Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



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Senator Ned Claxton, Chair Representative Michelle Meyer, Chair Members, Joint Standing Committee on Health and Human Services 100 State House Station Augusta, ME 04333-0100

Re: LD 510 – Resolve, To Reduce Stigma Regarding Substance Use Disorder by Requiring the Use of Respectful Language in the MaineCare Benefits Manual and Other Department of Health and Human Services Publications

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

This letter is to provide information on LD 510, Resolve, To Reduce Stigma Regarding Substance Use Disorder by Requiring the Use of Respectful Language in the MaineCare Benefits Manual and Other Department of Health and Human Services Publications.

This resolve directs the Department of Health and Human Services to review the MaineCare Benefits Manual and other Department publications and replace references to "substance abuse" with "substance use disorder" and to ensure that language relating to persons with substance use disorder is consistent with respectful, "person first" language.

The Department supports the goals of this bill, but also notes that a similar topic was addressed in the 128th Legislature's LD 1871, An Act To Implement the Recommendations of the Task Force To Address the Opioid Crisis in the State Regarding Respectful Language. That bill became law, PL Ch 407, and included the following language:

Sec. B-1. Executive branch rules, forms, policies and publications. On or after the effective date of this section, when adopting or amending rules and developing or publishing forms, policies and publications, all executive branch entities shall replace references to "substance abuse" with references to "substance use disorder" and shall ensure that language referring to persons with substance use disorder is consistent with respectful, 'person first,' language.

The Department has been complying with this law, deleting references to "substance abuse" and adding "person first" language whenever rules are opened for other changes. This approach has prevented the need to initiate rulemaking at an additional cost in dollars and staff time solely to make these changes. If we continue with this approach, there will be no costs to continue making

the changes incrementally. If this bill directs the Department to conduct rulemaking immediately to make these changes, there will be a fiscal impact for rulemakings as well as a potential delay in other planned rulemakings.

We wanted you to be aware of the above information as you consider this bill going forward. If you have any further questions, please feel free to contact me.

Sincerely,

Michelle Probert, Director Office of MaineCare Services

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