



STATE OF MAINE  
GOVERNOR'S OFFICE OF POLICY INNOVATION AND THE FUTURE  
181 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0181

GORDON SMITH  
DIRECTOR, OPIOID RESPONSE

January 24, 2024

Sen. Joseph Baldacci, Chair  
Rep. Michele Meyer, Chair  
Joint Standing Committee on Health and Human Services  
Maine State Legislature

Re: TESTIMONY IN OPPOSITION TO L.D. 353, RESOLVE, DIRECTING THE GOVERNOR'S OFFICE OF POLICY INNOVATION AND THE FUTURE TO STUDY KEY ASPECTS OF THE ADEQUACY OF MAINE'S SUBSTANCE USE DISORDER TREATMENT BEFORE THE JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES, JAN. 24, 2024

Dear Senator Baldacci, Representative Meyer and Members of the Committee:

I am Gordon Smith of East Winthrop, Maine and I currently serve as Director of Opioid Response in the Office of Governor Mills with my office located within the Governor's Office of Policy Innovation and the Future (GOPIF). I applaud Senator Farrin for sponsoring the Resolve and very much appreciate the positive intentions behind the bill. I also appreciate that this Resolve complements the work of the Maine Medical Association and over twenty partners in launching the 1000 Maine Lives campaign. The state is very supportive of this campaign and I meet regularly with the Association and its leaders to assist in the campaign's implementation. This important and innovative initiative was announced at the Governor's 5<sup>th</sup> Annual Opioid Response Summit held on July 20 in Portland, an event attended by over 1400 people. As you have heard here today, the campaign intends to save 1000 Maine lives over the next five years by focusing on selected clinical interventions and activities which are intended to prevent fatal overdoses. I applaud this effort.

But, while fully supporting the intent of the Resolve, I oppose the language of the document for three primary reasons:

1. The amount of data being requested to be collected and analyzed is extensive, would be expensive to retrieve and the state does not currently have the resources to accomplish it.
2. In several cases, the data collected would be duplicative of what we collect now through the Office of Behavioral Health and the Maine Center for Disease Control and Prevention.
3. The data collected currently in our Opioid Response effort is reviewed by the Opioid Data Sharing Committee (ODSC) which meets every other month and is currently co-chaired by myself and Jessica Benson-Yang, PhD. at the Office of Behavioral Health. We intend to begin working with the 1000 Lives campaign and to invite full participation of the campaign team in our bi-monthly meetings. The ODSC brings together all the Offices and Departments which collect or hold opioid-related data and has met regularly for over four years. The Committee

also oversees the opioid data hub at [mainedrugdata.org](http://mainedrugdata.org) which was established through our contracts with the Margaret Chase Smith Policy Center at the University of Maine. It has, in my opinion, been a very successful collaboration.

I have discussed this with the Office of Behavioral Health (OBH) and they are aligned with their concerns. They also asked me to note in my written testimony for your benefit:

1. Regarding Sec. 1(1), OBH does not have direct access to providers unless they are contracted with OBH.
2. Regarding Sec. 1(2), Much of the data outlined in the LD is within a detailed client record which OBH does not have access to, nor does the Office want to set a precedent whereby providers are expected to share such a high degree of protected health information to the State.
3. Regarding Sec. 3, For OBH to support the Governor's Office of Policy Innovation and the Future (GOPIF), and especially as it pertains to this study, OBH would need at least one additional full-time employee and funding allocation for that hire to accomplish the data collection and reporting outlined within the prior sections of the proposed legislation.

In summary, we intend through our current data team to collect as much of this data as our resources allow. We agree that the data is important and in many ways the success of the campaign depends upon it. But we believe we can work with our existing team and partners to collect enough of this data to make the campaign meaningful and contribute to its success. There is a real danger in mandating the collection of difficult to retrieve data and then not providing the resources necessary to do the work.

In closing, I want to again direct you to our Opioid Response Strategic Action Plan shared with you last December. In the focused area of "Infrastructure", Strategy #4 states that we will: *Maintain a data collection and analysis infrastructure and engage in ongoing evaluation of interventions and program performance.* There are twelve activities attached to strategy 4 including c., *maintaining a strategic data plan, including clearly defined roles and purposes for the data currently available, and implement adaptations to address data gaps in racial and geographic disparities.* In continuing our data work, we will incorporate into our system as many of the items listed in L.D. 353 as resources allow.

Thank you for your attention this morning and I am happy to answer any questions you may have. I plan to be available for any work session on the bill.

Sincerely,



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