

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out the title and substituting the following:

**'Resolve, To Save Lives by Establishing the Low  
Barrier Opioid Treatment Response Pilot Project  
within the Department of Health and Human Services'**

Amend the bill by striking out everything after the title and inserting the following:

**'Emergency preamble. Whereas,** acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** opioid use disorder has reached epidemic proportions and threatens the lives and well-being of many Maine residents; and

**Whereas,** existing modalities and strategies for treatment of opioid use disorder are insufficient to end the epidemic of this disorder in Maine; and

**Whereas,** existing services are especially inadequate to address the impact of opioid use disorder on those experiencing or having experienced unstable housing, minimal or no employment, unreliable transportation, lack of insurance coverage, use of multiple substances, frequent hospitalization or prior overdoses; and

**Whereas,** failure to provide timely treatment to those most at risk of overdose death from opioid use leads to unnecessary loss of life and tragic dislocations of family life, while imposing substantial additional costs on the State due to related increases in incarcerations, hospital admissions and foster care for children affected by parental use of opioids; and

**Whereas,** a low barrier, rapid access treatment system delivered and coordinated by Maine's community health centers will provide an essential component of an improved array of responses to this epidemic; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

**Sec. 1 Low barrier opioid treatment response pilot project. Resolved:** That there is established within the Department of Health and Human Services, referred to in this resolve as "the department," a low barrier opioid treatment response pilot project to provide resources for federally qualified health centers, referred to in this resolve as "community health centers," to develop and deploy low barrier, rapid access to treatment for those persons typically unable to obtain timely treatment and at greatest risk of opioid overdose, including but not limited to persons affected by unstable

housing, minimal or no employment, unreliable transportation, use of multiple substances associated with addiction or chronic overuse, frequent hospitalization, prior overdoses or a lack of health insurance coverage for substance use treatment services.

**1. Pilot project components.** To the extent permitted by resources allocated to the pilot project, the pilot project must be designed to include the following:

- A. Support for clinic infrastructure to reduce barriers to access to treatment, including incentives for community health centers to support additional qualified providers in obtaining waivers to provide medication-assisted therapy services and support for each community health center to identify and compensate an individual within that community health center to help implement the pilot project;
- B. A statewide program of antistigma training that includes providers, staff and community health center patient-led boards;
- C. Support for the development and implementation of a standardized induction practice across all participating community health centers;
- D. Increased availability of naloxone hydrochloride to community health centers and training of community health center personnel on the emergency administration of naloxone hydrochloride; and
- E. Strategies to increase the number of providers willing to issue prescriptions for medication-assisted therapy services in a manner that facilitates rapid access to treatment.

**2. Pilot project implementation.** The pilot project must be operated by at least 3 community health centers selected on the basis of applications demonstrating interest in implementing the pilot project and capacity to implement the pilot project. The department shall strive to approve applications of community health centers of varying sizes and as geographically diverse as practicable given the pool of applicants. The department may phase in selected elements of the pilot project over the course of the pilot project.

**3. Reimbursement.** The department shall modify and supplement the reimbursement of community health centers provided under the Maine Revised Statutes, Title 22, section 3174-V to the extent necessary to implement the pilot project.

**4. Duration of pilot project.** The department shall enter into contracts no later than July 1, 2020 with the community health centers selected pursuant to subsection 2 to implement the pilot project. The pilot project must operate for 24 months from the date all of the contracts have been awarded.

**5. Data collection.** Each community health center participating in the pilot project shall collect and report to the department the following information regarding the pilot project:

- A. The number of patients served;
- B. For each patient served, the time elapsed between first patient encounter and delivery of services;
- C. Overdose and mortality rates of patients;
- D. The number of patients who transition to long-term recovery programs;
- E. The number of patients who are employed; and
- F. Any other outcome and quality indicators that the department may specify after consultation with participating community health centers, without duplicating other existing reporting requirements.

**6. Report on pilot project.** The department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the pilot project by December 1, 2021 and at the conclusion of the pilot project. The reports must address the effectiveness of the implementation of the pilot project established pursuant to this resolve, including a review of the information collected under subsection 5, the schedule for full implementation if recommended by the department and the extent of any additional funding needed to accomplish full implementation. The joint standing committee may submit legislation to the Second Regular Session of the 130th Legislature regarding the pilot project, including legislation to continue or expand the pilot project.

**Sec. 2 Appropriations and allocations. Resolved:** That the following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Office of Substance Abuse and Mental Health Services Z199**

Initiative: Provides one-time funding for a 24-month pilot project to provide low barrier, rapid access treatment for opioid use disorder and other substance use disorders to be delivered by 8 federally qualified health centers in Maine under the direction of the Department of Health and Human Services and in collaboration with other health care providers.

<b>GENERAL FUND</b>	<b>2019-20</b>	<b>2020-21</b>
All Other	\$0	\$460,000
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$460,000</b>

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

**SUMMARY**

This amendment, which is the unanimous report of the committee, replaces the bill with a resolve. The resolve requires the Department of Health and Human Services to establish a 24-month pilot project to provide low barrier opioid treatment response in Maine's federally qualified health centers to improve the availability of medication-assisted therapy and enhance the effectiveness and sustainability of acute care responses to persons in urgent need of treatment for substance use disorder, including opioid use disorder. The resolve provides funding of \$460,000 for implementing the first year of the 24-month pilot project in 8 federally qualified health centers. It is anticipated that the same amount of funding will be required in fiscal year 2021-22.

It also directs the department to submit reports by December 1, 2021 and at the conclusion of the pilot project regarding the implementation of the pilot project to the joint standing committee of the

SP0539, LD 1662, item 2, 129th Maine State Legislature , Amendment C "A", Filing Number S-398, Sponsored by  
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Response Pilot Project within the Department of Health and Human Services'

Legislature having jurisdiction over health and human services matters. The joint standing committee of the Legislature having jurisdiction over health and human services matters may submit legislation relating to the pilot project to the Second Regular Session of the 130th Legislature.

**FISCAL NOTE REQUIRED**

**(See attached)**