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April 10, 2023

Testimony of Rep. Colleen Madigan introducing

LD 1178, Resolve, to Reduce Barriers to Recovery from Addiction by Expanding Eligibility for Targeted Case Management Services

Before the Joint Standing Committee on Health and Human Services

Good afternoon, Senator Baldacci, Representative Meyer and colleagues on the Health and Human Services Committee. My name is Colleen Madigan and I live in Waterville and represent House District 64. I am here today to present LD 1178, Resolve, to Reduce Barriers to Recovery from Addiction by Expanding Eligibility for Targeted Case Management Services.

This is the same bill I presented to this Committee in 2021. At that time, this Committee decided to add language regarding eligibility in this bill into a bill Representative Paul Stearns had, LD 432, regarding MaineCare rates for Targeted Case Management. The combined bill received a unanimous ought to pass report in Committee and passed under the hammer. That bill was worked into the supplemental budget last year with increased funding, bridging the gap until increased rates became effective. However, the eligibility has not changed. This is a problem.

The testimony I gave two years ago regarding the need for this remains relevant, perhaps even more so. Every day we hear about the substance use disorder crisis. Fentanyl. 716 overdose deaths last year. And, as I have not let anyone forget, the drastic rise in alcohol use disorder and alcohol related deaths. Navigating a complex and ever-changing system to try to access care can be impossible for people with substance use disorder and their families. People need to be able to access treatment when they are ready. We need to remove barriers. If we do not remove these barriers, people are more likely to die.

Two years ago when I first presented this bill, I did not share what was going on for me personally, in my family with my sister. In the absence of my sister qualifying for targeted case management, it was left to her and our family to try to get help. There was no follow up after emergency room visits or inpatient stays. There was no real attempt in those inpatient stays to get her into more intensive treatment, other than a referral to counseling and once to an intensive outpatient program. There was no one following up on her, no one coordinating care, etc. She was unable to do this on her own due to her substance use disorder, medical problems and untreated mental health issues. We need to do so much better.

Accessing necessary treatment is crucial to recovery. There should be no wrong door to access a case manager. Case managers help people get the care they need, when they need it. They identify barriers and are able break them down. They are usually the best source of knowledge on available resources. They also help people build up their own resources in the community. I have provided my testimony from 2021 to help explain the need for this. I am happy to answer any questions.



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**Testimony of Rep. Colleen Madigan Introducing LD 360, "Resolve, To Reduce Barriers to Recovery from Addiction by Expanding Eligibility for Targeted Case Management Services"
April 15, 2021**

Good afternoon Senator Claxton, Representative Meyer and fellow members of the Health and Human Services Committee. I am Representative Colleen Madigan, and I represent part of Oakland and part of Waterville. I am here today to introduce LD 360, "Resolve, To Reduce Barriers to Recovery from Addiction by Expanding Eligibility for Targeted Case Management Services."

Every day we hear about the opioid crisis and the housing crisis. We hear about the difficulty people with substance use disorder have in accessing treatment. We hear about it in this committee. We hear about it in the news. This bill aims to make it easier for people with substance use disorder to get help in a timely manner.

Current rules don't let most people with substance use disorder get help navigating the complicated world of services. As things are, a person who has substance use disorder who wants assistance in accessing treatment, housing, etc. can only get case management services to help them if they are pregnant, have minor children or have used IV drugs. This leaves out a lot of people who need help in accessing the services that would lead them to recovery. This bill removes those special conditions and just says that if you have a substance use disorder, you can get targeted case management services. So people can get the help they need.

We all know people in these circumstances. Navigating how to access necessary treatment services is vital to recovery. We have heard time and time again that we cannot arrest our way of the opioid crisis. Passing this bill will lead to those who are most at risk of dying of overdose or coming into contact with law enforcement and our jails to get the help they need. This would allow those who have abused alcohol or other drugs, but never used intravenous drugs to get help. It would allow those who are not parents or not custodial parents to get help.

Just the other day we heard from many in the recovery community describe how they were able to get help, get their lives back and begin to function better and contribute to our state. The truth is we need them. They are our friends, our family and our neighbors. This bill just allows them improved access to the tools to they need to get their lives back.

Thank you very much for your consideration. I look forward to working with you on this bill.