



MAINE MEDICAL ASSOCIATION

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TESTIMONY OF THE MAINE MEDICAL ASSOCIATION

IN SUPPORT OF

LD 1686. AN ACT TO ADDRESS PREVENTABLE DEATHS FROM DRUG OVERDOSE

Joint Standing Committee on Health and Human Services
Wednesday, February 5, 2014, 9:00 AM.
Cross Building, Room 209

Senator Craven, Representative Farnsworth and members of the Committee on Health and Human Services, I am Gordon Smith, Executive Vice President of the Maine Medical Association. As you know, the Association represents the interests of over 4200 physicians, medical students and residents in training. As medical professionals, our members consider the high number of overdose deaths to be a public health emergency in our state. We appreciate Representative Gideon sponsoring this important legislation and following up on the important ground work laid last session by Dr. Dorney and others. We are enthusiastic supporters of the legislation. I have also attached to my testimony a letter in support of the bill from the American Medical Association. An additional attachment is the recent article in USA Today detailing the positive impact in the Boston area of first responders carrying naloxone kits. Since police officers in the City of Quincy began carrying a nasal form of the drug in Oct. 2010, they have administered the drug 221 times and reversed 211 overdoses, a remarkable statistic.

L.D. 1686 represents the third attempt to enact legislation encouraging the use of an opioid antagonist under certain circumstances. Other states are using the drug with significant success, including in New England, the states of Massachusetts and Rhode Island.

For the last several years, we have lost between 150 and 170 Maine citizens each year because of a drug overdose. Passage of this bill is the single most important step you can take to save lives.

Some of you will recall the report of the L.D. 1501 Task Force presented in 2012. The Task Force was established as the result of legislation offered in the 125th Legislature and consisted of many stakeholder groups which met nearly a dozen times under the leadership of the Office of Substance Abuse (now the Office of Substance Abuse and Mental Health Services). I was privileged to serve on the Task Force as did several of you. Recommendations of the Task Force included passing legislation that provided the type of protection included in L.D. 1686. I

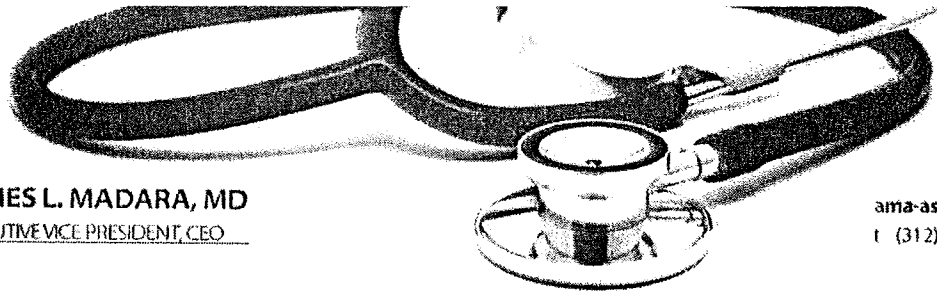
remind you also that the legislation did pass with strong support from legislators, and the Governor's veto was overridden in the House but failed in the Senate.

As you have heard from previous speakers, this drug is safe and not subject to abuse. In many ways, it is a miracle drug.

It is ironic that we stand here today discussing this legislation just three days after Philip Seymour Hoffman died as the result of an apparent overdose on heroin. Our nation is in the grips of a serious heroin epidemic leading to thousands of deaths nationwide. Every one of these individuals is deserving of our attention, whether they are a respected actor or an unemployed teenager. The scourge of drug addiction is not limited to the poor or to the young. These deaths have struck home or very close to home for many of our friends, families and neighbors. You have a unique opportunity to save lives today and the members of the Maine Medical Association hope you will give this important legislation your support.

I am happy to answer any questions you may have and I thank you for the opportunity to testify.

Gordon Smith, Esq. Executive Vice President
Maine Medical Association



February 5, 2014

The Honorable Margaret M. Craven
Chair
Committee on Health and Human Services
Maine State Senate
3 State House Station
Augusta, ME 04333

Re: American Medical Association support for Legislative Document 1686, an “Act to Address Preventable Deaths from Drug Overdose”

Dear Chairwoman Craven:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing in support of Legislative Document (L.D.) 1686, which would help increase the availability of naloxone in Maine to help save lives from opioid-related drug overdose. The AMA strongly urges the joint Committee on Health and Human Services to report this bill favorably to the full Maine legislature.

The most important reason for the AMA’s support is that naloxone saves lives. In addition, as Maine – and much of the nation – struggles with crafting policies to help combat prescription drug abuse, diversion, overdose and death, the AMA urges that additional national and state focus be placed on strategies that complement combating diversion and misuse, and include policies that help physicians and other stakeholders to treat overdose and reduce deaths. It is the AMA’s position that increasing the availability of naloxone to those at risk of overdose, and to persons close to those at risk, will accomplish these important goals.

This bill also would add important liability protections for physicians, other health care professionals and first responders who prescribe, administer and make naloxone available for those in need. This is the type of “Good Samaritan” provision that has proven successful in other states in making naloxone use more common. The AMA further supports the provision in L.D. 1686 that would collect data and report on trends and risk factors related to unintentional overdose fatalities – as well as potential interventions to reduce both fatal and nonfatal unintentional overdose events.

The Honorable Margaret M. Craven
February 5, 2014
Page 2

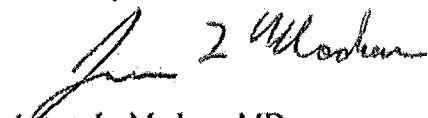
A February 2012 report in the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report summarized the findings from 48 community programs that distribute naloxone, finding that 10,171 overdose reversals were achieved.¹ Most recently, USA Today reported a program in Quincy, Massachusetts saved 211 lives when first responders administered naloxone.²

Nationally, the AMA has endorsed state legislation to increase availability of naloxone in many states,³ as well as to the National Governors Association, the National Conference of Insurance Legislators and elsewhere because naloxone is a safe and effective U.S. Food and Drug Administration (FDA)-approved medication that reverses opioid overdose.⁴ The AMA also has expressed its support to the FDA, CDC and the Secretary of the U.S. Department of Health and Human Services.

For these reasons, the AMA strongly urges the joint Committee on Health and Human Services to report this bill favorably to the full Maine legislature. If you have any questions, please feel free to contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Thank you for your efforts on this important public health issue.

Sincerely,



James L. Madara, MD

cc: Maine Medical Association
Committee on Health and Human Services
Representative Sara Gideon

¹ Morbidity and Mortality Weekly Report (*MMWR*), Centers for Disease Control and Prevention, Community-Based Opioid Overdose Prevention Programs Providing Naloxone — United States, 2010, February 17, 2012 / 61(06);101-105. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm?s_cid=mm6106a1_w. Last accessed May 16, 2013.

² Police carry special drug to reverse heroin overdoses, Donna Leinwand Leger, USA Today, January 31, 2014. Available at <http://www.usatoday.com/story/news/nation/2014/01/30/police-use-narcan-to-reverse-heroin-overdoses/5063587/>

³ See, for example, Colorado Senate Bill 13-014; New Jersey Assembly Bill 3095; and Oklahoma House Bill 1872.

⁴ A comprehensive discussion of AMA policies, including letters to legislators and national organizations, can be found at www.ama-assn.org/go/stopdrugabuse