

MaineHealth

**Testimony of Katie Fullam Harris
MaineHealth
In Opposition to LD 1439
“An Act to Promote Family-centered Interventions for Substance Use Disorder Treatment”
May 3, 2023**

Senator Baldacci, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, I am Katie Fullam Harris of MaineHealth. This bill presents an understandable but unworkable solution to the very challenging problem of getting help and treatment for individuals with substance use disorder.

There is no question that families who include members with substance use disorder face incredible challenges and frustration as they try to navigate the system on behalf of their loved ones. Individuals with substance use disorder may agree to treatment at one moment, but walk away from it the next. Treatment is not always readily available, and particularly for those who are on MaineCare or uninsured. And individuals with substance use disorder may be technically incompetent when they are under the influence, but fully competent to make their own decisions when the substances have worn off.

Importantly, health care providers cannot compel someone to enter treatment. We can offer resources, we can encourage participation in treatment, but we cannot force someone to enter treatment against their will. As an aside, even if we could compel treatment, experts are clear that the greatest success occurs when individuals make a decision to enter treatment for themselves.

This bill would require hospitals to play a role in trying to compel treatment for an individual with substance use disorder by requiring that we lead interventions. With the limited exception of patients who are under a court-ordered status such as blue-paper or protective custody, patients at hospitals are there of their own free will. As medical providers, we can and do encourage them to participate in appropriate treatment regimens, however, patients have the option of leaving Against Medical Advice. We cannot compel patients who are competent to participate in treatment or other activities.

However, MaineHealth's hospitals do a great deal to encourage patients to get the help they need. Specifically, we have built systems to engage patients who have SUD and come to the ED or to our inpatient units:

- They receive a comprehensive crisis assessment in addition to medical clearance,
- Efforts are made to incorporate collateral resources, including family members, into a patient's treatment plan,
- If the patient is experiencing withdrawal, medical stabilization and detox admission is pursued. NOTE: THIS IS AN AREA OF SIGNIFICANT GAP IN MAINE. We do not have nearly enough detox capacity to serve individuals who are uninsured or on MaineCare.

- Once patients are stable, the ED teams work hard to engage them in treatment. They refer patients to our substance use peer counselors, they make appointments at substance use treatment programs, they encourage them to work with their support systems to engage in treatment
- Families who are seeking support with their loved ones are included in the care plan as far as confidentiality permits. We are able to access all collateral sources in properly evaluating for acute and imminent safety risk, however, in order to incorporate family into a discharge safety plan, the patient must be voluntary
- Patients complete a comprehensive safety and discharge plan with an ED crisis provider upon discharge from the EDs. All recommendations, referrals and service connections are documented on the patient's plan and a copy provided to them upon discharge
 - Wherever possible we also include family in these care plans and in the coordination of services (and lethal means restriction) in order to support the patient and bolster treatment compliance and follow-through
 - We strongly recommend **family involvement and engagement to the patient.**
 - Patients and families are educated on substance use resources and how to access these resources should they wish to pursue additional options following discharge
 - Peer Recovery Coaches are engaged in every possible discharge plan
 - Hotline/helpline numbers are provided to patients for access from the community 24/7

In addition, families will often contact our ED teams for support with accessing care for their loved one(s). In these instances, we provide education on available options, supportive measures that can be taken and the limits of treatment and HIPAA.

We cannot coerce patients into care, however, express recommendations and reflect risk profiles to patients in supporting rationale for indicated treatment, including family members in their treatment plans.

Finally, Maine Medical Center's Emergency Department and Maine Behavioral Healthcare are part of an NIH study on opioid use disorder. The ED engages patients in early treatment and the MBH hub provides early access to ongoing therapy and treatment. We have the third highest number of patients enrolled in the study, and it is proving very effective.

Thank you and I would be happy to answer questions.