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American Academy of Pediatrics

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January 23, 2023

Senator Baldacci, Representative Meyer, and distinguished members of the Committee on Health and Human Services, my name is Joe Anderson. I am a resident of Portland, a pediatric hospitalist, and I serve on the board of the Maine Chapter of the American Academy of Pediatrics. I am writing today to express our support of *LD 353: An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention and Education*.

The Maine Chapter of the American Academy of Pediatrics represents 220 pediatricians and subspecialists who are dedicated to fulfilling the Chapter's mission: to improve the lives of children and adolescents in Maine. Our patients are affected by substance use disorder (or SUD, which includes opioid use disorder) in many ways – from children whose parents struggle with SUD, to adolescents who themselves struggle with substance use or addiction, to infants who experience symptoms associated with substance exposure in utero in their first few days of life. Sadly, the effects of SUD in each of these circumstances will be carried with these children throughout their lives.

LD 353 calls for a study, which fits in well with the Governor's Office of Policy Innovation and the Future's Maine Opioid Response 2023-2025 Strategic Action Plan. The study would analyze the breadth and depth of Maine's network of SUD treatment services, which are provided in a number of clinical and non-clinical settings. It would also assess whether these services are following best practices for the treatment of SUD, including risk identification, appropriate coordination of care, and advising on harm-reduction practices.

We do have two recommendations regarding the study, however. First, the study must assess the availability of SUD treatment clinicians/facilities/practices that will treat adolescents, as this is a group that has historically struggled to access medically-necessary SUD treatment, and specifically access to medications for opioid use disorder. Adolescents are at unique risk for addiction due to their developing brains, and treating SUD in this population is imperative to address the substance and opioid use crisis in Maine.

Second, to fully evaluate the adequacy of Maine's SUD treatment, our policymakers need to have an accurate picture of the real-time availability of these services. Although this study may identify a broad network of clinicians who are providing excellent SUD treatment and following best-practice recommendations, we need to know their actual capacity to care for additional patients to address the substance and opioid use crisis in our state. Many of us have struggled to connect patients with the SUD treatment programs or modalities that would work best for them – frequently confronting 6-12 month waiting periods for services. We recognize that there are likely geographic disparities when it comes to the availability of care as well. This study seeks to assess the supply-side of the equation but would benefit from quantifying the demand for services or

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considering the delays that patients regularly encounter when seeking SUD treatment, often leading to tragic outcomes while awaiting care.

We ask that you vote **ought to pass on LD 353**, and reiterate our request to the committee and the GOPIF that the data collection in this area also incorporate adolescent access to SUD treatment and an assessment of current capacity and waiting times for access to SUD treatment.

Respectfully,

A handwritten signature in cursive script that reads "Joe Anderson DO".

Joe Anderson, DO, FAAP

Advocacy Committee Chair

Maine Chapter of the American Academy of Pediatrics