



City Council Workshop & Meeting
Agenda
July 20, 2026
Auburn Hall, Council Chambers

5:30 PM Workshop

- TIF and CEA Historical Review Presentation – Greg L'Heureux
- Mobile Home Rent Stabilization – Draft Ordinance. *The Council will take this item up in Workshop as time allows, or may do so at the end of the meeting.*

7:00 PM Meeting

Pledge of Allegiance & Roll Call - *Roll call votes will begin with Councilor Walker*

I. Consent Items – *All items with an asterisk (*) are considered routine and will be enacted by one motion. There will be no separate discussion of these items unless a Council member or a citizen so requests, in which event, the item will be removed from the Consent Agenda and considered in its normal sequence on the agenda. Passage of items on the Consent Agenda requires majority vote.*

- 1) **ORDER 66-07202026**– Submitting ballot for the appointment of Matthew Garside, Town of Poland, to serve on the 2026-2028 MMA Legislative Policy Committee (LPC) for District 20.
- 2) **ORDER 67-07202026** – Appointing members to the Parking and Traffic Safety Committee, as nominated by the Appointment Committee.
- 3) **ORDER 68-07202026**– Appointing Owen Robinson as the Student Representative to the Council for a term ending June 30, 2028, as nominated by the Appointment Committee.

II. Minutes – July 6, 2026 Regular Council Meeting

III. Communications, Presentations and Recognitions

- Oath of Office for Student Representative to Council

IV. Open Session – *Members of the public are invited to speak to the Council about any issue directly related to City business or any item that does not appear on the agenda.*

V. Unfinished Business

1. **ORDINANCE 12- 06152026** - Amending Chapter 14, “Business Licenses and Permits”, of the City’s Code of Ordinances, to adopt regulations regarding syringe service programs. ***Passed first reading 6/15/26; amended and postponed after public hearing 7/6/26. Continuation of second reading. ROLL CALL VOTE. Passage requires majority vote.***

2. **ORDER-64-07062026** – Amending the City’s Master Fee Schedule (APPENDIX A) regarding license fees for Syringe Service Programs. ***Postponed 7/6/26. Passage requires majority vote.***

VI. New Business

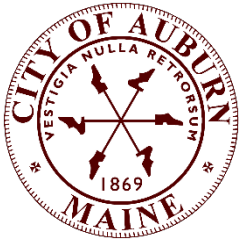
VII. Reports

- a. Mayor’s Report
- b. City Councilors’ Reports
- c. Student Representative Report
- d. City Manager Report

VIII. Open Session - *Members of the public are invited to speak to the Council about any issue directly related to City business or any item that does not appear on the agenda.*

IX. Executive Session pursuant to 1 M.R.S.A. Section 405(6) (C) for discussion of an economic development matter where premature disclosures of the information would prejudice the competitive or bargaining position of the City. *No action to follow.*

X. Adjournment



**City of Auburn
City Council Information Sheet**

Council Workshop or Meeting Date: July 20, 2026

Author: Phil Crowell, City Manager

Subject: Tax Increment Finance (TIF) and Credit Enhancement Agreement (CEA) Presentation

Information: Greg L'Heureux, consultant with Maine Municipal Association, will provide the City Council with a comprehensive overview of Auburn's Tax Increment Financing (TIF) districts and Credit Enhancement Agreements (CEAs), including current statuses, financial obligations, and recommendations for improved structure and oversight.

Greg is working with the City under a professional services agreement with the Maine Municipal Association. Greg brings extensive municipal finance experience, including serving as Finance Director for the City of South Portland and Finance Director for ECO Maine, before transitioning to statewide consulting work through MMA. His background includes deep expertise in municipal TIF structures, CEA agreements, fund accounting, and compliance.

City staff - including the City Manager, Finance Director, Business & Community Development, and Assessing have been collaborating closely with Greg as part of this comprehensive review.

As a result of this review process, the City has:

- A clear, accurate, and verified accounting of all TIF and CEA activity.
- Recommendations for necessary amendments or corrections.
- Improved cross-departmental systems for TIF monitoring and compliance.
- Increased confidence in future financial forecasting and reporting.
- Clear direction for structuring TIF districts to better support City priorities.

City Budgetary Impacts: N/A

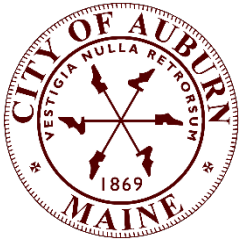
Staff Recommended Action: N/A

Previous Meetings and History: N/A

City Manager Comments:

Philip Crowell Jr.

I concur with the recommendation. Signature:



City of Auburn City Council Information Sheet

Council Workshop or Meeting Date: July 20, 2026

Author: Eric J. Cousens, Executive Director of Public Services

Subject: Draft Mobile Home Rent Stabilization Ordinance

Information: On February 2, 2026 the City Council adopted Ordinance 04-01202026, a moratorium on rent increases in mobile home parks, to allow time to develop a draft ordinance. The draft ordinance is designed to protect mobile home park residents from unreasonable lot rent and fee increases, recognizing that mobile home parks provide an important source of unsubsidized affordable housing. In response to constituent concerns, Councilors and the Mayor held a public forum on March 17, 2026, where mobile home park residents and owners discussed recent rent increases, their impacts on both residents and park owners, and shared information to help guide potential ordinance options. After discussions at the June 15th meeting and July 6 meeting, revisions related to capital improvement and records/written decision for consideration were submitted to legal for review. Legal has suggested the following edits for further consideration.

City Budgetary Impacts: Potential staff time and legal fees for managing a new board and enforcement of the ordinance if voluntary compliance cannot be achieved.

Previous Meetings and History: January 20, 2026 City Council, February 2, 2026 City Council and March 17, 2026 Public Forum. Workshopped on June 15, 2026 and July 6, 2026.

City Manager Comments: *Philip Crowell Jr.*

Attachments: Draft Mobile Home Rent Stabilization Ordinance

MOBILE HOME PARK RENT STABILIZATION ORDINANCE

Sec. 1.- Purpose

The purpose of this ordinance is to protect residents living in mobile home parks from unreasonable lot rent and fee increases. Mobile home parks represent a source of unsubsidized affordable housing, and mobile home park residents are particularly vulnerable to unreasonable rent and fee increases. This ordinance establishes a review process to ensure that rent and fee increases are reasonably tied to increases in the Consumer Price Index and a mobile home park's increased costs in maintaining and improving the park.

Sec 2.- Definitions

- **Additional Fees:** "Additional Fees" means any charges not included in the definition of base rent that a mobile home park demands of a mobile home resident, or that a mobile home resident pays to a mobile home park. This includes charges for services other than water, sewer, solid waste disposal or grounds maintenance costs.
- **Administrator:** "Administrator" means the municipal official responsible for the administration and enforcement of this mobile home park rent stabilization ordinance. The Administrator shall be the City Manager or the City Manager's designee.
- **Base Rent:** "Base Rent" means the total amount of rent and fees charged by a mobile home park for any mobile home park lot as of a specific date. Base rent shall include rent and fees regardless of whether the fees are described as a lump sum or itemized separately.
- **Capital Expense:** Any expenditure made by a mobile home park owner to fund the cost of a capital improvement.
- **Capital Improvement:** Any permanent addition, renovation, or structural improvement to the mobile home park that is properly capitalized under generally accepted accounting principles (GAAP) rather than expensed as a routine operating cost, and that (1) materially extends the useful life of the park or its infrastructure, (2) increases the value or functionality of the park as a whole, or (3) adds a new amenity or facility.

A capital improvement does not include routine maintenance; replacement of individual components due to normal wear and tear; work necessitated, in whole or in material part, by the park owner's failure to perform timely and adequate maintenance; repairs that restore an item to its prior condition without extending its useful life; administrative or overhead expenses; or any cost the mobile home park

owner is already legally obligated to bear as a condition of maintaining a habitable premises under state law or city ordinance.

- **Consumer Price Index (CPI):** “Consumer Price Index” or “CPI” means the Consumer Price Index for All Urban Consumers: Rent of Primary Residence in Northeast (CPI-U RPR Northeast Index), as published by the U.S. Department of Labor, Bureau of Labor Statistics.
- **Fees:** “Fees” means charges to a mobile home resident by a mobile home park for water, sewer, solid waste disposal or grounds maintenance costs.
- **Mobile Home:** “Mobile Home” means a structure, transportable in one or more sections, which is 8 body feet or more in width and 32 body feet or more in length, is built on a permanent chassis, is designed to be used as a dwelling with or without a permanent foundation when connected to the required utilities, and includes the plumbing, heating, air-conditioning and electrical systems contained in the structure.
- **Mobile Home Park:** “Mobile Home Park” means any parcel(s) of land under single or common ownership or control which contains, or is designed, laid out or adapted to accommodate, two or more mobile homes.
- **Mobile Home Park Lot:** “Mobile Home Park Lot” means the area of land on which an individual mobile home is situated within a mobile home park and which is reserved for use by the occupants of that home.
- **Mobile Home Resident:** “Mobile Home Resident” means an occupant of a mobile home who rents a mobile home park lot.
- **Park Owner:** “Park Owner” means a person, corporation or other entity that owns a mobile home park.
- **Rent:** “Rent” means charges to a mobile home resident by a mobile home park for the temporary use of a mobile home park lot.
- **Rent Increase:** “Rent Increase” means any additional base rent or additional fees demanded of, or paid by, a mobile home resident, and includes any reduction in services without a corresponding reduction in the amount demanded or paid for in base rent or additional fees.
- **Rent Stabilization Board:** “Rent Stabilization Board” means the municipal body appointed to hear and decide petitions for additional base rent or additional fee increases and other matters.

Sec. 3.- Rent Stabilization Board.

- A. Creation.** A Rent Stabilization Board shall be created and shall have the duties and authorities conferred by this ordinance.
- B. Membership.** The Rent Stabilization Board shall be comprised of three regular members, including the City Finance Director, the Auburn Housing Authority Finance Director, and a City resident ~~with expertise in business or financial matters~~ nominated by the City appointments committee and appointed by the City Council, and two alternate members who are City residents ~~with expertise in business or financial matters~~ nominated by the City appointments committee and appointed by the City Council. Two of the City resident members must have expertise in business or financial matters and one must have expertise in affordable housing, housing policy, housing planning, or housing stability.

No person having a conflict of interest may serve as a regular member or alternate member of the Board. A conflict of interest precluding service on the Board shall include having an ownership interest or employment role for any mobile home park or being a tenant in any mobile home park. In the event that the current City Finance Director or Auburn Housing Authority Finance Director is disqualified from serving on the Board under this paragraph, the City Manager shall appoint another City or Auburn Housing Authority staff member with expertise in business or financial matters to serve in place of the disqualified individual.

All appointed members of the Board, other than the City Finance Director and Auburn Housing Authority Finance Director, shall serve staggered three-year terms from the date of their appointment and thereafter until their successors are appointed. At the time the initial appointments are made, the City Council shall assign each member to a term with one member appointed to a one-year term; one to a two-year term; and one to a three-year term.

Alternate members of the Board may participate and vote in Board proceedings if a regular voting member is incapable or unavailable to serve in regard to a particular matter or is disqualified from participation because of a conflict of interest with respect to a particular matter. The alternate member designated to participate and vote on a matter shall be selected by the chair of the Board.

- C. Officers.** At an organizational meeting to be held annually, or at any other time by majority vote of its membership, the Board shall select a Chair and Vice Chair.
- D. Bylaws.** The Board shall have authority to adopt bylaws governing submission requirements and rules of procedure related to its review of petitions for base

rent or additional fee increases.

- E. Annual Report.** The Board shall submit a written report of its activities for the preceding year to the City Council on or before January 31 of each year.
- F. Staff Support.** The Administrator shall assist the Board with the preparation and posting of meeting agendas, the taking of minutes, and the drafting of correspondence or reports to the city council as needed.

Sec. 4.- Base Rent and Additional Fees Increase Limitations

- A. Limitation on number of base rent and additional fee increases:** A park owner may not implement an increase in base rent or additional fees more than once in any 12-month period. Any increase in base rent or additional fees shall be effective on January 1.
- B. Base Rent Calculation:** Except as provided herein, a park owner shall not demand, accept or retain base rent for a mobile home park lot that exceeds the base rent in effect for that lot on February 2, 2026.
- C. Additional Fees Calculation:** Except as provided herein, a park owner shall not demand, accept or retain additional fees that exceed the additional fees in effect for that lot on February 2, 2026. A park owner shall not demand, accept or retain additional fees after December 31, 2026, unless such additional fees have been approved by the Rent Stabilization Board.
- D. Maximum Annual Increase formula:** Any annual increase in base rent or additional fees is limited to the lesser of (1) the posted annual percentage change in the CPI for the 12-month period ending on the June 30 preceding the January 1 effective date of the increase, or (2) five percent (5%) (Maximum Annual Increase).
- E. Greater Base Rent and Additional Fees Increase:** A mobile home park owner may petition the Rent Stabilization Board for approval of an increase in base rent or additional fees in excess of the maximum annual increase to cover (1) the cost of increased operating expenses such as taxes, insurance, utility charges and maintenance costs, and (2) the cost of capital improvements, in excess of those accounted for in the base rent, that directly benefit mobile home residents.
- F. Petition Requirements:** A park owner seeking to impose a base rent increase or additional fees increase greater than the maximum annual increase must submit a petition to the Rent Stabilization Board. The petition must be filed by the August 1 prior to the January 1 effective date of the proposed increase and contain documentation that the increase is necessary to cover increased operating expenses or the cost of eligible capital improvements.

G. Standards for Petition Review: A mobile home park owner petitioning for a base rent increase or additional fees increase in excess of the maximum annual increase based on increased operating expenses must demonstrate to the Rent Stabilization Board that there are actual and reasonable operating expenses in excess of the maximum annual increase allowed that are necessary to maintain the existing level of services to the mobile home park residents or that are necessary to implement an increase in services that will have a direct benefit to the mobile home park residents.

A mobile home park owner petitioning for a base rent increase or additional fees increase in excess of the maximum annual increase based on increased eligible capital expenses must demonstrate to the Rent Stabilization Board (1) that the requested increase is not accounted for in the base rent; (2) that the capital improvement will have a direct benefit to the mobile home park residents; (3) the total capital outlay required for the capital improvement; (4) the useful life of the capital improvement, as determined by generally accepted accounting principles or IRS depreciation schedules; (5) the total rate of return on the capital outlay over the useful life of the improvement calculated as the prevailing yield on ten-year U.S. Treasury securities plus two (2) percentage points, as published by the Federal Reserve at the time petition is filed; (6) the proposed increase in the base rent calculated as the total capital outlay plus the total rate of return on capital divided by the useful life of the capital improvement divided by the number of sites in the mobile home park specified in the park's license issued pursuant to 10 M.R.S. §9082 of the Manufactured Housing Act.

Every final decision of the Rent Stabilization Board shall include written findings of fact.

H. Notice Requirements: A park owner shall provide notice of any increase in base rent or additional fees to the affected mobile home residents after the Board acts on any petition and no less than 90 days before the effective date of the increase. The notice must include:

1. The name, address, telephone number and e-mail address of the park owner; and
2. The amount of the increase separated by base rent and additional fees, in dollars, and the type of any increase.

I. Vacancy Base Rent: A park owner shall be permitted to increase base rent for a lot whenever a lawful vacancy occurs, and this amount shall be considered the new base rent for that mobile home park lot. Any new base rent set pursuant to this subsection shall be subject to all limitations, formulas, and procedural requirements for future base rent increases contained in this Section, including but not limited to the maximum annual increase, petition requirements, and standards for review.

J. Fees Allowed: Fees charged by a mobile home park owner to a park resident shall be limited to charges for water, sewer, solid waste disposal or grounds maintenance costs. A park owner that seeks to impose a charge for other costs (Additional Fees) shall petition and obtain advance approval for the fee from the Rent Stabilization Board. The park owner shall have the burden of demonstrating to the Rent Stabilization Board that any additional fee is directly related to and proportionate to costs incurred by the mobile home park owner for providing the service funded by the additional fee.

K. Notices of Violation: A mobile home park owner may not implement a base rent increase or additional fees increase at any time that the mobile home park is subject to a land use notice of violation issued by an applicable enforcement authority that has become final following an appeal or expiration of the time for filing an appeal.

Sec. 5.- Applicability

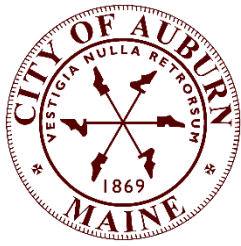
This ordinance applies to every mobile home park within the City except for mobile home parks owned by a cooperative or other entity in which membership is limited to mobile home park residents.

Sec. 6.- Appeals

Decisions of the Rent Stabilization Board may be appealed to Superior Court by:

- A.** Park owners; or
- B.** Affected mobile home residents.

Appeals as described herein shall be filed with the Superior Court in accordance with Maine Rule of Civil Procedure 80B within 45 days of the decision made by the Rent Stabilization Board. Appeals must be based solely on the record of the proceedings before the Rent Stabilization Board. The record on appeal shall include the petition; the minutes and any audio or video recordings of Board meetings related to the petition; all exhibits, papers, applications, and requests submitted to the Board; and the final written decision of the Board.



**City of Auburn
City Council Information Sheet**

Council Workshop or Meeting Date: July 20, 2026

ORDER 66-07202026

Author: Emily F. Carrington, City Clerk

Subject: MMA LPC 2026-2028 Official Ballot

Information: The City of Auburn is being asked to return the ballot for electing a member to Maine Municipal Association's Legislative Policy Committee for the 2026-2028 term for District 20. The only candidate on the ballot is Matthew Garside of Poland (in May 2026, the Council appointed one member in addition to this seat, currently held by Mayor Harmon). The City can also choose to write-in a candidate who is an elected or appointed official residing in District 20. Following passage, the City Clerk will return the completed ballot by the deadline.

City Budgetary Impacts:

Staff Recommended Action: Motion for passage.

Previous Meetings and History:

City Manager Comments:

Phillip Crowell Jr.

I concur with the recommendation. Signature:

Attachments:



MAINE MUNICIPAL ASSOCIATION **SINCE 1936**

60 Community Drive | Augusta, ME 04330-9486
1-800-452-8786 (in state) | (t) 207-623-8428
(f) 207-624-0129

To: Key Municipal Officials of MMA's Member Municipalities
From: Justin Poirier, President, Maine Municipal Association
Date: June 8, 2026
Re: Ballot for Election to MMA's Legislative Policy Committee



MMA's member municipalities have made their nominations for the 2026-2028 Legislative Policy Committee (LPC). It is now time to elect your representatives to serve on the committee. The enclosed election ballot must be completed by the Selectboard or Town/City Council of your municipality.

Number of votes

Most municipalities are being asked to vote for two candidates, because there are two elected LPC members for most districts. Some municipalities only vote for one candidate, because the other LPC member in that district is appointed. ***You are instructed on the ballot (above the list of candidates) whether to vote for two candidates or just one.***

Candidate profiles

If you are not familiar with any of the candidates, please review the Candidate Profiles on the back of the ballot. Also, feel free to contact the candidates directly.

Write-in candidates

In addition to the candidates listed on the ballot, you may vote for a candidate whose name is not on the ballot by writing that person's name in. The write-in candidate need not be from your municipality but must be an elected or appointed official from an MMA member municipality in your Senate/LPC District. ***Check to be sure the write-in candidate is willing to serve if elected!*** Write-in candidates should be communicating their interest in serving among the municipal officers within their district.

If you are instructed to vote for two candidates and only one candidate is on the ballot, please use the "write-in" line for your second vote if you know of someone who is willing to serve.

Deadline for returning ballot

Please return the ballot by 5:00 p.m. on **Monday, July 27, 2026** to Laura Ellis, either in the enclosed envelope or via email (lellis@memun.org).

Your participation is important – thank you!

OFFICIAL BALLOT – District 20

Maine Municipal Association’s Legislative Policy Committee
July 1, 2026 – June 30, 2028

VOTE FOR ONE: *(Auburn appoints one member)*

☐ Matthew Garside, Town Manager, Town of Poland

☐ _____ ( write in)
(name) (position) (municipality)

Candidate Profiles Are On Reverse Side

MUNICIPALITY: _____ DATE: _____

 **BY SELECTMEN/COUNCILORS:**

_____	_____
signature	print name
_____	_____
signature	print name
_____	_____
signature	print name
_____	_____
signature	print name
_____	_____
signature	print name

Return by 5:00 p.m., July 27, 2026 to:

Laura Ellis, Maine Municipal Association
lellis@memun.org

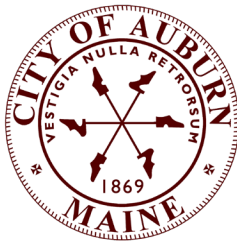
LPC Senate District 20 *(Auburn appoints one member)*

Auburn
Durham

New Gloucester
Poland

Candidate Profile:

Matthew Garside has served as Manager in the Town of Poland for the past nine years. Prior to that he served as CEO of an oil and gas firm and was a Captain in the U.S. Navy. Matthew also served on local boards and committees, including the Executive Committee of the Androscoggin Valley Council of Governments, MWTE Executive Committee, Auburn/Lewiston Airport Board of Directors and the Lewiston/Auburn Economic Growth Committee. He served the past two terms on the LPC and would like to continue his service because he believes strongly that presenting a united consensus on municipal issues serves everyone's interest and that the reasoned, well thought out approach to lobbying the Legislature is a good model and it should be continued, and he would like to continue to advocate for legislation that will benefit municipal government.



ORDER 66-07202026

City Council Order

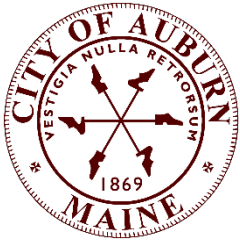
IN COUNCIL

ORDERED, that the Official Ballot – District 20 for the Maine Municipal Association’s Legislative Policy Committee for the 2026-2028 term be returned with a vote for Matthew Garside, Town of Poland, as shown on the attached. The City Clerk is authorized to complete and return the ballot on behalf of the municipal officers of the City of Auburn.

Rachel B. Randall, Ward One
Kelly L. Butler, Ward Four
Belinda A. Gerry, At Large

Timothy M. Cowan, Ward Two
Leroy G. Walker, Sr., Ward Five
Jeffrey D. Harmon, Mayor

Mathieu L. Duvall, Ward Three
Adam R. Platz, At Large
Phillip L. Crowell, Jr., City Manager



**City of Auburn
City Council Information Sheet**

Council Workshop or Meeting Date: July 20, 2026

ORDER 67-07202026

Author: Emily F. Carrington, City Clerk

Subject: Appointments to the new Parking and Traffic Safety Committee

Information: Following passage of ORDINANCE 11-06012026 on June 15, 2026, applications were advertised and accepted until July 6 for the four resident member seats of the new Parking and Traffic Safety Committee. Current Auburn residents serving on the former Complete Streets Committee were notified and encouraged to apply. On July 15, the Appointment Committee met to review the applications received by the deadline and make nominations. The order also includes the Councilor member appointment, nominated by Mayor Harmon.

City Budgetary Impacts:

Staff Recommended Action: Motion for passage.

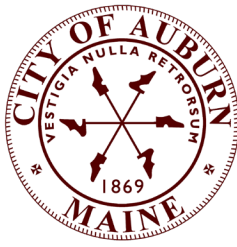
Previous Meetings and History:

City Manager Comments:

Phillip Crowell Jr.

I concur with the recommendation. Signature:

Attachments:



City Council Order

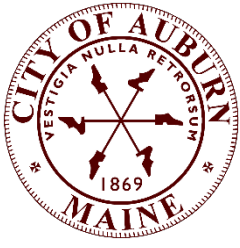
IN COUNCIL

ORDERED, that the following be appointed to the City of Auburn's Parking and Traffic Safety Committee, as nominated by the Appointment Committee:

- Catherine Mardoza, for a term July 20, 2026 – July 20, 2027
- John Klug, for a term July 20, 2026-July 20, 2028
- Jonathan Carter, for a term July 20, 2026-July 20, 2029
- Lucy Robertson, for a term July 20, 2026-July 20, 2029

BE IT FURTHER ORDERED, that the City Councilor appointment as nominated by Mayor Harmon, is:

- Councilor Kelly Butler, Ward 4, coterminous with Councilor term



**City of Auburn
City Council Information Sheet**

Council Workshop or Meeting Date: July 6, 2026

ORDER 68-07202026

Author: Emily F. Carrington, City Clerk

Subject: Student Representative to Council

Information: On July 15, 2026, the Appointment Committee (M. Duvall & A. Platz; B. Gerry absent) met to consider applications for Student Representative (rising Junior). The committee has nominated the following:

Owen Robinson – Student Representative to City Council, for a two year term ending June 30, 2028.

City Budgetary Impacts: N/A

Staff Recommended Action: Motion for passage.

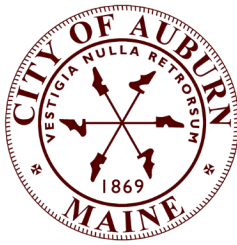
Previous Meetings and History: Appointment Committee meeting held on July 15

City Manager Comments:

Phillip Crowell Jr.

I concur with the recommendation. Signature:

Attachments: ORDERS



ORDER 68-07202026

City Council Order

IN COUNCIL

ORDERED, that Owen Robinson be and hereby is appointed as Student Representative to the Auburn City Council for a term ending June 30, 2028.

Rachel B. Randall, Ward One
Kelly L. Butler, Ward Four
Belinda A. Gerry, At Large

Timothy M. Cowan, Ward Two
Leroy G. Walker, Sr., Ward Five
Jeffrey D. Harmon, Mayor

Mathieu L. Duvall, Ward Three
Adam R. Platz, At Large
Phillip L. Crowell, Jr., City Manager

City of Auburn
City Council Meeting
July 6, 2026

Mayor Harmon called the meeting to order and led the assembly in the Pledge of Allegiance.

I. Consent Items

- 1) ORDER 59-07062026 – Appointing Ilwaad Hussen as Student Representative to the City Council for a term expiring June 30, 2028, as nominated by the Appointment Committee. *This item was removed from the agenda.*
- 2) ORDER 60-07062026 – Appointing Sally Gagnon to the Age Friendly Community Committee for a term ending June 1, 2029, as nominated by the Appointment Committee.
- 3) ORDER 61-07062026 – Accepting an Asset Forfeiture in the amount of \$868.00 from the Maine Criminal Courts to the Auburn Police Department for an incident occurring on April 8, 2025.
- 4) ORDER 62-07062026 – Nominating the proposed slate for 2027 Vice-President and Executive Committee candidates to Maine Municipal Association’s Executive Committee on behalf of the City of Auburn.
- 5) ORDER 63-07062026 – Confirming Chief Moen’s appointment of Sean O’Donnell Jr. and Darrien Jimmo as Constable with firearm for the Auburn Police Department.

Motion for passage by Councilor Walker, seconded by Councilor Gerry. Motion passed 7-0.

II. Minutes – June 15, 2026 Regular Council Meeting

Councilor Duvall noted spelling error of his last name to be corrected.

Motion to accept the minutes as corrected by Councilor Walker, seconded by Councilor Cowan. Motion passed 7-0.

III. Communications, Presentations and Recognitions

- 2025 Spirit of America Tribute Presentation

Mayor Harmon presented the Spirit of America award to Mary Bunnell. As the founder of Coins for K9s, Mary Bunnell collects bottles and donations to buy medical kits for K9s across Maine.

IV. Open Session

John Cleveland, Davis Ave

V. Unfinished Business

1) ORDINANCE 12- 06152026 - Amending Chapter 14, “Business Licenses and Permits”, of the City’s Code of Ordinances, to adopt regulations regarding syringe service programs. *Second reading/public hearing. ROLL CALL VOTE. Passage requires majority vote.*

Councilor Cowan moved for passage, seconded by Councilor Duvall.

Councilor Cowan moved to amend section 4(H) and 8(F) as shown in redline on the draft to align the background check requirements with existing standard practices. Seconded by Councilor Duvall. Motion passed 7-0.

Mayor Harmon opened the item for public comment on the amended ordinance. The following spoke:

Kathy Light, Mill St
Quentin Chapman, Eastman Ln
Don Campell, Auburn
Steven Beale, Johnson Rd
Paul Witten, Harvard St
Audrey Murphy, Auburn
Kryston Chapman, Eastman Ln
Jeffrey Wilkins, Auburn
Erin Soule, Lewiston
Beth Bell, Nottingham Rd
Leslie Gerry, Auburn
Stephen Milks, Alderwood Rd
Laurel Libby, Auburn

Councilor Randall asked about the exchange part of the ordinance; Mayor Harmon responded the program allows up to 100 needles to be distributed. No exchange is required. Councilor Randall stated she could not support the ordinance as drafted.

Councilor Platz noted concerns about litter and stated he could not support the ordinance as drafted.

Councilor Walker stated he had concerns about drug use in the city and would not be supporting the ordinance as drafted.

Councilor Gerry stated she would not be supporting the ordinance as drafted.

Mayor Harmon explained if the ordinance is not passed, then the city has no authority to locally regulate syringe service programs which remain legal in the State. Mayor Harmon stated that prohibition by the City would likely face legal challenges due to the activity being legally allowed in the State.

Councilor Platz asked if the ordinance could be postponed to a future date to give more consideration if an amendment is proposed. Mayor Harmon confirmed the item could be postponed to a date certain.

Councilor Cowan asked if the Council would be open to an amendment that would set a cap on the number of needles issued (less than 100).

Councilor Gerry left the meeting at 8:39pm.

Councilor Platz moved to postpone ORDINANCE 12-06152026 until July 20 when a subject matter expert can speak to the Council on the question of a needle exchange rate or cap on the number of needles to be distributed by a provider. Seconded by Councilor Randall. Motion passed 6-0.

VI. New Business

- 1) ORDER-64-07062026 – Amending the City’s Master Fee Schedule (APPENDIX A) regarding license fees for Syringe Service Programs. Passage requires majority vote.

Councilor Platz moved to postpone to July 20, in respect of when ORDINANCE 12-06152026 will be considered. Seconded by Councilor Randall. Motion passed 6-0.

- 2) ORDER 65-07062026 – Granting food license fee waiver of \$200.00 to Great Falls Youth Corp for the concession stand in Lake Grove Park for the 2026 summer season.
Passage requires majority vote.

Councilor Walker moved for passage, seconded by Councilor Cowan.
Motion passed 6-0.

VII. Reports

a. Mayor's Report – Attended ribbon cutting of the Auburn Resource Center; next meeting of the Comp Plan Committee will be July 8 to work on the policy document; thanked staff for putting on solid waste information sessions; new garbage carts are now being delivered; old garbage bins can be delivered to 67 Kittyhawk for no charge. Automated collection starts on July 13. Attended the Fallview apartments on Main St ribbon cutting. Maine Mill Museum held their ribbon cutting; a great exhibit.

b. City Councilors' Reports – Councilor Duvall noted SNRB will be meeting on Thursday; Councilor Walker noted that the recycling rules on the website need to be updated; Councilor Platz noted there is no school committee meeting this week.

c. Student Representative Report – Excited to welcome a new Student Representative soon.

d. City Manager Report – 10 individuals used the cooling center last week due to the heat; Lake Grove Park will have four park rangers at the park; the snack shack will be opening this week; a photo contest is place currently for additions to the Comp Plan. The Police Department has 3 new officers.

VIII. Open Session

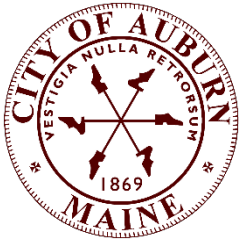
IX. Executive Session

X. Adjournment

Councilor Walker moved to adjourn, seconded by Councilor Cowan.
Motion passed 6-0. Council adjourned at 9:04pm.

A TRUE COPY ATTEST

Emily F. Carrington, City Clerk



**City of Auburn
City Council Information Sheet**

Council Workshop or Meeting Date: July 20, 2026

ORDINANCE 12-06152026

Author: Jennifer Edwards, Public Health Manager, Department of Business & Community Development

Subject: Syringe Service Program Ordinance – Second Reading (Postponed from July 6)

Information: This is the continuation of the second reading of ORDINANCE 12-06152026, which was amended on July 6, 2026. A public hearing was held on July 6. The item was postponed to July 20, pending the attendance of subject matter experts to provide answers to the Council regarding questions on needle exchanges. This item is pending Council action, with the main motion for passage as amended on July 6 (Councilor Cowan, seconded by Councilor Duvall) currently on the floor. A second amendment is to be proposed and is attached.

City Budgetary Impacts: None

Staff Recommended Action: Council discussion and passage of second reading as amended after consideration of an additional amendment attached.

Previous Meetings and History: Legal and Public Health Perspectives were discussed at the November 3, 2025 Council Workshop. On November 17, 2025, Anne Sites from Maine CDC provided a description of the syringe waste programs established in Bangor and Portland. Dr. Paul Vinsel from Spurwink, presented information on substance use disorder, and Ernestine Perreault from Spurwink provided an overview of their comprehensive harm reduction approach to support community health, which includes a syringe service program. A third workshop was held on December 1, 2025 to discuss waste management observations by City staff, and the needs Auburn's PSY liaison sees in the community and how they make referrals to other programs and providers. A public forum was held during the workshop on December 15, 2025. On January 6, 2026, a fifth workshop was held to gather council feedback on ordinance components. On June 1, 2026, a workshop was held to gather feedback from Council on the ordinance draft. Passed first reading on June 15, 2026 (4-2; Randall absent). Amended and Public hearing held July 6, and postponed to July 20, 2026.

City Manager Comments:

I concur with the recommendation. Signature:



Attachments:

- Maps – Brick & Mortar Sites and Mobile Sites – 250' Setback from Schools & Zones where allowed / 1,000 foot set back for deliveries
Second Amendment for 7/20
Letter From Dr. Puthiery Va, Director Maine CDC with info on Needle Exchange

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-2887
TTY: Dial 711 (Maine Relay)

July 15, 2026

Auburn City Council
60 Court Street
Auburn, ME 04210

Dear Distinguished Members of the Auburn City Council,

Thank you for the opportunity to provide information on harm reduction and syringe services programs in Maine. The Maine Center for Disease Control and Prevention (Maine CDC) certifies and supports Syringe Services Programs (SSPs) in accordance with state law and public health best practices. Our policies and recommendations are informed by scientific evidence, statewide surveillance, ongoing program oversight, and our responsibility to protect the health of all Maine communities.

We recognize the concerns expressed by residents regarding syringe litter, neighborhood impacts, and public safety. These concerns deserve thoughtful attention, and communities should expect certified SSPs to operate responsibly and in partnership with local stakeholders. At the same time, it is important to consider how changes to SSP operations may affect the overall health of the community. Policies intended to address one community concern can also have unintended effects on health outcomes, including increased transmission of infectious diseases, more injection-related infections, fewer connections to healthcare and treatment, and missed opportunities for overdose prevention.

The challenges facing Maine communities are tied to the intersecting epidemics of substance use disorder, homelessness, severe mental health, and infectious diseases like HIV and hepatitis C. These overlapping challenges are complex and cannot be fully addressed by any single policy or program. Certified SSPs are an important part of the public health response to these syndemics, and they are one component of a response that requires coordination across multiple sectors.

Maine CDC encourages the Council to continue our thoughtful consideration of the goals of any proposed ordinance and the potential unintentional consequences. We respectfully recommend that the Council consider whether the proposed ordinance will achieve its intended public health and safety goals. Limiting where and when SSPs can operate may result in barriers for people to access care, which in turn can result in increased disease transmission and health effects associated with drug use, including fatal overdoses.

To support the Council's deliberations, Maine CDC has prepared the enclosed materials responding to the questions raised throughout this process. These materials summarize current information regarding syringe distribution practices, overdose prevention, infectious disease

prevention, healthcare costs, community impacts, and the role of certified syringe service programs in protecting the health of Maine communities.

We hope these materials provide additional context as the Council evaluates the proposed ordinance. Thank you for your consideration, and we remain available to answer questions or provide additional information as needed.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dr. Puthiery Va.", is positioned above the typed name.

Dr. Puthiery Va, Director
Maine Center for Disease Control and Prevention



Syringe Services Programs

Evidence Summary and Best Practices

Why Needs-Based Syringe Distribution is Recommended

Why is needs-based syringe distribution recommended?

Public health agencies, including the U.S. Centers for Disease Control and Prevention (CDC), recommend needs-based syringe distribution as the evidence-based best practice for syringe services programs (SSPs). This approach helps ensure that people who inject drugs have access to enough sterile syringes to use a new syringe for every injection, reducing the need to reuse or share injection equipment.¹

The opioid crisis has contributed to an increase in injection-related infections including HIV, hepatitis B, hepatitis C, and bacterial infections such as infective endocarditis. Because contaminated injection equipment is a primary route of transmission for many of these infections, ensuring access to sterile syringes is a critical public health intervention. Research consistently demonstrates that limited access to sterile syringes is associated with increased syringe reuse and sharing. More restrictive syringe distribution policies, including one-for-one exchange requirements, are associated with higher-risk injection behaviors that increase the likelihood of bloodborne infections.^{2,3}

Needs-based syringe distribution is recommended because it removes barriers to obtaining sterile injection equipment, strengthens relationships between SSP participants and staff, and allows prevention programs to reach individuals who may otherwise have limited access to healthcare and other support services.

Current evidence does not identify a universal maximum number of syringes that should be distributed. Rather than recommending a fixed numeric limit, public health guidance recommends providing enough sterile syringes to meet an individual's needs, reducing syringe sharing and reuse, and lowering the risk of infection.⁴

What happens when sterile syringes become scarce?

A 2016 qualitative study of people who inject drugs in rural New Hampshire documented the consequences of limited access to sterile syringes. Participants reported being unable to identify local pharmacies willing to sell syringes without a prescription and described substantial barriers to obtaining them elsewhere, including transportation challenges, identification requirements, and concerns about police encounters while traveling across state lines.

As a result, participants from rural New Hampshire reported purchasing syringes on the street, reusing discarded syringes, retrieving syringes from biohazard disposal containers, or constructing makeshift syringes from salvaged plastic, metal, and syringe parts. Repeated reuse of syringes until they were no longer functional was common, and participants described sharing injection equipment when sterile supplies were unavailable. The study concluded that syringe scarcity left participants with few alternatives, increasing their risk of serious injection-related infections.⁵

[A] lot of times I've seen people pick up a needle out of a bathroom, because Cumby's [Cumberland Farms convenience store] has the boxes to put dirty needles in. I've seen people come out the bathroom all the sudden with needles. Getting them from the boxes in bathrooms. It's awful. So many diseases. They need more access to clean needles like the

needle exchanges. It's such an awful spread. I know so many people with Hepatitis C, and all kinds of stuff from using dirty needles (Ashley, aged 22 years).

Does greater access to sterile syringes increase overdose deaths?

A common concern is that syringe services programs (SSP) may increase opioid overdose deaths by encouraging drug use. However, comprehensive reviews of the available evidence have not found support for this claim. A 2023 systematic review commissioned by the U.S. Department of Veterans Affairs, which evaluated more than 100 studies spanning four decades, found no evidence that SSPs increase injection frequency and concluded that the demonstrated benefits of SSPs outweigh potential harms.⁶

In addition to reducing the transmission of bloodborne infections, most SSPs provide overdose prevention services, including naloxone distribution, overdose education, and referrals to substance use treatment. Research has found that individuals who use SSPs are five times more likely to enter substance use treatment and three times more likely to stop using drugs than individuals who do not use SSPs.⁷

In Maine, SSPs are also a major component of the state's overdose prevention infrastructure. Many programs serve as Tier 1 or Tier 2 distributors through the Maine Naloxone Distribution Initiative, expanding community access to naloxone. In the most recent reporting period 11/1/2024 to 10/31/2025, Maine SSPs documented 12,651 naloxone distribution encounters and distributed 36,862 xylazine test kits and 28,814 fentanyl test kits, reflecting continued growth in overdose prevention efforts.⁸

How SSPs Benefit Individuals and Communities

What services do SSPs provide beyond syringe exchange?

SSPs are community-based public health programs that provide far more than sterile syringes. In addition to reducing the transmission of bloodborne infections through access to and safe disposal of injection equipment, SSPs connect participants to healthcare, overdose prevention resources, and social services that may otherwise be difficult to access.⁹

Core services provided by SSPs include:

- Sterile syringe and injection equipment distribution and safe disposal
- Naloxone distribution and overdose prevention education
- HIV and hepatitis B and C testing
- Hepatitis A and B vaccination
- Wound care supplies and basic medical care
- Fentanyl and xylazine test strips (where available)
- Referrals to primary care, infectious disease care, medication for opioid use disorder (MOUD), and substance use treatment
- Case management, peer support, and connections to housing, food, and other social services
- Education on safer injection practices and disease prevention, including HIV pre- and post-exposure prophylaxis (PrEP and PEP)¹⁰

Access to these services can also serve as a pathway into treatment. Research has found that people who use SSPs are significantly more likely to enter treatment for substance use disorder and reduce or stop injecting drugs than people who do not use these programs.¹¹

How does a community benefit from having certified SSPs?

Certified SSPs are a component of community public health preparedness. Maintaining prevention infrastructure before an outbreak or public health emergency occurs allows communities to identify emerging risks, respond quickly, and connect vulnerable populations with care.

Maine's HIV outbreak among people who inject drugs in Penobscot County demonstrates how rapidly HIV can spread through injection and social networks when prevention capacity does not match the needs of a changing public health landscape. The outbreak highlighted the importance of maintaining multiple, accessible prevention strategies, including SSPs, as part of a community's ability to protect residents and respond quickly when public health challenges emerge.¹²

SSPs also provide community-level benefits through improved syringe disposal. Data from the CDC's National HIV Behavioral Surveillance System found that in geographic areas where SSPs distributed more syringes relative to the estimated number of people who inject drugs, people who inject drugs were more likely to report safely disposing of used syringes. This suggests that SSPs can improve both individual and community safety by creating structured systems for sterile equipment access and disposal.¹³

Communities cannot always predict where or when infectious disease outbreaks associated with injection drug use will occur. Establishing and supporting certified SSPs before an outbreak occurs provides communities with an existing point of contact, trusted relationships, and the capacity to respond when public health risks emerge.

How do SSPs reduce healthcare costs?

Syringe services programs (SSPs) reduce healthcare costs by preventing expensive, preventable medical conditions and connecting people to healthcare before conditions become severe. Injection drug use without access to sterile equipment can lead to transmission of HIV, viral hepatitis, bacterial infections, and other serious complications, including infective endocarditis, a life-threatening infection of the heart valves that often requires prolonged hospitalization, surgery, and long-term medical care.¹⁴

Infective endocarditis is an increasingly recognized healthcare burden associated with injection drug use. People who inject drugs have an estimated 100-fold higher risk of developing infective endocarditis compared with the general population, and injection drug use-associated endocarditis accounts for approximately 1 in 10 to 1 in 6 community-onset endocarditis hospitalizations.¹⁵ In communities most affected by the opioid epidemic, injection drug use may account for the majority of endocarditis hospital cases. The average cost of an endocarditis hospitalization among people who inject drugs has been estimated at approximately \$180,314 per admission.¹⁶

Preventing these infections represents a significant opportunity to reduce healthcare expenditures. The estimated lifetime cost of treating one person living with HIV is approximately \$450,000–\$510,000.^{17,18} In the United States, healthcare costs associated with chronic hepatitis C infection are estimated at approximately \$15 billion annually.¹⁹ Research has found that SSPs are associated with an estimated 50% reduction in HIV and hepatitis C incidence among people who inject drugs. When SSPs are combined with medications for opioid use disorder, reductions in HIV and hepatitis C transmission are even greater.²⁰

SSPs are also a cost-effective public health investment. A 2014 study funded in part by the National Institute on Drug Abuse (NIDA) found that an additional \$10 million invested annually in SSPs (in 2011 dollars) was estimated to save \$76 million in future treatment costs, a 7.6-fold return on investment.²¹ By preventing costly infections, reducing avoidable hospitalizations, and connecting people to care, SSPs help reduce healthcare costs while improving community health outcomes.

SSPs and community safety

Do SSPs increase syringe litter?

Concerns about discarded syringes in public spaces are understandable, and safe syringe disposal is an important community safety issue. However, available evidence does not support the argument that syringe services programs (SSPs) increase syringe litter. Instead, SSPs provide structured systems for safe disposal and can reduce the number of improperly discarded syringes in communities.²²

SSPs provide participants with sterile syringes along with disposal education and, in many cases, sharps containers for safe disposal. By creating accessible disposal options and encouraging the return of used equipment, SSPs help reduce unsafe disposal practices. One study found that a city without an SSP had eight times the number of improperly discarded syringes compared with a similar city with an SSP.²³ Another study found that people who received syringes through an SSP were half as likely to improperly dispose of them compared with people who obtained syringes through other sources, such as pharmacies.²⁴

Communities across Maine have implemented additional strategies to address syringe disposal concerns. Municipalities including Lewiston, Bangor, and South Portland provide community sharps disposal containers, while Portland operates a needle redemption program designed to increase syringe return rates. Bangor also maintains a syringe waste reporting and pickup system for discarded syringes found on public property.²⁵ SSPs further support safe disposal by distributing sharps containers to participants who may not have convenient access to disposal locations.

Although any discarded sharp in a public space is a concern, the evidence indicates that expanding access to sterile syringes through SSPs does not increase syringe litter and may in fact help to reduce improperly disposed of syringes.

Do SSPs increase crime?

Another common concern is that establishing an SSP may increase crime or attract illegal drug activity to a community. However, available evidence does not support the assertion that SSPs increase crime or drug use.²⁶ SSPs do not provide drugs or facilitate drug use; they provide prevention services, safe disposal options, and connections to healthcare and treatment.^{27, 28, 29, 30}

Public health organizations, including the U.S. CDC, recommend collaboration between SSPs and law enforcement agencies to address community concerns and support effective implementation.³¹ Several states, including Maine, have policies requiring consultation or communication with law enforcement before an SSP is implemented.³² This collaborative approach allows communities to address operational concerns while maintaining access to evidence-based public health services.

The evidence indicates that SSPs do not increase crime and can serve as a point of connection between people who use drugs, healthcare providers, treatment services, and community resources.

Where can I get more information?

- Maine Center for Disease Control and Prevention, 286 Water Street (Key Plaza), 11 State House Station, Augusta, Maine 04333-0011
- 1-800-821-5821
- [Harm Reduction | Maine Center for Disease Control & Prevention](#)
- Your doctor, nurse, or local health center

References

- Centers for Disease Control and Prevention, Needs-based distribution at syringe services programs. Centers for Disease Control and Prevention, Atlanta, GA, Published December 2020 <https://www.cdc.gov/ssp/docs/CDC-SSP-Fact-Sheet-508.pdf>
- Broz D, Carnes N, Chapin-Bardales J ... Syringe Services Programs' Role in Ending the HIV Epidemic in the U.S.: Why We Cannot Do It Without Them. *American Journal of Preventive Medicine*, 61, S118-S129
- Turner-Bicknell T. (2021). Implementing best-practice with a local syringe service program: Needs-based syringe distribution. *Public health nursing (Boston, Mass.)*, 38(1), 85–92. <https://doi.org/10.1111/phn.12823>
- Centers for Disease Control and Prevention, Needs-based distribution at syringe services programs. Centers for Disease Control and Prevention, Atlanta, GA, Published December 2020 <https://www.cdc.gov/ssp/docs/CDC-SSP-Fact-Sheet-508.pdf>
- Pollini, R. A., Paquette, C. E., Slocum, S., & LeMire, D. (2021). 'It's just basically a box full of disease'—navigating sterile syringe scarcity in a rural New England state. *Addiction*, 116(1), 107-115.
- Mackey KM, Beech EH, Williams BE, et al. Effectiveness of Syringe Services Programs: A Systematic Review. Washington (DC): Department of Veterans Affairs (US); 2023 Dec. Executive Summary.
- Adams J. M. (2020). Making the Case for Syringe Services Programs. *Public health reports (Washington, D.C. : 1974)*, 135(1_suppl), 10S–12S. <https://doi.org/10.1177/0033354920936233>
- Maine Center for Disease Control and Prevention, *Syringe Service Programs in Maine 2025 Annual Report*.
- U.S. Centers for Disease Control and Prevention. (2026, June 23). Infectious diseases in persons who inject drugs (PWID). <https://www.cdc.gov/persons-who-inject-drugs/about/index.html>
- Maine Center for Disease Control and Prevention, *Syringe Service Programs in Maine 2025 Annual Report*.
- NIDA. Syringe services for people who inject drugs are enormously effective, but remain underused. National Institute on Drug Abuse website. <https://nida.nih.gov/about-nida/noras-blog/2024/11/syringe-services-for-people-who-inject-drugs-are-enormously-effective-but-remain-underused>. November 25, 2024 Accessed July 8, 2026.
- Maine Center for Disease Control and Prevention. (2025, March 18). HIV and Hepatitis C: Penobscot County Updates and Clinical Guidance Package. Maine Department of Health and Human Services. 2025PHADV006
- U.S. Centers for Disease Control and Prevention. HIV Infection, Risk, Prevention, and Testing Behaviors among Persons Who Inject Drugs—National HIV Behavioral Surveillance: Injection Drug Use, 20 U.S. Cities, 2015. *HIV Surveillance Special Report 18*. Revised edition [PDF – 2 MB, 38 pages]. Published May 2018.
- U.S. Centers for Disease Control and Prevention. (2019, March 29). Syringe Services Programs (SSPs) FAQs. U.S. Department of Health and Human Services.
- Matter of the heart: Prioritizing harm reduction in managing infective endocarditis associated with injection drug use. Akhil Anand, Jared Ontko, Jyothika Yermal, Kush Sehgal, Ashley Cantu-Weinstein *Cleveland Clinic Journal of Medicine* Dec 2024, 91 (12) 731-734; DOI: 10.3949/ccjm.91a.24020
- Tookes H, Diaz C, Li H, Khalid R, Doblecki-Lewis S. A Cost Analysis of Hospitalizations for Infections Related to Injection Drug Use at a County Safety-Net Hospital in Miami, Florida. *PLoS One*. 2015 Jun 15;10(6):e0129360. doi: 10.1371/journal.pone.0129360. PMID: 26075888; PMCID: PMC4468183.
- Farnham PG, Gopalappa C, Sansom SL, et al. Updates of lifetime costs of care and quality of life estimates for HIV-infected persons in the United States: Late versus early diagnosis and entry into care. *J Acquir Immune Defic Syndr*. 2013;64(2):183-189. doi:10.1097/QAI.0b013e3182973966.
- Bingham A, Shrestha RK, Khurana N, Jacobson E, Farnham PG. Estimated Lifetime HIV-related Medical Costs in the United States. *Sex Transm Dis*. 2021 Jan 23. doi: 10.1097/OLQ.0000000000001366.
- Chahal, H. S., Marseille, E. A., Tice, J. A., Pearson, S. D., Ollendorf, D. A., Fox, R. K., et al. (2016, January). Cost-effectiveness of early treatment of hepatitis C virus genotype 1 by stage of liver fibrosis in a U.S. treatment-naïve population. *The Journal of the American Medical Association*, 176(1), 65–73.
- Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database Syst Rev*. 2017;9:CD012021. doi:10.1002/14651858.CD012021.pub2.
- Nguyen TQ, Weir BW, Des Jarlais DC, Pinkerton SD, Holtgrave DR. Syringe exchange in the United States: a national level economic evaluation of hypothetical increases in investment. *AIDS Behav*. 2014 Nov;18(11):2144-55. doi: 10.1007/s10461-014-0789-9. PMID: 24824043; PMCID: [PMC4211599](https://pubmed.ncbi.nlm.nih.gov/24824043/).
- Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up. *Am J Public Health*. 2000;90(6):936-939.
- Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. *Drug Alcohol Depend*. 2012;123(1-3):255-259.
- Riley ED, Kral AH, Stopka TJ, Garfein RS, Reuckhaus P, Bluthenthal RN. Access to sterile syringes through San Francisco pharmacies and the association with HIV risk behavior among injection drug users. *J Urban Health*. 2010;87(4):534-542. doi:10.1007/s11524-10-9468-y. 16.
- Maine Center for Disease Control and Prevention, *Syringe Service Programs in Maine 2025 Annual Report*.

26. U.S. Centers for Disease Control and Prevention. (2019, March 29). Syringe Services Programs (SSPs) FAQs. U.S. Department of Health and Human Services.
27. Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up. *Am J Public Health*. 2000;90(6):936-939.
28. Marx MA, Crape B, Brookmeyer RS, et al. Trends in crime and the introduction of a needle exchange program. *Am J Public Health*. 2000;90(12):1933-1936.
29. Galea S, Ahern J, Fuller C, Freudenberg N, Vlahov D. Needle exchange programs and experience of violence in an inner city neighborhood. *J Acquir Immune Defic Syndr*. 2001;28(3):282-288. doi:10.1097/00042560-200111010-00014
30. Davidson PJ, Lambdin BH, Browne EN, Wenger LD, Kral AH. Impact of an unsanctioned safe consumption site on criminal activity, 2010-2019. *Drug Alcohol Depend*. 2021;220:108521. doi:10.1016/j.drugalcdep.2021.108521
31. Pridgen BE, Bontemps AP, Lloyd AR, et al. U.S. substance use harm reduction efforts: a review of the current state of policy, policy barriers, and recommendations. *Harm Reduct J*. 2025;22(1):101. Published 2025 Jun 8. doi:10.1186/s12954-025-01238-4
32. Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention. *10-144 CMR Chapter 252: Rules Governing the Implementation of Hypodermic Apparatus Exchange Programs*.

[New Article to Be Added to Auburn Code of Ordinances
Chapter 14 – Business Licenses and Permits]

ARTICLE _____. – SYRINGE SERVICE PROGRAMS

Sec. 1. - Purpose.

The purpose of this article is to protect the public health, safety, and welfare of Auburn residents and visitors by requiring licensure of syringe services programs. The city council finds that appropriate regulation and siting of the operations of syringe services programs, including consideration of the proximity of syringe services program operations to schools, is important in order to protect the public health, safety, and welfare; that with the reasonable and necessary restrictions listed in this ordinance there remain sufficient suitable areas within the city to operate syringe services programs; and that licensing and regulation of syringe services programs is appropriate and consistent with the city's policies and practices to review and license business activities that impact its citizens. For these reasons, the intent of this ordinance is to impose requirements to protect public health, safety, and welfare that are separate from any licensing or certification done at the state level, including pursuant to 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.

Sec. 2. - Definitions.

The following words, terms, and phrases, when used in this article, shall have the meanings ascribed to them in this article, except where the context clearly indicates a different meaning:

Administrator means a person having the authority and responsibility for the operation of a syringe services program and for staff performance.

Brick-and-Mortar Site means a type of service model for the provision of syringe services to consumers within a permanent building pursuant to 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.

Business operator means a specific individual person with a legal ownership interest in a legal owner who makes financial, maintenance, and policy decisions regarding the syringe services program. The business operator need not have a legal ownership interest if the applicant provides proof that legal owner is an entity that does not have ownership interests (for example, a nonprofit corporation.)

Certified syringe services program means a syringe services program that holds a current certification from the Maine Center for Disease Control and Prevention (Maine CDC).

City inspector means the city assessor, police chief, fire chief, health officer, building inspector, code enforcement officer, sanitarian, or other duly authorized city official.

Delivery services means a type of service model for the provision of hypodermic apparatuses to participants by delivery within an operation area pursuant to 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.

Emergency contact means the individual who responds to emergency after-hour calls from public safety personnel to the certified syringe services program.

Legal owner means the individual or legal entity, including but not limited to a corporation, limited liability company or limited partnership, holding the deed or the lease to the premises of the syringe services program.

Licensing authority means the city clerk.

Mobile site means a type of service model for the provision of syringe services that may include temporary setups or rotating locations at set or variable schedules within the operation area pursuant to 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.

Operation area means the sites and geographic territory where the syringe services program is approved by the Maine CDC to operate and provide syringe services.

School means a primary or secondary school approved by the Maine Department of Education.

Syringe means a compressible tube used with a hollow needle for the injection of material beneath the skin, which definition incorporates the term as used in 10-144 C.M.R. Ch. 252 and the term “hypodermic apparatus” as used in 22 M.R.S. §1341.

Syringe services include, but are not limited to, the furnishing of new syringes, the exchange of used syringes, referrals, and educational materials about prevention, treatment, and proper disposal of syringes.

Syringe services program means a program that provides syringe services.

Syringe services program participant or “participant” means a person eighteen (18) years of age or older who has enrolled in a certified syringe services program.

Sec. 3. License required.

No person, corporation, partnership, association, or other entity shall establish, operate or maintain a syringe services program within the city without obtaining a valid license from the city pursuant to this article.

Sec. 4. Application.

This section shall apply to an application for an initial license to operate a syringe services program as well as an application for the renewal of a license to operate a syringe services program. All applications for licenses under this article shall be filed with, and in a form satisfactory to, the city clerk. An application shall include, but is not limited to, the following:

- A. All information required by section 14-32.
- B. The name, address, and contact information including the phone number of the applicant, the administrator, the business operator, the legal owner, and all other persons having a legal ownership interest in the syringe services program and the individual(s) hired by the applicant to manage operation of the syringe services program.
- C. The name, address, and contact information of the emergency contact of the syringe services program.
- D. A description of all service models offered by the syringe services program, in accordance with 22 M.R.S. § 1341 (5), including any site location(s), as specified below for each service model.

Brick-and-Mortar Sites: Description must include the building address(es), city tax map and lot number(s), floor plan and contact information of the owner(s) of each building utilized by the syringe services program.

Mobile Sites: Description must identify the address of each location or venue temporarily set-up for Syringe Service Program operations, and the name and contact information of the Administrator.

Delivery services: Description must identify the intended area within the city where syringes may be lawfully delivered.

- E. An operations plan with a detailed description of the proposed syringe services program that describes how the syringe services program will satisfy the operations requirements outlined in section 8 of this article and also to include the following: population to be served; services to be provided;

staffing requirements; security provisions; and hours of operation; anticipated parking demand; and anticipated peak hour traffic.

- F. A good neighbor community engagement policy that establishes a process for the syringe services program to engage with and maintain relationships with the local community and expectations for how syringe services program participants, staff and volunteers will be respectful of neighbors within 250 feet of any bricks-and-mortar or mobile site and in the immediate area of any delivery by the syringe services program. Such a policy should include the following: a prohibition against public drug use, mechanisms for area residents and business to submit complaints, procedures for the syringe services program to respond to complaints from surrounding areas, procedures for making calls for public safety services, and compliance with public nuisance laws.
- G. Evidence of all land use approvals or conditional land use approvals required to operate brick-and-mortar sites and mobile sites, including, but not limited to, development review approval, conditional use approval, building permit, change of use permit, and/or certificate of occupancy.
- H. Any information that the police chief may require for an investigation of applicants, pursuant to section 14-33.
- I. All names, including but not limited to maiden name, ever used by the applicant must be noted on the application.
- J. A copy of the current certification to operate a syringe services program granted by the Maine CDC and a copy of the application materials submitted to the Maine CDC for certification to operate a syringe services program, including but not limited to:
 - 1. A copy of the syringe service program's consumer confidentiality protocol.
 - 2. A copy of the syringe services program's consumer education and referral plan
 - 3. A copy of the syringe services program's needle or syringe disposal plan.

4. A copy of the syringe services program policy for the handling and exchange of syringes that is consistent with this Code and state and federal law.
 5. A copy of the syringe services program's staff training plan.
 6. A copy of the syringe services program's data collection protocols.
 7. A copy of the syringe services program's policy and procedures manual.
- K. A copy of the most recent annual notice (if any) provided to the Maine CDC of all data gathered for the prior year pursuant to 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.
- L. Each applicant for a syringe services program license shall submit to the city clerk the applicable license fee in accordance with sections 14-29, 14-30 and 14-44 and one complete paper copy and one digital copy of the application, except that a first-time applicant must submit 12 complete paper copies.

No person shall make any false, untruthful or fraudulent statement, either written or oral, or in any way conceal any material fact, or give or use any fictitious name in order to secure or aid in securing a license required by this article. Any application with false information shall be denied and any license so secured shall be void.

Sec. 5. Location Criteria.

- A. Any brick-and-mortar site or mobile site of a syringe services program may only be located within the following land use zones: T-5.1, T-5.2, T-6, GB I, and GB II.
- B. A location for delivery of syringes by a syringe services program shall not be within 1000 feet of any school, and no brick-and-mortar site or mobile site of a syringe services program shall be located within 250 feet of any school. Distances shall be measured in a straight line from the nearest property line of a delivery location or a proposed brick-and-mortar site or mobile site to the nearest property line of the school.
- C. No brick-and mortar site or mobile site of a syringe services program shall be located within or share the premises of a for-profit commercial business. This shall

not prevent a brick-and-mortar site or mobile site of a syringe services program from sharing the premises of an organization that provides social services or healthcare services.

Sec. 6. Inspections authorized; Right to enter.

Holding a syringe services program license or submitting an application for a syringe services program license shall constitute permission for any city inspector to enter and inspect any brick-and-mortar site or mobile site, or conveyance used for the delivery of syringes, subject to the license or application.

It shall be the duty of every person responsible for the management or control of a syringe services program to afford free access to every part of such establishment or conveyance and to render all aid and assistance necessary to enable any City Inspector to make a full, thorough and complete inspection. This access shall include, but is not limited, to, all rights of inspection and access afforded to the Maine CDC under Section 4(C) of 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule. Failure to cooperate with an inspection shall be grounds for license suspension or revocation.

This section augments section 14-36 of this article.

Sec. 7. Administration

- A. Limitation on number of licenses and determination of priority.
 - 1. No more than two syringe services programs shall be licensed to operate within the city at one time. No licensing authority may issue a license to any applicant for any time period that there are two licenses in effect in the city.
 - 2. The clerk shall review submitted applications in the order that they are submitted or resubmitted, as the case may be.
 - 3. Licenses shall be issued on a first-come-first-served basis, with the priority established as follows:
 - a. For a renewal application submitted by a current licensee, the current licensee has priority if it submits an application to the city clerk no later than 80 days from the expiration date.
 - b. For an initial application, if there are fewer current licensees than the maximum number allowed, priority shall be established by the date and time of completed applications as determined by the city clerk.

- c. For an application received after the city clerk has published notice that a license is available and that applications shall be accepted on a date certain, priority shall be established by the date and time of completed applications as determined by the city clerk. Applications may only be submitted after the date set by the city clerk.
 4. An initial or renewal application shall maintain its priority until the final determination on the application and shall lose its priority if the applicant fails to timely comply with any deadline imposed by this ordinance for an application.
 5. After the city clerk determines that a current licensee has not timely complied with a deadline imposed by this ordinance for an application for license renewal, the city clerk shall distribute, file and publish a notice that one or more licenses is available and that applications shall be accepted by the city clerk beginning one week after the notice is published.
- B. Process for the issuance of a license.
1. The city clerk shall be responsible for the initial review of the application to ensure compliance with the requirements of this chapter and to obtain recommendations from other city officials as required.
 2. If the city clerk determines that a submitted application is not complete, the applicant shall be notified within ten (10) business days after receipt of the application of the additional information required to process the application. If such additional information is not submitted within fourteen (14) days of the city clerk's request, or such later time that the city clerk provides, the application shall be deemed denied. If the city clerk deems the application complete, the city clerk shall notify the applicant and the review procedures set forth in this section will take place.
 3. The city clerk shall provide a copy of the license application to the police department, fire department, planning and code enforcement department, and public health division of the business and community development department. along with a form upon which each department or division shall promptly note its findings and

conclusions, as well as any recommended conditions of approval. No license shall be granted by the licensing authority until the completion of any inspections requested by the clerk and until these departments have all set forth their recommendations regarding the applicant's ability to comply with this article and any other applicable city ordinance, state, or federal law.

5. All applications for an initial license or the renewal of an existing license shall be reviewed by the city clerk. In reviewing license applications, the clerk shall consider the approval standards under this article as well as other applicable local, state, or federal laws and, for license renewals, the licensee's record of compliance with the same.
7. The clerk shall have the authority to impose any conditions on a license that may be reasonably necessary to ensure compliance with the requirements of this article or to otherwise address concerns about operations.
8. The clerk shall, upon review of all staff recommendations, applicable laws, and the factual circumstances, determine whether to grant, grant with conditions, or deny the license application, and shall provide written notice of the decision to the applicant.

C. Standard. Applicants and licensees must demonstrate to the satisfaction of the licensing authority that a license application meets all standards and requirements of this article, that it can meet and is meeting the operating requirements of section 8, and that it is meeting and has met over the past year all applicable local, state, or federal laws.

D. Revocation or Suspension of a License. Revocation or suspension of a license may occur pursuant to article 2 of chapter 14 of this Code.

E. Appeal.

1. An applicant may appeal a decision by the city clerk regarding an application for an initial license or renewal of an existing license, including placing conditions of such approval, to the city council by filing an appeal within thirty (30) days of such decision pursuant to section 14-39.

2. Appeals of a final determination issued by the city council may be made to the Androscoggin Superior Court within thirty (30) days of the date of the decision being appealed.

F. Enforcement.

A city inspector may enforce this article by the authority in 30-A M.R.S. § 4452. Failure to timely remedy a notice of violations shall be grounds for license suspension. This section does not affect any existing enforcement authority of any city inspector.

G. Civil Penalties.

Any person who violates this article shall be subject to civil penalties or other amounts imposed by sections 1-15 or 14-27 of this Code or 30-A M.R.S. § 4452.

Sec. 8. Operating requirements.

During the term of the license, the licensee shall comply with each of these requirements:

- A. At all times, the licensee shall maintain and timely renew its certification with the Maine CDC to operate a syringe services program.
- B. The licensee shall not permit and shall take reasonable measures to prevent individuals served by the program from the injection of illicit drugs on or near the premises of any brick-and-mortar site or mobile site.
- C. The licensee shall not knowingly distribute syringes to participants under 18 years of age.
- D. The licensee shall only operate from any brick-and-mortar site and mobile site for which it was granted a license, and shall only provide delivery services within the operation area for which it was granted a license, subject to the location criteria applicable to delivery services set forth in section 5 of this article.
- E. The premises of any brick-and-mortar site and mobile sites shall be clean and well-maintained, meeting applicable requirements for sanitation, property maintenance, and life safety for the exterior and interior of the site. Any conveyance used for delivery shall be clean and well maintained, meeting applicable requirements for sanitation and vehicle maintenance.

- F. The licensee shall perform criminal history record checks through the Maine State Police, State Bureau of Identification, of all individuals who will be working on a paid staff or volunteer basis for the syringe services program within the city. The licensee shall not engage as a staff member or volunteer any person if the licensee determines, through an individualized assessment, that there exists a direct and demonstrable relationship between the conviction and the specific duties and responsibilities of the position, such that the person's engagement would pose an unreasonable risk to the property, safety, or welfare of specific individuals or the general public.

In determining whether the requisite relationship exists, the employer shall consider, at minimum, the following factors when performing an individualized assessment:

1. The specific duties and responsibilities necessarily related to the position sought;
2. The bearing, if any, that the criminal offense has on the applicant's fitness or ability to perform one or more of those duties or responsibilities;
3. The nature and seriousness of the offense;
4. The amount of time that has elapsed since the offense occurred;
5. The age of the applicant at the time the offense occurred;
6. The frequency and recency of criminal activity;
7. Any information produced by the individual, or produced on the individual's behalf, regarding rehabilitation, good conduct, or mitigating circumstances; and
8. The legitimate business interest of the licensee in protecting the property, safety, and welfare of specific individuals or the general public.

Criminal history record checks shall not be required for volunteers who work under the direct supervision of a paid staff member.

- G. All staff members and volunteers performing services for a syringe services program within the city shall display on their person identification that is clearly visible to public.
- H. Hours of operation for a syringe services program within the city shall not be scheduled or held outside the hours of 7 a.m. to 7 p.m. on Mondays through Saturdays and 1 p.m. to 5 p.m. on Sundays.
- I. A syringe services program shall locate and maintain sharps disposal containers at each brick-and-mortar site and mobile site.
- J. At the end of each business day, a syringe services program shall inspect within 250 feet of each brick-and-mortar site and mobile site to remediate litter and needle waste.
- K. At the conclusion of any delivery, a syringe services program shall inspect the immediate area of the delivery location to remediate litter and needle waste.
- L. The licensee shall comply with all applicable state and federal laws, rules, or regulations, including but not limited to the following:
 - 1. 38 M.R.S. § 1319-O(3) and any applicable rules for the handling and disposal of biomedical waste.
 - 2. The Syringe Services Programs Rule, 10-144 C.M.R. Ch. 252, including but not limited to:
 - a. Notifying all participants of all rules and laws applicable to syringe services programs;
 - b. Providing appropriate and/or required training to staff; and
 - c. Posting the certification granted by the Maine CDC in a public area of the licensee.
- M. Prior to distributing syringes to a participant, the licensee shall conduct an individualized assessment of the participant to determine the appropriate

quantity of syringes to be provided. In conducting this assessment, the provider shall consider:

1. the days and hours of operation of the program location(s) and the frequency with which the participant is reasonably able to access the program;
2. the participant's substance(s) of use, recognizing that participants who use certain substances or inject more frequently may require a greater number of syringes to ensure a sterile syringe is available for each injection;
3. the frequency of the participant's visits to the program and the distance or travel burden between the participant's residence or location and the program site; and
4. any special circumstances affecting the participant's ability to access the program on a frequent basis, including but not limited to employment, homelessness or unstable housing, caretaking responsibilities, school attendance, or disability.
5. any other factors reasonably related to reducing the transmission of bloodborne pathogens.

Based on this assessment, the provider shall determine the number of syringes reasonably necessary to meet the participant's needs until the next anticipated point of contact with the program; provided, however, that in no event shall the number of syringes provided to a single participant in a single distribution exceed the limitations established under 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.

The provider shall document the process for conducting an individualized assessment, and criteria to be used when conducting the assessment, in the provider's operations plan.

N. The licensee shall comply with its own plans, rules, procedures, and protocols including but not limited to the following:

1. All policies, procedures and protocols provided in its most recent license application
2. The needle or syringe disposal plan submitted by the licensee in its application to the Maine CDC, as such plan is defined in 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule, and includes a written plan that describes a coordinated program for the terminal disposal and incineration of used syringes in compliance with the Occupational Safety and Health Administration's guidelines regarding

Occupational Exposure to Bloodborne Pathogens and the Safe Discarding and Containment of Contaminated Sharps under 29 CFR §1910.1030; and,

3. The consumer education and referral plan submitted by the licensee in its application to the Maine CDC.

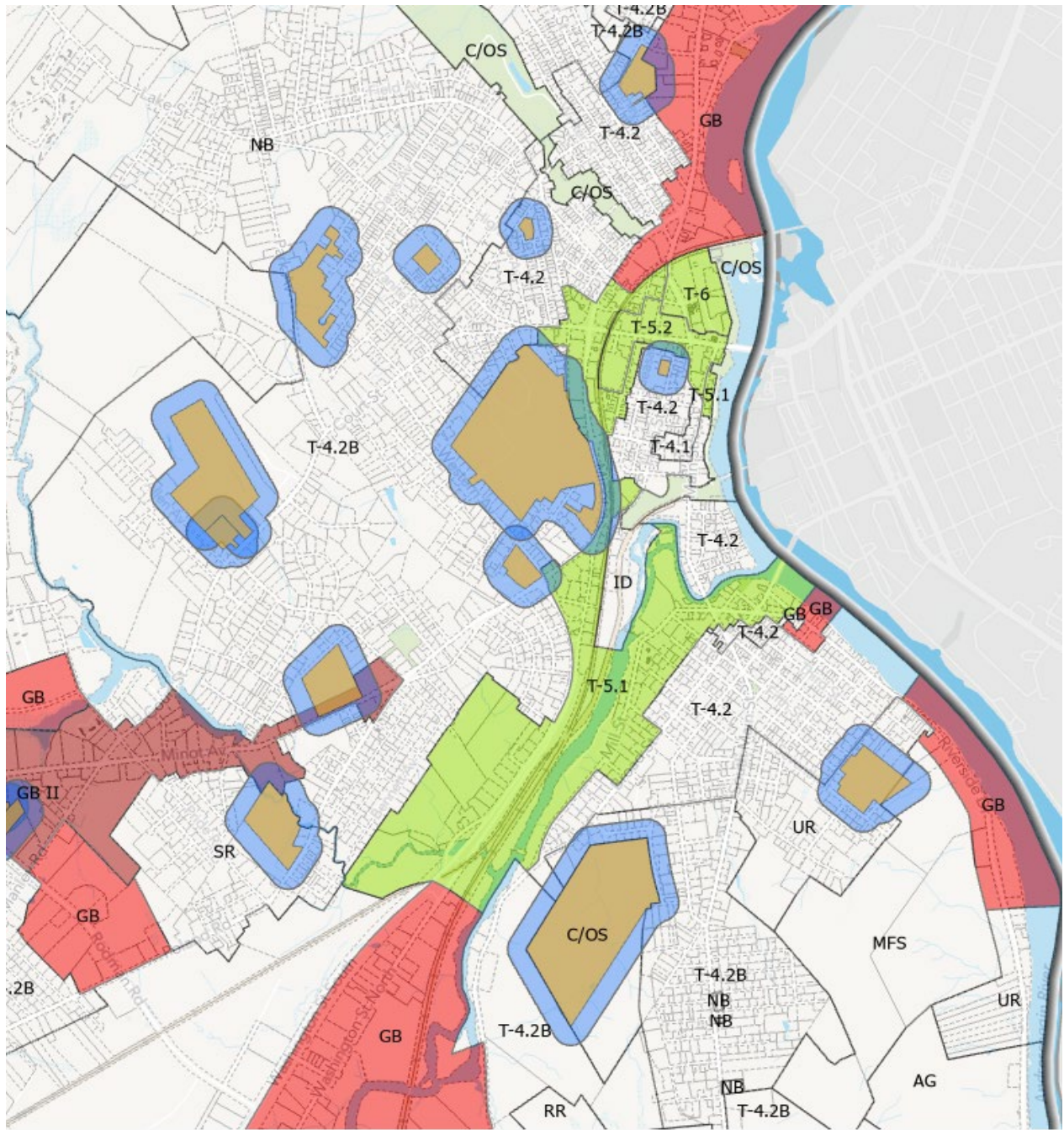
Sec. 9. Reporting and Notifications.

- A. A licensee shall immediately notify the city clerk of any change in its state certification status, including but not limited to any state-approved change in location of a brick-and-mortar site or mobile site and any suspension or revocation of certification by the Maine CDC.
- B. A licensee shall immediately provide the city clerk with copies of any notices submitted by the licensee to the Maine CDC pursuant to Section 3(B) of 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.
- C. A licensee shall promptly provide the city clerk copies of all utilization data submitted by the licensee to the Maine CDC pursuant to Section 3(C) of 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.
- D. A licensee shall provide the City access to all records that the Maine CDC has access to under Section 3(D) of 10-144 C.M.R. Ch. 252 Syringe Services Programs Rule.

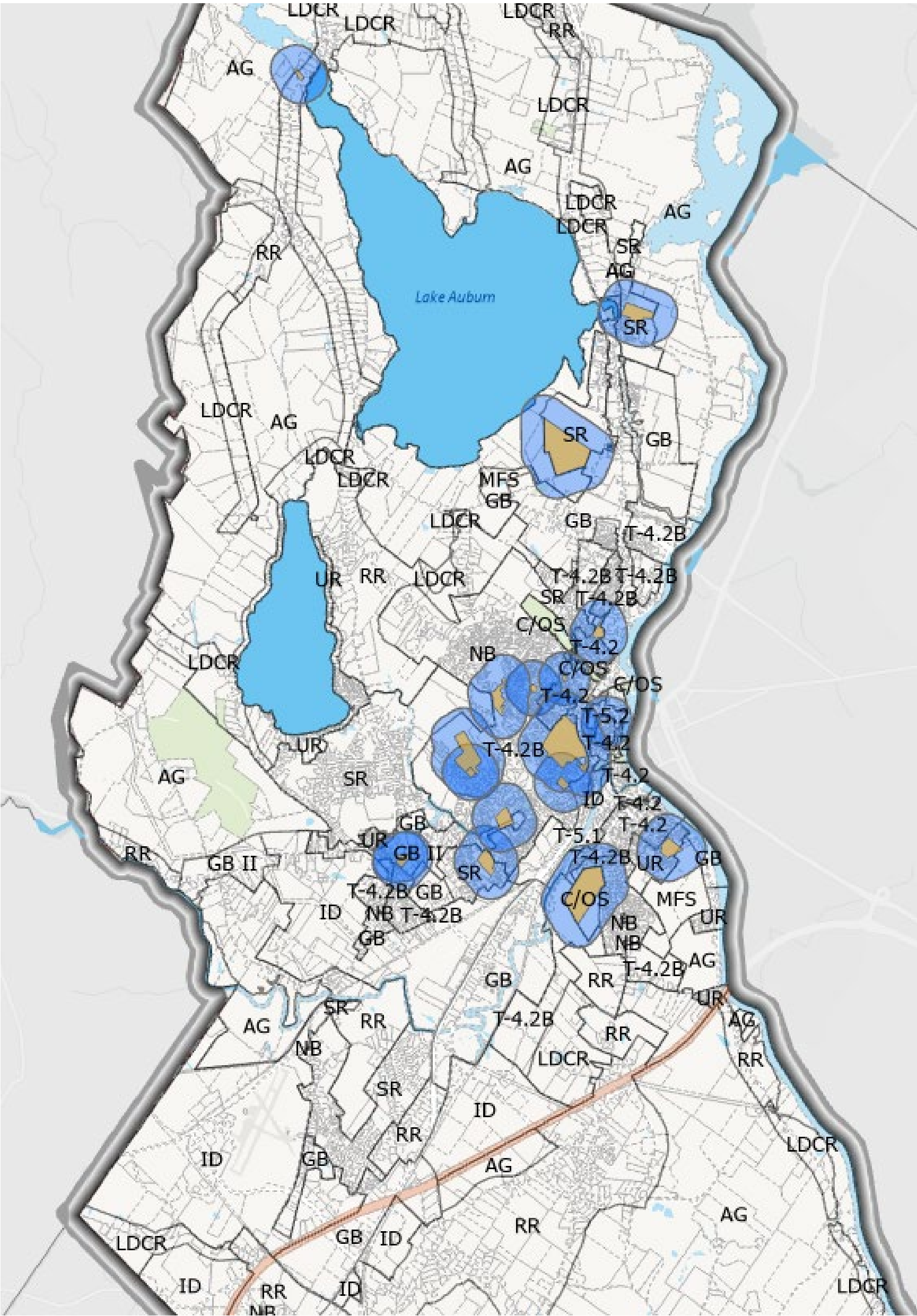
Sec. 10. Miscellaneous.

- A. Applicability. This article shall apply to any syringe services program that operates or provides delivery services within the city. Except to the extent that this article contains a contrary provision, all provisions of article I and article II of chapter 14 of this Code shall apply to this article. This article does not limit any authority under federal or state law.
- B. Severability. If any clause, sentence, paragraph, section, article, or part of this article shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, section, article, or part thereof directly involved in the controversy in which such judgment shall have been rendered.

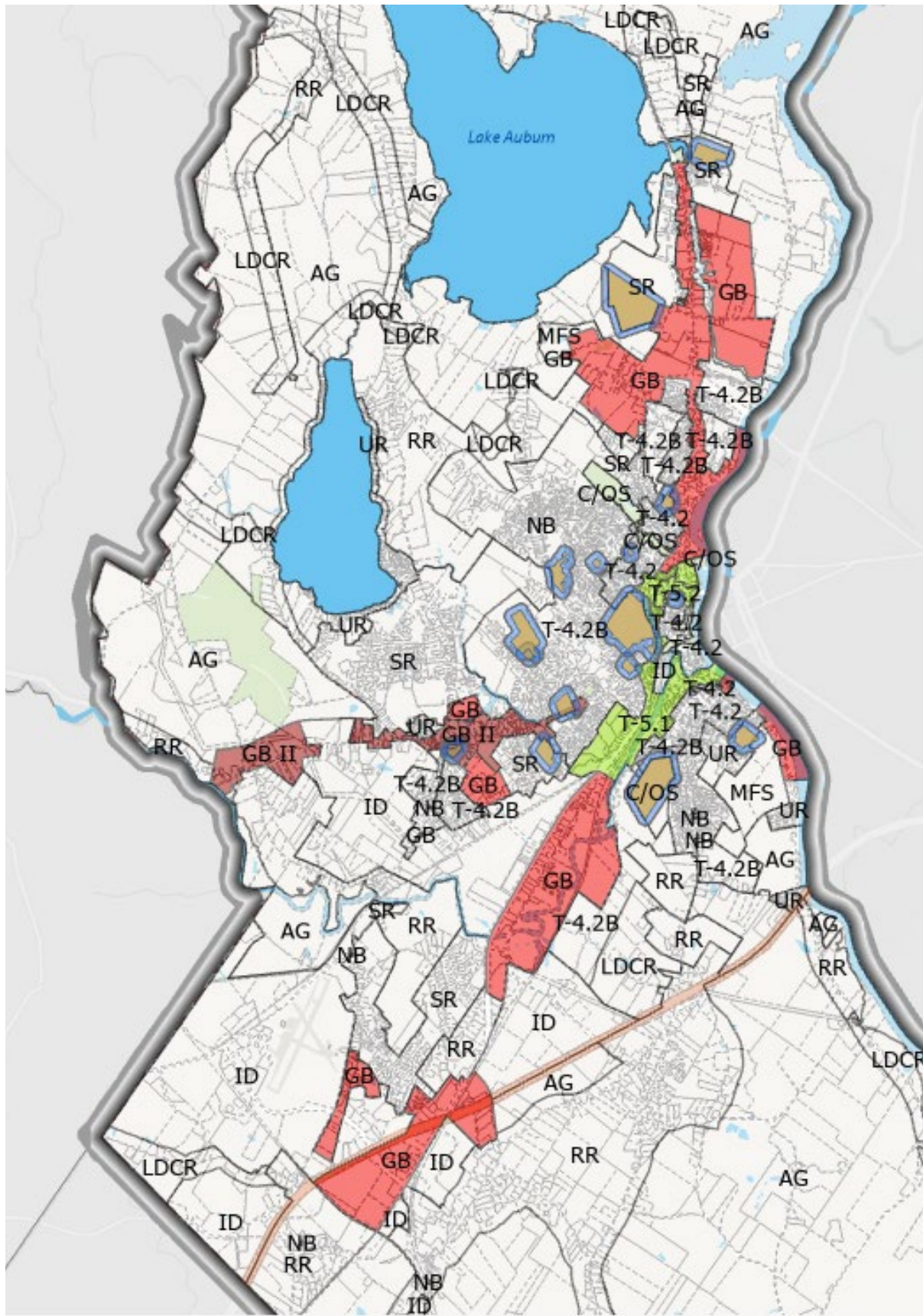
Brick-and-Mortar Sites and Mobile Sites:
250' Setback from Schools
Zones T-5.1, T-5.2, T-6, GB, and GB II

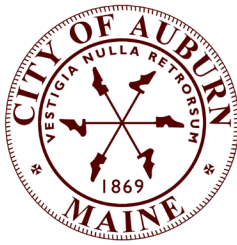


**Delivery Services
1,000' Setback from Schools**



Brick-and-Mortar Sites and Mobile Sites:
250' Setback from Schools
Zones T-5.1, T-5.2, T-6, GB, and GB II





ORDINANCE 12-06152026

City Council Ordinance

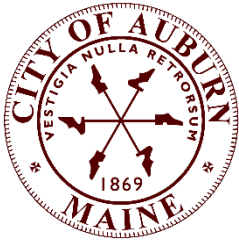
IN CITY COUNCIL

BE IT ORDAINED, that THE CITY OF AUBURN hereby amends Chapter 14 of Auburn's Code of City Ordinances to adopt Article XX – Syringe Service Programs, as seen on the attached.

Rachel B. Randall, Ward One
Kelly L. Butler, Ward Four
Belinda A. Gerry, At Large

Timothy M. Cowan, Ward Two
Leroy G. Walker, Sr., Ward Five
Jeffrey D. Harmon, Mayor

Mathieu L. Duvall, Ward Three
Adam R. Platz, At Large
Phillip L. Crowell, Jr., City Manager



**City of Auburn
City Council Information Sheet**

Council Workshop or Meeting Date: July 6, 2026

ORDER 64-07062026

Author: Emily F. Carrington, City Clerk

Subject: Setting license fee of Syringe Service Programs

Information: With the passage of ORDINANCE 12-06152026, the license fee for syringe service programs must be set in the City's Master Fee Schedule (Appendix A). The recommendation is that the fee be set at \$200 annually. This fee is the same as the current Outpatient Addiction Treatment Clinic license fee.

City Budgetary Impacts: N/A

Staff Recommended Action: Motion for passage.

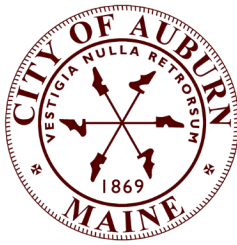
Previous Meetings and History: N/A

City Manager Comments:

Phillip Crowell Jr.

I concur with the recommendation. Signature:

Attachments: ORDER



ORDER 64-07062026

City Council Order

IN COUNCIL

ORDERED, that the City's Master Fee Schedule "Appendix A – Fees and Charges", be amended to include the following:

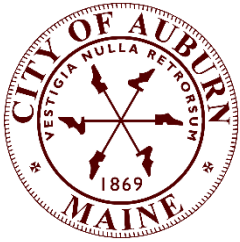
Businesses and Business Regulations

Syringe Services Program (brick and mortar, mobile, delivery)	\$200.00
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Rachel B. Randall, Ward One
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Leroy G. Walker, Sr., Ward Five
Jeffrey D. Harmon, Mayor

Mathieu L. Duvall, Ward Three
Adam R. Platz, At Large
Phillip L. Crowell, Jr., City Manager



City of Auburn City Council Information Sheet

Council Workshop or Meeting Date: July 20, 2026

Subject: Executive Session

Information: Pursuant to 1 M.R.S.A. Section 405(6) (C) for discussion of an economic development matter where premature disclosures of the information would prejudice the competitive or bargaining position of the City.

Executive Session: On occasion, the City Council discusses matters which are required or allowed by State law to be considered in executive session. Executive sessions are not open to the public. The matters that are discussed in executive session are required to be kept confidential until they become a matter of public discussion. In order to go into executive session, a Councilor must make a motion in public. The motion must be recorded, and 3/5 of the members of the Council must vote to go into executive session. An executive session is not required to be scheduled in advance as an agenda item, although when it is known at the time that the agenda is finalized, it will be listed on the agenda. The only topics which may be discussed in executive session are those that fall within one of the categories set forth in Title 1 M.R.S.A. Section 405(6). Those applicable to municipal government are:

A. Discussion or consideration of the employment, appointment, assignment, duties, promotion, demotion, compensation, evaluation, disciplining, resignation or dismissal of an individual or group of public officials, appointees or employees of the body or agency or the investigation or hearing of charges or complaints against a person or persons subject to the following conditions:

- (1) An executive session may be held only if public discussion could be reasonably expected to cause damage to the individual's reputation or the individual's right to privacy would be violated;
- (2) Any person charged or investigated must be permitted to be present at an executive session if that person so desires;
- (3) Any person charged or investigated may request in writing that the investigation or hearing of charges or complaints against that person be conducted in open session. A request, if made to the agency, must be honored; and
- (4) Any person bringing charges, complaints or allegations of misconduct against the individual under discussion must be permitted to be present. This paragraph does not apply to discussion of a budget or budget proposal;

B. Discussion or consideration by a school board of suspension or expulsion of a public school student or a student at a private school, the cost of whose education is paid from public funds, as long as:

- (1) The student and legal counsel and, if the student is a minor, the student's parents or legal guardians are permitted to be present at an executive session if the student, parents or guardians so desire;

C. Discussion or consideration of the condition, acquisition or the use of real or personal property permanently attached to real property or interests therein or disposition of publicly held property or economic development only if premature disclosures of the information would prejudice the competitive or bargaining position of the body or agency;

D. Discussion of labor contracts and proposals and meetings between a public agency and its negotiators. The parties must be named before the body or agency may go into executive session. Negotiations between the representatives of a public employer and public employees may be open to the public if both parties agree to conduct negotiations in open sessions;

E. Consultations between a body or agency and its attorney concerning the legal rights and duties of the body or agency, pending or contemplated litigation, settlement offers and matters where the duties of the public body's or agency's counsel to the attorney's client pursuant to the code of professional responsibility clearly conflict with this subchapter or where premature general public knowledge would clearly place the State, municipality or other public agency or person at a substantial disadvantage;

F. Discussions of information contained in records made, maintained or received by a body or agency when access by the general public to those records is prohibited by statute;

G. Discussion or approval of the content of examinations administered by a body or agency for licensing, permitting or employment purposes; consultation between a body or agency and any entity that provides examination services to that body or agency regarding the content of an examination; and review of examinations with the person examined; and

H. Consultations between municipal officers and a code enforcement officer representing the municipality pursuant to Title 30-A, section 4452, subsection 1, paragraph C in the prosecution of an enforcement matter pending in District Court when the consultation relates to that pending enforcement matter.