Acquired Brain Injury Advisory Council of Maine

Written Testimony of Jennifer Jello
March 27, 2023

In Support of LD 539
An Act to Provide Substance Use Disorder Counseling for MaineCare Members with Acquired Brain Injury

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

Thank you for the opportunity to submit written testimony on behalf of the Acquired Brain Injury Advisory Council (ABIAC). Formed in 2002 to support a grant and later established in statute, the ABIAC has been in existence to provide advice and oversight to the Department of Health and Human Services for the last 20 years. Substance misuse is a serious public health issue, and the Council is in support of the reinstatement of substance use disorder (SUD) counseling in Maine's neurorehabilitation clinics. These clinics are sometimes referred to as "102 clinics," a reference to a section in MaineCare.

MaineCare 102 clinics are a unique model and have been successful working with the brain injury population through a transdisciplinary approach by neuropsychologists, physical therapists, speech therapists, occupational therapists, cognitive specialists, recreational therapists etc. All parties are involved in the plan of care and use a holistic approach.

A person receiving outpatient neurorehabilitation services for a brain injury prior to 2004 could access individual and group SUD therapy. The structure of MaineCare 102 services at that time was different than today and explicit reference to SUD counseling is not evident in archived regulations; however, in the 2004 regulations, following a period of budget cuts, there is reference under Limitations (102.06) that identifies that MaineCare 102 must not duplicate substance use treatment services. Select members of the ABIAC recall turn of the century SUD services in brain injury clinics, and described them as beneficial, effective and well-utilized.

People that oppose LD 539 may argue that substance use disorder treatment is available through MaineCare Section 65, behavioral health. Note that in the Section 65 regulations, neurocognitive disorders cannot be considered a primary diagnosis, so a person with a brain injury may not be eligible to access substance use treatment through Section 65.

One might ask: Wouldn't it be equally as effective to open Section 65 to serve individuals with neurocognitive disorders? That could be a viable solution, though transportation remains an enormous barrier in the state, and there is value in having one-stop rehabilitation in a 102 clinic (the coordination of multiple therapies and one ride as opposed to the coordination of multiple trips to scattered appointments that may or may not be available, especially in rural areas of Maine).

A concern raised in ABIAC meetings relates to brain injury survivors with co-occurring substance use challenges being ping-ponged between silos of specialized services. For instance, if a person with a brain injury is receiving substance intervention from a substance use provider, there are concerns that patients are prematurely discharged without the full benefit of substance use intervention because clinicians may not have training in brain injury or understand the complexities of co-occurring disorders.

The ability to address substance use through the MaineCare 102 model with therapists trained in working with both brain injury and substance use is ideal.

Our partners at the Brain Injury Association of America Maine Chapter have shared that in terms of overall incidence, the national data has consistently shown that 45% to 60% of persons requiring inpatient rehabilitation for brain injury have a prior history of SUD. Additionally up to 20% of individuals develop SUD after a brain injury. According to research by Dr. John Corrigan, 70% of patients receiving rehabilitation for traumatic brain injury will be prescribed opioids and become vulnerable to addiction. There is a clear need for substance use intervention in the brain injury population.

The ABIAC anticipates that the cost for the reinstatement of SUD Counseling in 102 clinics would be modest, but would likely have high value for the relatively small population of survivors accessing the service. An informal inquiry in February of 2023 of 102 clinics yielded survey data from four of the eight clinics in locations including Brewer, Fairfield, Standish and Rockland. The providers shared the number of current patients who scored a 3 or 4 (where zero represents no history of substance misuse or fully recovered and a score of 4 represents moderate to heavy substance use) in the categories of alcohol and drug use on a standardized Brain Injury Assessment Tool (BIAT). The total number of patients with high BIAT scores reported for the four clinics combined was forty-five (45). In 2022, the eight neurorehabilitation clinics served 367 MaineCare members. To extrapolate, if the other four clinics had similar findings with regard to substance misuse, this would translate to approximately one quarter of the total MaineCare members who access 102 clinics as candidates who could benefit from SUD counseling services.

The language in LD 539 recognizes the importance of substance misuse as a public health issue and puts SUD in the mix of treatment important and necessary for brain injury survivors. The Council's hope is to then work with our state partners at the Office of MaineCare Services and Office of Aging and Disability Services to slightly increase the service caps for assessment and treatment of SUD so that a brain injury survivor, family and treatment team are not put in the unfavorable position of having to choose between receiving a medically necessary physical therapy appointment or a crucially beneficial substance use treatment session.

Thank you for your time and consideration of my testimony. Please do not hesitate to contact me with questions.

Respectfully submitted,

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