



## Testimony in Support of LD 353

January 24, 2024

Good Afternoon Senator Baldacci, Representative Meyer, and Esteemed Members of the Health and Human Service Committee,

My name is Tess Parks, and I am a Policy Organizer with Maine Recovery Advocacy Project (ME-RAP), a bipartisan grassroots network dedicated to lifting the voices of people in recovery through community-driven and policy-based solutions. I am also a person in long-term recovery from SUD. I am here today to testify on behalf of ME-RAP in support of LD 353.

It is clear that the opioid crisis is continuing to devastate the lives of many Mainers, their families, and their communities. Although many want help, not everyone has access. Recent research from SAMHSA indicates that 170,000 Mainers<sup>1</sup> are actively seeking treatment for substance use disorders, yet are unable to obtain it. The study created through LD 353 will help identify the gaps in our healthcare systems and provide insight as to what is needed.

As a grassroots and community-driven organization, we see and hear everyday that there are still many barriers to obtaining SUD treatment. Stigma in particular prevents many from asking for help. Other barriers include a lack of transportation to get to services, long waitlists, and lack of treatment options from detox to longer-term inpatient care. It can be hard to find providers willing to prescribe medications for opioid use disorder (MOUDs). Not having access to care can lead many people with SUD to emergency departments looking for help. We know anecdotally that not every hospital or ED has the capacity to either prescribe MOUD or offer referral sources for patients to establish longer term care. LD 353 will provide data to back up what we know is happening on the front lines. We think it is critical that people with lived experience trying to navigate Maine's SUD treatment be included in the design and implementation of this study.

Last September, I attended the Maine Medical Association's Annual Session and had the opportunity of sitting on a panel with Dr. Erik Steele and Dr. Elizabeth Fowlie Mock to discuss treating SUD in primary care settings and why leadership is so important in this arena. During the Q&A portion, I was struck by how many providers stood up and expressed an interest to incorporate SUD treatment into their primary care practices. We heard ER doctors describe some uncertainty with prescribing MOUD in the short-term while not knowing where or how to connect patients to longer term care. There are likely many medical providers in Maine that would like to be leaders on this front but need support in implementing best practices.

On Tuesday, I overheard a volunteer for AARP say that the hardest part about getting older is learning how to say goodbye to your friends. The opioid epidemic has robbed so many of our friends the opportunity to grow old. We hope this study will lead to improved systems of care so that more people can access the treatment they so desperately need to live long and healthy lives.

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<sup>1</sup> SAMHSA. 2021 NSDUH: State-Specific Tables | CBHSQ Data  
<https://www.samhsa.gov/data/report/2021-nsduh-state-specific-tables>



### **Testimony in Support of LD 353**

We hope that the Committee will support LD 353. I thank you for your time, and I am happy to answer any questions.

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