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STATE OF MAINE
ONE HUNDRED AND TWENTY-SEVENTH LEGISLATURE
COMMITTEE ON HEALTH AND HUMAN SERVICES

TO: James M. Hamper, Senate Chair
Margaret R. Rotundo, House Chair
Joint Standing Committee on Appropriations and Financial Affairs

FROM: Eric L. Brakey, Senate Chair *ELB*
Drew Gattine, House Chair *DG*
Joint Standing Committee on Health and Human Services

DATE: January 8, 2016

RE: LD 1537 report

Thank you for the opportunity to provide a report back on LD 1537. In addition, to our attendance at the public hearing on January 5, the Health and Human Services Committee met for work sessions on January 6 and 7. Our review of the bill focused on Parts C, D and E of the bill. With respect to Part B, we did receive additional information from Steve Cotreau of the Portland Recovery Community Center who described for us the PRCC's participation in the Operation HOPE initiative undertaken by the Scarborough Police Department.

We have attached amended language that is the recommendation of the majority of the Health and Human Services Committee. This language was approved by Senators Brakey and Haskell and Representatives Gattine, Stuckey, Peterson, Hamann, Burstein and Vachon. Representatives Malaby and Head voted against the proposed language. We are happy to review these proposed changes with you. Several of the changes proposed in Parts C and D are in direct response to concerns that were raised during the public hearing by the Department of Health and Human Services. Representatives from the Department attended our work sessions and assisted the Committee in working on these changes.

We recognize that LD 1537 is only a beginning of a broader and more complete conversation that will occur this session and in the future on how to deal with the heroin and opiate crisis and other substance abuse issues. Our committee has several bills, either new or carried over from last session, that touch on issues surrounding the opiate and heroin crisis. These bills will give us the opportunity to discuss and address other important issues that were raised in the public hearing such as improvements to the delivery of medication assisted treatment, access to

substance abuse treatment and health care for the uninsured, access to other potentially effective forms of treatment such as medical marijuana and additional funding for peer centers. In addition, during the public hearing and work sessions on this bill, we have heard about initiatives that the Department of Health and Human Services is currently working on including improvements to the Prescription Monitoring Program, an RFP that would provide additional residential substance abuse treatment beds for pregnant women and women with small children and a Vivitrol pilot project. The Committee will be interested in hearing more about these initiatives as the session progresses and discussing ways that we can support them. We are also interested in the ongoing development of new drug courts funded in the biennial budget. We accept that LD 1537 is an important first step on this path and we are committed to crafting policies that will aid in combating the drug crisis.

Representatives Malaby and Head are uncomfortable with the process of LD 1537 and believe that the time constraints are too short. In addition, Representative Malaby supports the content of the amended versions of Parts C, D and E but he would prefer a more comprehensive approach that includes: additional treatment beds for addicted pregnant women and women with small children; a Vivitrol initiative; residential alcohol detoxification facilities; blue papering for alcohol poisoning; alternative and emergent treatments such as acupuncture; and more access to drug courts. In addition, there are federal issues related to the Prescription Monitoring Program's inability to track methadone prescribed for opiate addiction, limits on the numbers of beds in facilities, and limitations on Suboxone prescriptions. Finally, Representative Malaby felt that the funding in Part E is insufficient. Other members of the Committee registered their general support for further discussion and exploration of the additional initiatives raised by Representative Malaby.



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January 8, 2016

Sen. Eric Brakey
Chair, Health and Human Services Committee
127th Maine State Legislature

Dear Sen. Brakey,

While a prior engagement kept me from attending the work sessions on LD 1537, I have followed closely the discussions on this bill.

First, I would like to thank you and my colleagues on the HHS committee for making some very important changes to this bill.

The removal of language which limited grant dollars to one entity and a detox center to only one community is a good step toward allowing greater flexibility in determining through the RFP process who will provide much needed and vital services in the efforts to aid individuals suffering from addiction as well as which location would be most appropriate.

While I am better able to see a bipartisan path forward, I still have concerns which, had I been in attendance, would still lead to a nay vote at this time. I appreciate that you have graciously agreed to share my thoughts with the committees during the report back.

First and foremost, the speed at which we are making very important decisions on large initiatives is troubling. While we expend millions of dollars already in relation to the drug epidemic in Maine, our numbers of addicted individuals keep growing and, even more frightening, the death count keeps climbing. This leads me to believe that yes, we need to do more but also, we need to look at our current programs and do better.

For example:

The increases in drug affected babies is heartbreaking. Programming and dollars targeted directly toward helping expectant mothers and their babies could help aid these women and help break the cycle of drug addiction years down the road. This is not included in this bill.

*Proudly serving the residents of District 88.
Chelsea, Jefferson, Whitefield, Nobleboro (part)*

Over Please


We have drug courts that have been very successful in reducing recidivism. Investments in drug court programming consistent with the courts that have seen a high rate of success offer individuals a second chance but at the same time, require dedication and accountability on the part of the participant. This is not included in this bill.

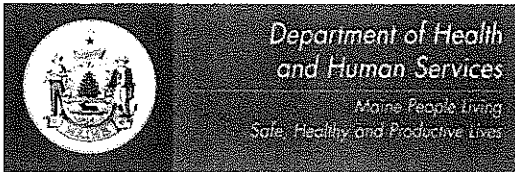
Different options for medication assisted treatment such as Vivitrol are not included in this bill.

While amending the language from specific recipients and locations are steps in the right direction, I do not think this is ready for prime time yet; Mostly because the time has not been taken to adequately assess current programming and how we should either change our focus or invest in areas that would complement said programs.

Maine's drug problem most certainly needs attention and adequate, appropriate investments are measures I support however, LD 1537 is being rushed through with the speed of a runaway train. The people we are trying to help deserve thoughtful investments in programming that offers the greatest opportunity for personal success. The time to ensure this bill addresses that goal has not been afforded in rushed process and there for I urge the committee to take a step back, make sure we are investing wisely and in a manner that will actually help the people we are trying to serve.

Sincerely,


Deb Sanderson
State Representative



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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January 7, 2016

To: Senator James M. Hamper, Chair
Representative Margaret R. Rotundo, Chair
Members of the Joint Standing Committee on Appropriations and Financial Affairs

Senator Eric Brakey, Chair
Representative Drew Gattine, Chair
Members of the Joint Standing Committee on Health and Human Services

From: Mary C. Mayhew, Commissioner, Department of Health and Human Services

Re: DHHS Response to questions regarding LD 1537 (part 1)

Question #1: How much does the Department pay for Substance Abuse treatment to provider's who are located out of state?

Response: Last year, the Department spent a total of \$478,350 out of state on Substance Abuse treatment. More than \$300,000 of that total was spent in the neighboring state of New Hampshire, and less than \$2,500 was spent on substance abuse treatment in locations outside of New England.

Question #2: Please provide details regarding the termination of a MASAP contract.

Response: A detailed response to this question was provided in person by Deputy Commissioner Alec Porteous at the September 14, 2015 meeting of the Appropriations Committee.

The MASAP contract in question was for staff augmentation for the Office of Substance Abuse and Mental Health Services. It included funding for five contractors and two additional consultants. Upon review of the agreement, the Department determined that it required the services of three of the five contractors and would bring those positions in-house in a limited-period capacity. DHHS determined there was no further need for the services provided by the other two contractors and the consultants. Eliminating the MASAP staffing contract and repurposing a portion of its resources enabled the Department to save Maine taxpayers more than \$300,000 annually while preserving the same level of functionality. The Department continues to maintain several other contracts with MASAP for other services.

Question #3: How long does the RFP process take? Can that process be expedited in certain circumstances?

Response: Details of the RFP process can be found at <http://www.maine.gov/dhhs/contracts/pdf/rfp-checklist.pdf>.

Due to the large number of contracts that the Department Administers we face significant competitive procurement demands. In order to meet those demands our standardized RFP timeline allows for eight to twelve months. In limited, specific circumstances, the Department will seek to expedite an RFP based on an urgent business need. In this case, we are typically able to complete an RFP in a four to six month window.

Statute permits state agencies to seek waivers from the competitive bidding process under limited circumstances. Such waivers are publically posted, and the Department seeks to utilize them sparingly.

Question #4: Please provide additional detail on the unspent resources in Substance Abuse contracts.

Response: The response below was provided to the Appropriations Committee on September 17, 2015.

“Each year, the Department contracts with provider organizations for substance abuse treatment and prevention services. Contracted funds that providers do not bill against revert to the General Fund unless the Department repurposes those funds. In FY 2015, all but \$9,671 in substance abuse treatment and prevention funds that lapsed to the General Fund were encumbered in provider contracts. The Department repurposed more than \$170,000 in contracted funds.

In order for the Department to execute the latter, providers need to work with DHHS staff to alert them to contracted funds that are likely to be unneeded and go unspent. At the same time, should providers experience service demands in excess of their contracted resources, it is incumbent upon them to notify DHHS in a timely manner, so the Department can seek to repurpose funds.

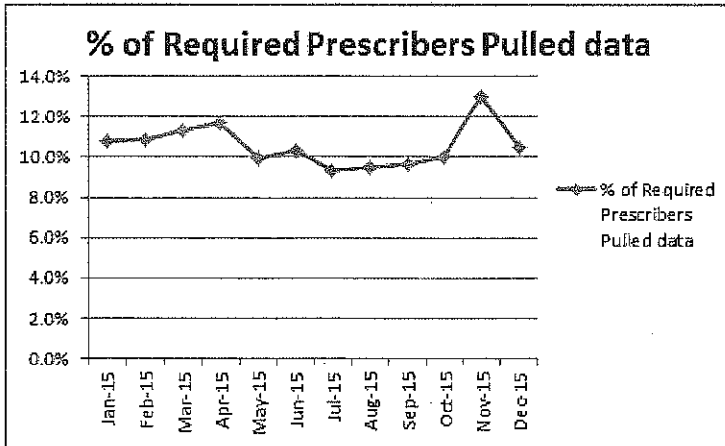
When contracted funds are identified as unneeded, the Department works to disencumber those funds, identify a provider that can utilize the funds and then reencumber the funds to that provider in a new contract. Then, the provider needs to bill against those funds for services performed in the current fiscal year, as contracted substance abuse treatment and prevention funds do not carry over.

Please see below an analysis of unexpended balances over the past five fiscal years that have reverted to the General Fund. Again, it is important to note that, in FY 2015, the vast majority of lapsed funds were encumbered in provider contracts.”

	FY2011	FY2012	FY2013	FY2014	FY2015
Approved Budget	\$6,811,405	\$9,256,204	\$9,009,335	\$9,559,881	\$10,089,434
Year-end unobligated allotment	101,660	25,018	98,515	219,377	9,671
Lapsed contract balances	<u>60,888</u>	<u>43,349</u>	<u>45,987</u>	<u>261,863</u>	<u>504,889</u>
Total Lapsed Funds	<u>162,549</u>	<u>68,366</u>	<u>144,502</u>	<u>481,240</u>	<u>514,560</u>

Question #5: How much is the Prescription Monitoring Program utilized by providers?

Response: The chart below indicates the percent of providers registered for the PMP who are currently utilizing the tool.



PART C

Sec. C-1. Detoxification center. The Department of Health and Human Services shall provide grants to a substance abuse treatment entity to develop and operate a ~~40-bed~~ detoxification center with at least 10 beds that provides a social detoxification program in an organized residential nonmedical setting delivered by appropriately trained staff that provide safe 24-hour monitoring, observation and support in a supervised environment for a client to achieve initial recovery from the effects of alcohol or another drug.

1. The substance abuse treatment entity must:

A. Be located in ~~the greater Bangor area~~ a northern or eastern area of the State with high rates of opioid use and accessible to related services and supports;

B. Specialize in treating substance abuse and mental health disorders; and

C. Have an established history of providing substance abuse treatment and running residential programs in the region.

2. ~~For at~~ At least 40% of the occupancy in the detoxification center established under this section first priority must be made available to individuals who do not have MaineCare coverage or health insurance coverage for detoxification treatment.

3. No later than June 30, 2016 the department shall begin distributing the funds appropriated in section 5.

Sec. C-2. Report. The Commissioner of Health and Human Services shall appear periodically before the Joint Standing Committee ~~on Appropriations and Financial Affairs~~ Health and Human Services to report on the implementation of this Part.

Sec. C-3. Funds may not be transferred. Notwithstanding the Maine Revised Statutes, Title 5, section 1585 or any other provision of law, funding provided in this Part may not be transferred to any other appropriation or subdivision of an appropriation made by the Legislature.

Sec. C-4. Funds may not lapse. Notwithstanding the Maine Revised Statutes, Title 5, section 1589 or any other provision of law, any unencumbered balance of appropriations contained in this Part remaining at the end of each fiscal year may not lapse but must be carried forward to be used for the same purposes.

Sec. C-5. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Office of Substance Abuse and Mental Health Services 0679

Initiative: Provides one-time funding for the development of a detoxification center in ~~the greater Bangor area~~ a northern or eastern area of the State in accordance with this Part.

GENERAL FUND

2015-16

2016-17

All Other	\$200,000	\$0
GENERAL FUND TOTAL	\$200,000	\$0

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Office of Substance Abuse and Mental Health Services 0679

Initiative: Provides ongoing funding for the operation of a detoxification center in ~~the greater Bangor area~~ a northern or eastern area of the State in accordance with this Part.

GENERAL FUND	2015-16	2016-17
All Other	\$0	\$700,000
GENERAL FUND TOTAL	\$0	\$700,000

PART D

Sec. D-1. Peer support recovery centers; education and coordination of services. The Department of Health and Human Services shall provide grant funds in an expedited manner in the amount of \$700,000 within 60 days ~~to the Maine Association of Substance Abuse Programs~~ to an organization with expertise and experience in substance abuse prevention, treatment and peer recovery services to provide the following on a statewide basis:

1. Establish in underserved areas of the State and expand peer support recovery centers designed to assist individuals with substance abuse issues to avoid relapse;
2. Coordinate the efforts of law enforcement, treatment, and recovery programs and linking individuals in recovery to career resources; and
3. Facilitate the delivery of effective prevention and education programming in schools and communities; and
4. Maintain a directory of substance abuse providers and prevention and recovery services that is publicly available.

Sec. D-2. Report. The Commissioner of Health and Human Services shall appear periodically before the Joint Standing Committee on ~~Appropriations and Financial Affairs~~ Health and Human Services to report on the implementation of this Part.

Sec. D-3. Funds may not be transferred. Notwithstanding the Maine Revised Statutes, Title 5, section 1585 or any other provision of law, funding provided in this Part may not be transferred to any other appropriation or subdivision of an appropriation made by the Legislature.

Sec. D-4. Funds may not lapse. Notwithstanding the Maine Revised Statutes, Title 5, section 1589 or any other provision of law, any unencumbered balance of appropriations

contained in this Part remaining at the end of each fiscal year may not lapse but must be carried forward to be used for the same purposes.

Sec. D-5. Request for proposals. Except as provided in Section D-1, the Department of Health and Human Services shall provide grant funds through a competitively bid Request for Proposals process pursuant to Title 5, Chapter 155. The Department shall issue a Request for Proposals no later than January 1, 2017 to award annual grant funds beginning no later than July 1, 2017.

Sec. D-5 6. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Office of Substance Abuse and Mental Health Services 0679

Initiative: Provides ongoing expedited funding for annual grants for the 2015-16 and 2016-17 fiscal years and then annual ongoing funding for fiscal years beginning 2017-18 through a competitive Request for Proposal process to the Maine Association of Substance Abuse Programs for to an organization with expertise and experience in substance abuse prevention, treatment and peer recovery services to provide services on a statewide basis that include the establishment and expansion of peer support recovery centers, and the coordination and provision of substance abuse treatment and recovery programs, prevention and education in schools and communities, and the maintenance of a publicly available directory of resources.

GENERAL FUND	2015-16	2016-17
All Other	\$200,000	\$500,000
GENERAL FUND TOTAL	\$200,000	\$500,000

PART E

Sec. E-1. Funds may not be transferred. Notwithstanding the Maine Revised Statutes, Title 5, section 1585 or any other provision of law, funding provided in this Part may not be transferred to any other appropriation or subdivision of an appropriation made by the Legislature.

Sec. E-2. Funds may not lapse. Notwithstanding the Maine Revised Statutes, Title 5, section 1589 or any other provision of law, any unencumbered balance of appropriations contained in this Part remaining at the end of each fiscal year may not lapse but must be carried forward to be used for the same purposes.

Sec. E-3. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Office of Substance Abuse and Mental Health Services 0679

Initiative: Provides funding to increase substance abuse residential treatment for the uninsured.

GENERAL FUND	2015-16	2016-17
All Other	<u>\$200,000</u>	<u>\$400,000</u>
GENERAL FUND TOTAL	\$200,000	\$400,000

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Office of Substance Abuse and Mental Health Services 0679

Initiative: Provides funding to increase substance abuse outpatient services for the uninsured.

GENERAL FUND	2015-16	2016-17
All Other	<u>\$75,000</u>	<u>\$125,000</u>
GENERAL FUND TOTAL	\$75,000	\$125,000

SUMMARY

This amendment makes the following changes to LD 1537:

1. In Part C of the original bill, it changes the requirement for a new 10 bed detoxification center to a center with at least 10 beds.
2. In Part C, it changes the requirement that the center be in Bangor to in northern or eastern Maine with high rates of opioid use and accessible to related services and supports.
3. In Part C, the requirement that at least 40% of the new detoxification beds be available for individuals without insurance is amended to a priority rather than a requirement.
4. It changes the reporting requirements in Part C and D so that the Commissioner of Health and Human Services reports periodically to the Joint Standing Committee on Health and Human Services rather than the Joint Standing Committee on Appropriations and Financial Affairs.
5. In Part D, it removes the reference to the Maine Association of Substance Abuse Programs and directs the Department of Health and Human Services to provide funding within 60 days to an organization with expertise and experience in substance abuse prevention, treatment and peer recovery services to provide substance abuse services statewide.
6. In Part D, it requires the organization with expertise and experience to provide services statement. It adds to the services to be provided, a requirement for coordination services to include links to career services and requires that organization develop and maintain a directory of providers and resources that is publicly available.
7. In Part D, it requires that although funding may be sole-sourced for fiscal years 2015-16 and 2016-17, future awards must be awarded on a competitive basis. An RFP must be issued by January 1, 2017 that is competitively bid through the regular process pursuant to Title 5, chapter 155 for ongoing funding awards beginning no later than July 1, 2017.