

**State of Maine
130th Legislature
Joint Standing Committee on Health and Human Services**

**Testimony of Charles F. Dingman
On behalf of the Maine Primary Care Association**

Supporting

**LD 1333 “An Act Concerning the Dispensation of Naloxone Hydrochloride by Emergency
Medical Services Providers”**

Sponsored by Representative Samuel Zager

April 23, 2021

Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, I am Charlie Dingman, a lawyer with the firm of Kozak & Gayer, and I am here today on behalf of the Maine Primary Care Association (MPCA). MPCA is a membership association that includes all of Maine's 20 Community Health Centers (CHCs).

Maine's CHCs provide comprehensive primary and preventive care for approximately 1 in 6 Maine people. Community Health Centers make up the largest primary care network in the state, and they provide high quality, wide-ranging health care services. They are at the forefront of delivering care to underserved communities in our State, without regard to patients' ability to pay.

The Maine Primary Care Association supports LD 1333 which, if amended by the two documents circulated by the Committee earlier this week, would supply two missing pieces in the State's array of tools to effectively address the epidemic in substance use disorders with particular emphasis on opioid use disorder. We thank Representative Zager and Gordon Smith for bringing these important if somewhat different provisions together as this legislation has evolved.

Maine's Community Health Centers have long placed a high priority on effective countermeasures to address the opioid epidemic in Maine. FQHCs are currently working with Gordon Smith, Dr. Pollard, and others to pilot expanded use of medication assisted treatment in a variety of underserved locations around the State, as a further step in this effort. All 20 of Maine's FQHCs have pledged to mobilize to provide an energetic and sustained response to the opioid crisis. Their pledge includes strong support for the widespread availability of naloxone. A component of making naloxone accessible is addressed in LD 1333, by ensuring that emergency medical service and ambulance service personnel can dispense naloxone hydrochloride in accordance with duly adopted protocols. This closes a significant gap in availability, and we believe that all such gaps should be corrected to ensure that this life-saving intervention is available whenever needed.

Access to prescription monitoring program data ensures that such data can drive decision-making about prescribing in ways that are consistent with Maine’s efforts to combat the opioid epidemic. Access to these data may well have benefits in improving the quality of health care in other ways as well. MPCA therefore strongly supports the Maine Medical Association’s amendment, circulated by your staff, which would add to the PMP statute an authorization for medical directors and similar officials in FQHCs and physician practices to receive PMP data about prescriptions in their practices – just as the law already allows for hospital medical directors. A similar amendment was proposed in the 129th Legislature but not enacted, in part because of the truncation of the second regular session for public health reasons.

For these reasons, we urge the Committee to report LD 1333 ought to pass as amended by both documents circulated by your analysts earlier this week.

Thank you for your attention to the issues addressed in this bill. I would be pleased to respond to any questions via the contact information provided below.

Charles F. Dingman, Esq.
cdingman@kozakgayer.com
Mobile: (207)-240-9146

Kozak & Gayer, P.A.
157 Capitol Street, Ste. 1
Augusta, ME 04330
(207) 621-4390