



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

Testimony in Support of Sponsor's Amendment January 24, 2024

Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee, my name is Lisa Harvey-McPherson RN. I am here today providing testimony on behalf of Northern Light Health and our member organizations speaking in support of this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with more than 10,000 employees statewide.

I want to thank Senator Farrin for the proposal before you today, it is our understanding that the language is supportive of the goals in the Maine Medical Association 1000 Lives Campaign for Maine. The campaign is a systematic, clinician-led, collaborative campaign to reduce the number of predicted opioid-related deaths in Maine by 1,000 from current projections. The campaign seeks to do this by implementing a set of health care site- and clinician-specific interventions to improve the treatment of substance use disorders (SUDs), with particular attention to improving treatment for opioid use disorder (OUD).

As you consider the concepts in the sponsor amendment we offer the following recommendations

- Include an analysis of the shortages of health care professionals that impact access to substance use disorder treatment in primary care, behavioral health and recovery specialty services.
- Evaluation of short term, moderate and long term recovery models of care available statewide. Appropriately so, much of Maine's capacity building has focused on access points to initiate treatment and lifesaving access to Naloxone
- Barriers to nursing home care for individuals on medication assisted treatment in need of skilled nursing care. Today many of these individuals are in acute hospital beds for extended periods unable to access nursing home level of care for discharge. Barrier analysis should also include recommended investments to address nursing home capacity to care for the MAT population.

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- Community options for individuals in need of long term antibiotic infusion therapy for SUD related infections. Today these patients are hospitalized for 6-8 weeks for infusion therapy as there are generally no supportive housing options for this population.

Thank you for the opportunity to speak in support of this important legislation.