

MaineHealth

**Testimony of Dr. Leah Bauer, MaineHealth
In Support of LD 353, “An Act to Require Hospitals and Hospital-affiliated
Providers to Provide Financial Assistance for Medical Care”
Wednesday, January 24, 2024**

Senator Baldacci, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Dr. Leah Bauer, Medical Director of the Addiction Resource Center at Mid Coast-Parkview Health, and I am here to testify on behalf of MaineHealth in support of LD 353, “An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention and Education.”

MaineHealth is an integrated nonprofit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare (MBH), is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

MBH serves as the leader of MaineHealth’s effort to address the substance use epidemic. I am proud to say that in Fiscal Year 2023, we served 2,015 patients with opioid use disorder. Our multi-faceted approach involves prevention, education, and treatment across the entire MaineHealth footprint, including intensive treatment “hubs” run by MBH and overseen by psychiatrists, like me, and intermediate and ongoing maintenance level treatment in primary and specialty care practices located in each of our local health services areas. And it is because of this commitment to treatment that MaineHealth was proud to sign the Maine Medical Association’s 1,000 Lives Campaign Pledge.

We believe this amendment, with the addition of the language proposed by the Maine Hospital Association to study the current reimbursement of the services provided, takes an important step in advancing the work of the 1,000 Lives Campaign, and we applaud Senator Farrin for his commitment to expanding access to substance use treatment in Maine.

But as MaineHealth has worked in this space since 2016, it has become clear that Maine has significant gaps in the treatment continuum that remain to be filled, and the Opioid Settlement dollars alone cannot be expected to close those gaps. It is time for Maine to step up to fill these critical gaps and better support the needs of our residents who suffer from substance use disorder. Specific opportunities exist with the following:

- Expand access to case management to all MaineCare patients with a primary diagnosis of substance use disorder.

- Currently, case management is only reimbursed for pregnant women with substance use disorder or patients with a primary mental health diagnosis or developmental disorder.
- Expand MaineCare coverage of long-acting injectable buprenorphine options for Opioid Use Disorder, for patients who are receiving treatment regardless of the treatment setting, including rural health clinics.
 - Licensing restrictions and rigid payment policies prevent us from providing this lifesaving medication in outpatient behavioral health offices and rural health clinics, both of which serve highly vulnerable populations, particularly in rural areas, who would benefit greatly from access to this important medication.
- Clarify that available government funding can be used for substance use disorder, not just opioid use disorder.
 - Our communities are experiencing a surge of other illicit drugs, like stimulants, and alcohol continues to be the most widely misused substance in Maine.
- Expand Access to Medically Monitored Withdrawal, Residential Treatment, and Methadone:
 - Medically monitored withdrawal management is extremely scarce and the capacity for residential services is also severely lacking and accessing a bed can frequently take months. Additionally, it is our understanding that the state's methadone clinics are at capacity and access is geographically scattered. It is an unfortunate reality that patients often give up and resume misusing substances while waiting for treatment, which can be deadly.
- Expand Access to Recuperative Care:
 - The Portland Recuperative Care Center (a joint project with MaineHealth, Greater Portland Health, and Preble Street) is the state's only recuperative care center, and provides post-acute residential care for people experiencing homelessness and who do not require hospital level of care. In the first year of operation, the Recuperative Care Center has cared for 112 individuals, 60% of whom received medications for Substance Use Disorder. I am proud to share that 33% have exited homelessness and it has saved 2,695 avoidable bed days for Maine Medical Center, which allows for increased access to acute care for the community. But MaineHealth is currently subsidizing the Recuperative Care Center at \$2.1 million per year because this level of care is currently not reimbursed by payors. If this service were reimbursed by MaineCare it could be replicated in other areas of the state.
- Reimburse for Peer Support:
 - Currently, only two sections of MaineCare - Behavioral Health Home Services and Opioid Health Home Services - offer a small allowance to fund Peer Support through the per member, per month reimbursement structure. To provide Peer Support to clients not served by these two sections of MaineCare, we are completely reliant on grant funding, which is time-limited, often specific in scope and reach, and is not a sustainable funding source.
- Reimburse for Intensive Community-Based Treatment:

- Currently, ACT Teams can only provide treatment to patients with a primary mental health diagnosis, but a similar intensive community-based treatment team would be particularly beneficial for patients with Substance Use Disorder, and could provide treatment, vocational supports, peer support, and case management.

We thank Senator Farrin for his work in advancing the goals of the 1,000 Lives Campaign, but we also urge this Committee to consider the gaps that we and, more importantly, our clients experience. Success in addressing this crisis will require that we build a continuum of services that better meet the needs of individuals, filling gaps in care, and ensuring immediate access to all relevant high-quality and evidence-based services.

Thank you and I would be happy to answer any questions you may have.