An Act To Address the Opioid Crisis through Evidence-based Public Health Policy

Reference to the Committee on Health and Human Services suggested and ordered printed.

Presented by Senator SANBORN, L. of Cumberland.
Be it enacted by the People of the State of Maine as follows:

   Sec. 1. 17-A MRSA §1110, sub-§1-A, as amended by PL 2001, c. 383, §132 and
affected by §156, is repealed.

   Sec. 2. 17-A MRSA §1110, sub-§1-B, ¶B, as enacted by PL 2001, c. 383, §133
and affected by §156, is repealed.

   Sec. 3. 17-A MRSA §1110, sub-§1-C, as amended by PL 2007, c. 695, Pt. A,
§20, is repealed.

   Sec. 4. 17-A MRSA §1111, as amended by PL 2007, c. 346, Pt. B, §4, is repealed.

   Sec. 5. 17-A MRSA §1111-A, sub-§2, as enacted by PL 1981, c. 266, is
amended to read:

   2. For purposes of this section, drug paraphernalia does not include hypodermic
apparatus. Possession of, furnishing or trafficking in hypodermic apparatus constitute
separate offenses under sections 1110 and 1111.

   Sec. 6. 17-A MRSA §1301, sub-§6, as amended by PL 2011, c. 464, §22, is
further amended to read:

   6. In addition to any other authorized sentencing alternative, the court shall impose a
minimum fine of $400, none of which may be suspended, for a person convicted of a
crime under section 1103; 1104; 1105-A; 1105-B; 1105-C; 1105-D; 1106; 1107-A; 1108;
1109; 1110; 1111-A, subsection 4-A; 1116; 1117; or 1118.

   Sec. 7. 22 MRSA §1341, sub-§1, as amended by PL 2015, c. 507, §1, is further
amended to read:

   1. Certification of programs. The Maine Center for Disease Control and
Prevention may certify hypodermic apparatus exchange programs that meet the
requirements established by rule under subsection 2, paragraphs A to D.

   A. The Maine Center for Disease Control and Prevention may not limit the number
of hypodermic apparatuses provided by the programs to participants.

   B. The Maine Center for Disease Control and Prevention may not limit the number
of hypodermic apparatuses that participants served by the programs may legally
possess, transport or exchange.

   Sec. 8. 22 MRSA §1341, sub-§2, ¶D, as amended by PL 2015, c. 507, §1, is
repealed and the following enacted in its place:

   D. Distribution of educational material regarding:

   (1) The dangers associated with the use of used hypodermic apparatuses;

   (2) Safer drug use; and

   (3) Overdose prevention;
Sec. 9. 22 MRSA §1341, sub-§2, ¶¶E and F, as enacted by PL 2015, c. 507, §1, are amended to read:

E. Application procedures for a certified hypodermic apparatus exchange program to apply for funds to operate the program, including, but not limited to, the purchase and disposal of hypodermic needles, naloxone hydrochloride and other safer drug use supplies;

F. Criteria for the award of funds to certified hypodermic apparatus exchange programs; that, without limitation:

(1) Provide for the distribution of naloxone hydrochloride;

(2) Perform testing for HIV, AIDS and hepatitis C;

(3) Are directed by a board that includes members with a history of drug use or that establish and maintain a client advisory board; and

(4) Maintain referral agreements with or have the capacity to provide:

(a) Psychosocial counseling services that are informed by the recognition of trauma;

(b) Medication-assisted substance use treatment services; and

(c) Infectious disease care;

Sec. 10. 22 MRSA §1341, sub-§4, as enacted by PL 2015, c. 507, §2, is amended to read:

4. Funding. This subsection governs the use of state funds for hypodermic apparatus exchange programs certified pursuant to this section. This subsection is not intended to limit the ability of certified programs to secure other sources of funding or to discourage fund-raising for the purpose of operating such programs. The Maine Center for Disease Control and Prevention shall allocate any funds appropriated for hypodermic apparatus exchange programs among new and existing certified programs based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program; if applicable, the amount of services historically provided by the certified program; the geographic distribution of services provided by the certified program; and other relevant factors. The award of funds must occur not later than 60 days after the effective date of this subsection and annually thereafter based on the availability of funding.

Sec. 11. 22 MRSA §2383-B, sub-§6, as amended by PL 2015, c. 27, §1, is further amended to read:

6. Lawful possession of hypodermic apparatuses by livestock owners; sale to livestock owners. A person who owns livestock is authorized to possess and have control of hypodermic apparatuses for the purpose of administering antibiotics, vitamins and vaccines to treat medical conditions or promote the health of that person's livestock, and such possession and control are expressly authorized within the meaning of Title 17-A, section 1111, subsection 1, paragraph A. For the purposes of this subsection,
"livestock" means cattle, equines, sheep, goats, swine, members of the genus Lama, poultry, rabbits and cervids as defined in Title 7, section 1333, subsection 1.

A. An agricultural supply store authorized to sell hypodermic apparatuses pursuant to Title 32, section 13787-A, subsection 1 may furnish or sell, without limit in number, hypodermic apparatuses to a person authorized to possess and have control of hypodermic apparatuses pursuant to this subsection, and such furnishing or sale is expressly authorized within the meaning of Title 17-A, section 1110, subsection 1-B.

Sec. 12. 32 MRSA §13787-A, sub-§3, as amended by PL 2003, c. 688, Pt. A, §39, is repealed.

SUMMARY

This bill expands the scope and capabilities of hypodermic apparatus exchange programs certified by the Department of Health and Human Services, Maine Center for Disease Control and Prevention. This bill requires the center to adopt rules that:

1. Allow the programs to distribute naloxone hydrochloride and other safer drug use supplies; and

2. Expand the criteria a program must meet in order to be awarded funds, including distributing naloxone hydrochloride and other safer drug use supplies; providing HIV, AIDS and hepatitis C testing; and maintaining referral agreements or having the capacity to provide counseling services, medication-assisted treatment services and infectious disease care.

The center is also required to consider geographic distribution of services provided by a program when allocating funding.

This bill also amends the Maine Criminal Code to remove the crimes of furnishing hypodermic apparatuses and illegal possession of hypodermic apparatuses and makes changes to other statutes to reflect that decriminalization.