

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 979, “Resolve, to Fund Treatment Services and Certain Transportation Costs for Individuals with Substance Use Disorder”

Sponsored by Representative Crafts

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 979 and thank Representative Crafts and the cosponsors for bringing this legislation forward. 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 in 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.

Care managers, LCSWs, community health workers, recovery support specialists, peers, or other care takers are often sitting with patients the moment that they are ready for detox or a higher level of support. When they call facilities, there are no beds – this is especially true for MaineCare patients. Just as we must maintain our sense of urgency when combatting the overall opioid crisis, we must be able to allow an individual with substance use disorder to continue moving forward and not lose the momentum that arrives when they are ready to receive necessary care. Safe medical detox is also essential in treating alcohol use disorder, which, in addition to opioid use, is a large issue in Maine.

On behalf of our network, I am providing a few points for consideration by the Committee:

- **In the fentanyl era that we are experiencing, the need for supervised withdrawal management is critically important.** Patients are being given higher medication doses and adjunctive sedation is required. This leads to a need for more clinical expertise and increased levels of monitoring and oversight. Additionally, discharge planning needs to be reviewed by the whole care team,

with special considerations for special populations, including pregnant people, people experiencing homelessness, and people with co-occurring disorders.

- **Reimbursement models for this higher level of care need to be addressed.** Well-trained RNs, recovery technicians, counselors, and clinicians who provide medical oversight are all needed for safe and effective medically supervised withdrawal.
- **Supervised withdrawal management could be done in an outpatient setting but is often not possible due to various barriers.** More residential treatment is occurring because we don't have a "middle option." Stabilization housing for a few months coupled with outpatient treatment services could be a solution for some patients. However, it requires higher levels of support and potentially home visitation from clinical staff, behavioral health care providers, community health workers, and recovery support specialists. Additionally, there are variety of health equity and access issues that can arise for the patient. As an example, reliable transportation is critical and needs to be coupled with the assistance recovery support specialists (possibly peers who can ride with the patient).

Community Health Centers have been engaged in combatting the opioid crisis for many years. 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*'¹ which outlined efforts that health centers would take to increase capacity to respond to this crisis and maintain a sense of urgency.

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.² 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.³

Thank you for considering our comments and for your work on this extremely important issue. We would be happy to provide additional information as needed in advance of the work session. Please do not hesitate to contact me directly at hudson@mepca.org with any follow up questions.

Hannah A. Hudson, MA
Policy and Communications Manager
Maine Primary Care Association

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

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

³ https://www.maine.gov/future/sites/maine.gov/future/files/inline-files/MaineOpioidResponse.StrategicActionPlan.FINAL_.12.11.19.pdf