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**Presenting L.D. 353, An Act Concerning Substance Use Disorder, Treatment, Recovery,
Prevention and Education**

Before the Health and Human Services Committee

Wednesday, January 24, 2024 at 1:00pm

Good afternoon Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. I am Senator Brad Farrin and I have the honor of representing the people of District 3, which includes towns in Kennebec, Somerset and Penobscot counties. I am before you today to present L.D.353, which was formerly named An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention and Education, and my proposed amendment which changes the title to Resolve, Directing the Governor's Office of Policy Innovation and the Future to Study Key Aspects of the Adequacy of Maine's Substance Use Disorder Treatment.

According to the Maine Drug Data Hub, "The total number of confirmed and suspected fatal overdoses January–November 2023 is 559, 13.6% lower than the total confirmed fatal overdoses for the same period in 2022, 647. The total number of nonfatal overdoses in January–November 2023 is 8,576, 4.4% lower than the total confirmed nonfatal overdoses for the same period in 2022, 8,974." These numbers might be lower than last year, but that is still 559 of our friends, family, neighbors, parents, siblings and children who have died from a preventable disease.

I know that this means that most people in this room know someone who has died of an overdose either this year or in the years previously. And even if you are one of the lucky few who has not had to experience that loss, we all have a duty to act to protect our community from this public health epidemic because you never know what might be around the corner for your own loved ones.

Because of that duty, I have been working tirelessly to progress each of the pillars of resolving the epidemic: education, enforcement and treatment recovery. This bill's amendment addresses treatment. I have worked with many stakeholders to try to find the silver bullet for treatment, but I think we can all agree that a silver bullet has not been discovered.

Although this isn't a silver bullet, it is a step in the right direction. This bill recognizes that we already know that there are best practices that all clinicians should be doing like:

- a. Use of standardized processes to identify individuals at high risk for SUD/ODU
- b. Accessible treatment which include medications for opioid use disorder (e.g. buprenorphine, naltrexone, or methadone) which is an approach to opioid use treatment that combines the use of FDA-approved drugs with counseling and behavioral therapies for people diagnosed with opioid use disorder (OUD).

- c. Ensure no gaps in treatment coverage like prescribing sufficient amount of buprenorphine at the time of discharge to cover patients until they can follow up with a community-based clinician;
- d. Advise patients on harm reduction practices and provide take-home naloxone or other overdose-reversing agent to patient and/or family members at time of discharge; and
- e. Commitment to treating all patients with SUD/OD with dignity and respect including but limited to avoiding stigmatizing language and offering supportive care and treatment for SUD/OD as a chronic and life-threatening medical condition

Even though we know that best practices exist, we also know that not everyone is receiving this same care across the State. We still have people overdosing every day in Maine. These gaps might be because the clinician is not trained on it yet or it might be because they do not have the resources to implement some of the practices or maybe it is because they are short staffed due to our health care shortage across the State.

We don't know why but we need to find out.

I am the first one to call out a study as a delaying action on the problem. But we owe it to our community to identify the gaps so we can direct resources and training toward those areas.

And, in this case, this is not just a study. It is a study complemented by an organization already doing the work. The Maine Medical Association launched the 1,000 Lives Campaign at the end of last year because they know there are certain evidence-based interventions that can and will save lives. And they are already partnering with physician and clinician leadership to ensure that all Mainers have the opportunities to receive the best medical care possible. I know that Dr. Erik Steele, D.O. from the Maine Medical Association will be testifying today and can speak to the specifics of this, but I am grateful that this is not just a study - it is a study with built in action.

A final note - I have been approached about a few amendments to this bill. I want my partners in this room to know that I am always open to identifying ways that the Legislature can assist in resolving this public health epidemic. And so we would be happy to have some amendments as long as it does not have a fiscal note component. As currently written, we are hoping to avoid the Appropriations Table because I already know that there are a lot of important initiatives that need funding this Session.

Thank you for your consideration and your work on this topic. I am happy to answer questions, and I also know that there are others that will follow that might be able to answer specific questions.