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Senator Ingwersen, Chair Representative Meyer, Chair Members, Joint Standing Committee on Health and Human Services 100 State House Station Augusta, ME 04333-0100

Re: LD 604– An Act to Ensure Access to Concurrent Methadone Treatment and Intensive Outpatient Programs

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information neither for nor against LD 604, *An Act to Ensure Access to Concurrent Methadone Treatment and Intensive Outpatient Programs*.

This bill prohibits the Department of Health and Human Services (the "Department") from prohibiting or restricting coverage for individuals enrolled in the MaineCare program from concurrently receiving methadone maintenance for the treatment of opioid use disorder and participating in medically appropriate intensive outpatient programs or other outpatient services intended for the treatment of behavioral health disorders. It directs the Department to adopt rules implementing these requirements no later than 90 days after the effective date of the rules.

Under MaineCare Benefits Manual (MBM) Section 65: Behavioral Health Services, members are eligible to receive one of the following "Outpatient Services" at a time: 1) Outpatient Therapy; 2) Intensive Outpatient Programming (IOP); or 3) Opioid Treatment Program (OTP) Services with Methadone. Methadone is only available to members in OTPs, which are reimbursed with a bundled rate that includes counseling plus methadone prescribing and dispensing. Members are not required to participate in counseling services provided at the OTP, but the bundled payment is made regardless of the member's utilization of counseling services. If a member receiving OTP services seeks intensive outpatient services or counseling services outside of an OTP, these services would be considered duplicative and would not be reimbursable by MaineCare.

Removing barriers to IOP treatment and co-occurring outpatient therapy services for members receiving methadone in OTP could result in an increase in service utilization. While a full MaineCare fiscal estimate has yet to be determined, this bill could have a fiscal impact on the Office of Behavioral Health's uninsured contracts due to increased cost of concurrent IOP and OTP services.

Should LD 604 move forward as written, the rate determination process set forth in 22 M.R.S. § 3173-J will still need to be followed to amend reimbursement methodology. The Department will need to request the necessary state plan amendments from the federal Department of Health and Human Services, Centers for Medicare & Medicaid Services and adopt routine technical rules upon federal approval. Additionally, claims system work would be required to introduce new codes and discontinue automatic denials of

services currently identified as duplicative. Completing and obtaining approval of the required state plan amendment, unbundling services, developing new rates and completing required rulemaking is not possible within the 90-day window proposed in LD 604.

The Department recognizes that the current reimbursement methodology and prohibition on service duplication may be a barrier for members seeking behavioral health services outside the scope of OTP programming and is actively exploring avenues to improve access to MaineCare-covered OUD treatment. The Department is reviewing current reimbursement practices and exploring the feasibility of unbundling OTP payments which would permit OTP providers to bill for delivered methadone and counseling services separately and allowing members to obtain methadone and counseling from separate providers.

The Department asks the Committee to support these efforts which are already underway and are intended to address the same issues raised in LD 604. Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

Michelle Probert

Director

Office of MaineCare Services

Maine Department of Health and Human Services