

State of Maine | 131st Legislature  
Joint Standing Committee on Health and Human Services  
Testimony of Hannah A. Hudson on behalf of Maine Primary Care Association  
April 3, 2023

Supporting:  
**LD 813, "Resolve, to Study Methods to Increase Access to Medication-assisted Treatment for Substance Use Disorder"**

Sponsored by Representative Eaton

Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, I am Hannah Hudson, Policy and Communications Manager at Maine Primary Care Association (MPCA).

MPCA is a membership organization that includes all of Maine's 20 Community Health Centers (CHCs), also known as Federally Qualified Health Centers (FQHCs). Maine's CHCs make up the largest independent primary care network in the state, providing high quality and equitable primary and preventive medical, behavioral, and dental health services for over 200,000 people (1 in 6 Mainers) at more than 70 service delivery sites in all 16 Maine counties.

They are at the forefront of delivering care to rural and underserved Maine communities. Community Health Centers provide all patients with comprehensive primary care services, as well as a host of other services that include transportation, translation, and case management services. They are further required to provide this care without regard to a patient's insurance status or ability to pay.

We support LD 813 and thank Representative Eaton and the cosponsors for bringing this legislation forward. MPCA strongly encourages the Committee to ensure that representatives from Maine's CHC network are a part of this work group. These professionals are on the frontlines of providing care to those managing substance use disorders and have been developing innovative approaches to providing care. Our network also has vast experience with utilizing mobile units to deliver primary and preventative care, including behavioral health services.

The opioid crisis has devastated our state, our communities, and our families. Mainers are dying unnecessarily, and the diseases of despair (addiction, depression, and suicidality) do not distinguish among people by age, race, gender, or socioeconomic status. As the backbone of primary care in Maine, most especially for the state's most vulnerable populations and across rural Maine, CHCs have mobilized to address this epidemic and know that we must continue this work, increase our capacity to respond to this crisis, and maintain our sense of urgency.

In 2018, in recognition of the need to allow for members to coordinate and collaborate, MPCA established an Opioid Work Group. In late 2019, all 20 of Maine's CHCs pledged to mobilize to provide a continuous response to the opioid crisis. They developed and signed a *'Community Health Center Pledge Regarding Response to the Opioid Crisis'*<sup>1</sup> which outlined efforts that health centers would take to increase capacity to respond to this crisis and maintain a sense of urgency.

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<sup>1</sup> <https://www.dropbox.com/s/7cqmo45j7cnf3r7/CHC%20Opioid%20Pledge%202021-11-08-FINAL.pdf?dl=0>

Additionally, on November 18, 2021, Penobscot Community Health Care (PCHC) and MPCA launched a joint 12-month Project ECHO on implementation of a low barrier treatment model for Opiate Use Disorder (OUD).<sup>2</sup> The seven participating CHCs, along with PCHC, represented roughly 65% of the total patients served by Maine's CHC network and encompassed a significant geographic footprint, especially in rural areas. As a result, this pilot supported increased access to vital treatment services in areas most hard-hit by the opiate crisis and aligned with priorities outlined in the treatment and recovery sections of the Governor's Maine Opioid Response Strategic Action Plan.<sup>3</sup>

This project was a culmination of over three years of work to develop strategies to address OUD. Using the ECHO learning collaborative model,<sup>4</sup> PCHC shared its years-long journey relative to implementation and ongoing maintenance of the state's first primary-care focused low barrier treatment program. Together, the participating health centers have started to test effectiveness and impact across multiple rural and urban CHCs in Maine. Through the ECHO model, teams from each of the CHCs have learned through case study, clinical review, and operations-focused meetings that help to address questions in as close to real time as possible. Experts from PCHC's clinical and operations teams served as faculty and provided coaching and support to the learning sites through the Project ECHO.

We are witnessing the lethality of fentanyl on a daily basis. The work group proposed in LD 813 would be an opportunity to bring stakeholders together to focus on the feasibility of and barriers to establishing a mobile methadone clinic in the State and other methods to increase local access to medication-assisted treatment for substance use disorder.

Of the two medications for OUD that have shown to reduce mortality (buprenorphine and methadone), methadone can be easier to initiate and be more effective in treatment retention, especially for people who have used higher doses of fentanyl for longer periods of time. However, access to methadone remains scattered in Maine, resulting in health equity issues arise when patients are required to travel long distances to an Opioid Treatment Program (OTP). Additionally, there is often stigma associated with methadone. Maine's CHCs see potential in discussing the role a mobile clinic could have in our state. Mobile clinics may help diminish stigma and establish a minimum standard of access for this life saving medication, as we have with Narcan and buprenorphine.

Again, we encourage the Committee to ensure that a representative from Maine's Community Health Center network is included in this work group. Thank you for considering our comments and for your work on this extremely important issue.

Please do not hesitate to contact me directly at [hhudson@mepca.org](mailto:hhudson@mepca.org) with any follow up questions.

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<sup>2</sup> <https://www.mainepublic.org/2021-11-10/medication-first-opioid-treatment-model-expands-to-half-a-dozen-community-health-centers-in-maine>

<sup>3</sup> [https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/MaineOpioidResponseStrategicActionPlan.FINAL\\_12.11.19.pdf](https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/MaineOpioidResponseStrategicActionPlan.FINAL_12.11.19.pdf)

<sup>4</sup> <https://hsc.unm.edu/echo/what-we-do/about-the-echo-model.html>