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March 13, 2025

Sen. Henry Ingwersen, Chair  
Rep. Michele Meyer, Chair  
Joint Standing Committee on Health and Human Services  
Maine State Legislature  
100 State House Station  
Augusta, ME 04333

Re: ***LD 604, An Act To Ensure Access to Concurrent Methadone Treatment and Intensive Outpatient Programs***

Dear Sen. Ingwersen, Rep. Meyer, and Members of the Health and Human Services Committee:

On behalf of the Coalition to Ensure Fair Access to Opioid Addiction Treatment, we are pleased for the opportunity to provide testimony in support of LD 604.

**About us.** Our Coalition is comprised of all fourteen opioid treatment provider clinics licensed by the State of Maine to offer medication-assisted treatment services utilizing methadone. Our Coalition serves thousands of Mainers with opioid use disorder from clinics located throughout Maine, approximately 70% of whom are MaineCare eligible.

**Discussion.** We support LD 604 because it provides more opportunities for indigent Mainers to receive the treatment they need to address opioid use disorder. Under current law, a MaineCare eligible individual with an OUD may receive intensive outpatient treatment and medication-assisted treatment using buprenorphine. MaineCare will cover both services. However, a MaineCare eligible individual with an OUD who needs methadone treatment as opposed to buprenorphine treatment is not eligible to receive intensive outpatient treatment.

Why is this important? Buprenorphine and methadone are both highly effective medications for treating individuals with OUD, but these medications are not interchangeable. Buprenorphine treatment is effective for individuals with lower levels of addiction, but because this medication has a built-in agonist, it is less effective for individuals with higher levels of addiction. For individuals with a higher level of addiction, methadone is generally considered the appropriate medication because it meets the patient where they are. If such patients were to utilize buprenorphine, they would likely experience withdrawal symptoms early in treatment, and some of these patients might ultimately drop out of treatment before stabilizing.

If LD 604 were to pass, it would enable MaineCare eligible individuals in need of intensive outpatient treatment to receive methadone treatment as well as buprenorphine. This means more access to treatment, and more opportunities for recovery. LD 604 also provides opportunities for outpatient treatment providers to offer intensive outpatient treatment in their facilities, which facilities are already set up to

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allow the dispensing of medication, medical evaluations, and counseling. Such “one-stop shopping” for patients in treatment offers more convenience, which improves retention in treatment. It also would cut down on the need for costly transportation services when the services are offered by separate providers in different locations.

**Conclusion.** We appreciate the opportunity to provide comments in support of LD 604, and if you have questions or need any other information, please do not hesitate to let us know.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. I. Cohen', with a stylized flourish at the end.

James I. Cohen  
Counsel to OTP Coalition

cc: Gordon Smith, Director of Opioid Response, State of Maine  
Katherine Coutu, State Opioid Treatment Authority, State of Maine