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Alliance for Addiction and Mental Health Services, Maine *The unified voice for Maine's community behavioral health providers*

Testimony in Support of **An Act to Ensure Access to Concurrent Methadone Treatment and** **Intensive Outpatient Programs – LD 604**

March 13th, 2025

Good afternoon, Senator Ingwersen, Representative Meyere, and honorable members of the Committee on Health and Human Services. My name is Adam Bloom-Paicopolos. I am a resident of Wells and am proud to serve as the Executive Director of the Alliance for Addiction and Mental Health Services, Maine (the Alliance). The Alliance is the statewide association representing Maine's community-based behavioral health agencies who provide much-needed mental health and substance use services to over 80,000 children, adults, and families annually. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in support of LD 604, and I would like to thank Representative Supica for bringing this proposal forward.

The "gold standard" for treating opioid addiction, as recognized by medical experts, includes medication-assisted treatment (MAT) combined with psychosocial therapies and community-based recovery supports. Methadone maintenance therapy is a proven, effective medication for treating opioid use disorder that helps individuals stabilize their lives and begin the recovery process.

The opioid crisis continues to devastate communities across Maine, and we need a comprehensive approach to treatment that recognizes addiction as a chronic health condition requiring ongoing care and support. The current restriction on concurrent methadone treatment and intensive outpatient therapy (IOP) contradicts best practice. This bill ensures MaineCare recipients can access the full spectrum of evidence-based care. When patients receive both medication treatment and appropriate behavioral health services concurrently, their chances of sustained recovery significantly improve.

While methadone treatment does include some forms of therapy, such as often large, 40-person or more, group sessions, it does not include the more intensive and focused therapy and small group sessions as IOP. These two services are not duplicative of one another. Many of our agencies who provide IOP services cite instances of needing to turn away individuals seeking IOP because they currently receive methadone treatment services. LD 604 would ensure that MaineCare recipients can access these critical components simultaneously rather than facing arbitrary restrictions that force them to make difficult, and frequently confusing, decisions.

While comprehensive treatment does require investment, the cost of untreated addiction is far greater. By ensuring access to both methadone maintenance and outpatient behavioral health services, we can reduce emergency room visits, hospitalizations, incarceration, and the devastating impact of overdose deaths. Studies have shown that integrating multiple treatment approaches leads to better outcomes and can increase the likelihood of maintaining long-term substance abstinence.

I strongly urge you to support LD 604. This legislation is a compassionate, practical approach that will save lives by ensuring that MaineCare recipients can access the full range of evidence-based treatment for opioid use disorder without unnecessary restrictions.

Thank you for the opportunity to provide testimony this afternoon issue. I would be happy to answer any questions from the Committee.

Respectfully,

A handwritten signature in black ink, appearing to read 'Adam Bloom-Paicopolos', written in a cursive style.

Adam Bloom-Paicopolos, MPP
Executive Director