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Maine Hospital Association

MAINE'S LEADING
VOICE FOR HEALTHCARE

MHA Proposed Amendment

LD 353

January 24, 2024

LD 353 - *An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention and Education*

Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee, my name is Jeffrey Austin and I am presenting a proposed additional amendment to Senator's Farrin's amendment to LD 353 on behalf of the Maine Hospital Association.

MHA is a supporter of the "1,000 Lives Campaign" and our members are looking at how to implement its provisions.

One of the challenges associated with implementing this campaign is understanding the reimbursement landscape. The payer mix for SUD is different than for most other conditions. The payer mix for SUD includes many more patients who are uninsured or on Medicaid than usual. Financing programs with a payer mix with more uninsured and Medicaid is very difficult.

Furthermore, the campaign seeks to have hospitals stretch some of their normal activities to include activities not normally associated with the services sought inside the hospital. It is not clear to us whether Medicaid or other payers would even reimburse for some of these activities.

Our amendment asks for the review to include a review of the costs and the reimbursement for the different activities that comprise the campaign.

3. **Review Reimbursement Policies in Maine for SUD/OUD Treatment including but not limited to:**

For each of the below activities, the cost of the service and the reimbursement for the service should be identified by payer.

If medications are associated with the treatment, those costs and reimbursement should be broken out separately as appropriate.

A. For hospitals:

1. Assessment of inpatients who should be started on medications for OUD (MOUD);
2. Initiation of buprenorphine to inpatients;
3. Maintaining patients admitted on buprenorphine or methadone on their MOUD treatment during hospitalization;
4. Providing bridging MOUD prescriptions for hospital patients at the time of discharge until they can be seen in follow up by an MOUD clinician;
5. Providing naloxone kits at discharge for appropriate patients;

B. For hospital emergency departments:

1. Initiation of buprenorphine therapy in the ED;
2. Bridging MOUD prescriptions for ED patients until they can be seen for an initial appointment with a follow up MAT prescriber in the area;
3. Developing and maintaining a list of follow up MOUD prescribers willing to take ED patients in follow up to establish OUD care;
4. Providing naloxone kits at discharge for appropriate patients;

C. For primary care practices:

1. Treatment for OUD with buprenorphine;
2. Rapid follow up of patients from handoffs/referrals from emergency departments following ED treatment for overdose or other opioid-related problems;
3. Providing naloxone kits at discharge for appropriate patients;