.org) if you have any questions. Thank you.

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<sup>2</sup> <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>