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Alliance for Addiction and Mental Health Services, Maine The unified voice for Maine's community behavioral health providers

Malory Otteson Shaughnessy, Executive Director

Testimony in Support of LD 979 "Resolve, to Fund Treatment Services and Certain Transportation Costs for Individuals with Substance Use Disorder " **Sponsored by Representative Crafts**

April 3, 2023

Good morning Senator Baldacci, Representative Meyer, and esteemed members of the Health and Human Services Committees. My name is Malory Shaughnessy and I am the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community based mental health and substance use treatment providers, providing services to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

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 and depression) do not distinguish among people by age, race, gender, or socioeconomic status. It is also important to remember that safe medical detox is essential in treating not only opioid use disorder, but other substances as well, especially alcohol use disorder, which is a huge issue in Maine and has been for many years.

This bill would call for the Department of Health and Human Services to establish and fund medically monitored withdrawal beds for various age groups in Maine. It would also mandate that a percentage of these beds be held for the use of either MaineCare or Medicare eligible Mainers. Another section would provide for the reimbursement of transportation of MaineCare members to detoxification facilities.

I would like to speak to this last section first. The Alliance fully supports this section and the need for reimbursement for the transportation of MaineCare members to access medically monitored withdrawal facilities. Many times, case managers or clinicians are working with someone that has the realization that they need, and are ready for, medically monitored withdrawal, or detox. Then the struggle begins to meet that need.

Most times, they struggle to find an open spot and can spend hours calling all over the state. And then the struggle begins to find transportation for the person to get to the program when they do find an open spot. Often, they simply drive them there themselves with no reimbursement, even though it may be several hours away.

When someone is ready to take the step to begin the path to recovery, they should be supported and not face barriers to get there. We wholeheartedly support this expansion of coverage.

On the first part of this bill, members of the Alliance have some concerns. We do need more medically monitored withdrawal beds and treatment access, especially for youth under 18 years of age. However, the way this is phrased seems to be problematic.

MaineCare already covers this service with a reimbursement rate, and there are contract dollars to provide for the uninsured. There have also been grants put forth recently by the department for the expansion of capacity for these services, funding to be used to convert or build out facilities to meet the growing need.

Rather than just directing the department to fund a certain new number of beds, it seems to our members that it would be a better approach to direct them continue to expand these current efforts which are beginning to get results. The department could be directed to add an enhancement to the reimbursement rate and increase the grant funding for the uninsured or those covered by Medicare. This committee could direct them to also add more funds for capacity expansion, and offer another round of grants for this purpose, adding that some must be used for the expansion of medical detox for youth under 18 years of age.

Adding to what is already beginning to work makes more sense to Alliance members, than naming a set number of new beds to be created. By focusing on continuing and adding funding to these current efforts we could expand to meet the need that we know is in our communities.

I would be happy to answer any questions you have for me and to bring any other information you need for the work session on this bill.