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Testimony of the Maine Osteopathic Association
Before the Committee on Labor and Housing

In Reference to:

LD 1436, An Act To Protect Certain Essential Workers from Infectious Disease
Public Hearing: Friday, April 30, 2021 9:00 AM, Cross Building, Room 202

Senator Rafferty, Representative Sylvester, and distinguished members of the Committee on Labor and Housing,

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 neither for nor against LD 1436, An Act To Protect Certain Essential Workers from Infectious Disease.

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.”

This bill requires public and private employers that employ persons who provide direct, in-person services in medical and other to provide personal protective equipment for those covered employees. It also requires employers to maintain a stockpile of an extensive list of specific personal protective equipment equal to 3 months of normal use by covered employees. The bill also establishes civil and administrative penalties for violations of the requirements of the bill.

While the idea of assuring that health care and non-healthcare employees will be adequately protected by their employers by requiring an adequate supply of personal protective equipment (PPE), we are concerned about the unintended consequences that this bill may produce.

Personal protective equipment should be available to all that require it however, mandating an arbitrary amount such as a 3-month supply may create an undue financial burden on small businesses, small medical practices, solo medical practices, etc., as well as creating issues with potential storage, which can in turn could lead to shelf life. Lastly, there are no provisions in the bill regarding well intentioned employers were not able to obtain PPE due to shortages, financial hardship’s etc. -- a very real situation in the early phases of the COVID-19 pandemic. Independent practices in particular have had no access to federal and state stockpiles of PPE and have had many barriers getting the supplies they need. When they could get for instance N95 respirators or even something as benign as medical gloves, the costs were exorbitant. It is simply unrealistic to set specific benchmarks that must be maintained, especially in extraordinary situations such as a current or future pandemic.

In summary, we support the concept of adequate PPE supply and stockpiles ready for extraordinary circumstances, but would urge the committee to instead support greater access to federal and state PPE stockpiles and measures to encourage those with excess materials to pool these resources for sectors in need. We would

argue that the PPE shortage experienced in 2020 was not a case of people and systems not wanting to do the right thing, but supply chains and infrastructure failure.

Please do not hesitate to contact us at info@mainedo.org if you have any questions. Thank you.