

**MaineHealth
Local Health Systems**

Franklin Community
Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
Mid Coast-Parkview Health
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

**Part of the
MaineHealth Family**

MaineHealth Accountable
Care Organization

MaineHealth Affiliates

MaineGeneral Health
New England Rehabilitation
Hospital of Portland
St. Mary's Health System

**Testimony of Katie Fullam Harris, MaineHealth
in Strong Support of
LD 1135, “An Act Regarding Substance Use Disorder
Treatment Services and Increasing Reimbursement for
Those Services”
Tuesday, April 6, 2021**

Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Katie Fullam Harris of MaineHealth, and I am here to testify in strong support of LD 1135, “An Act Regarding Substance Use Disorder Treatment Services and Increasing Reimbursement for Those Services” sponsored by Representative Stover.

Over the last five years and in response to the opioid epidemic, MaineHealth developed a multifaceted prevention, education and treatment model to address the substance use epidemic facing our state. Our treatment model provides high quality, evidence-based outpatient services to individuals with substance use disorder in each of our local health systems, with Maine Behavioral Healthcare providing intensive treatment to patients when they are most acute and primary care practices and their integrated behavioral health clinicians serving patients who are more stable. We hold ourselves accountable to quality measures, and I am pleased to say that 72% of our patients exceed an average length of stay of 90 days. As of March 1, 2021, our programs served 1,737 patients in this year alone. We are making a difference.

As the epidemic within the pandemic continues to surge, we have added people with lived experience to all of our care teams as well as our hospital emergency departments. We have pivoted to service patients virtually, and provided telephones to those who did not otherwise have access through a small private donation. We have hired a Medical Director of Addiction with a strong background in community-based substance use treatment who is ensuring that our care is both high quality and effectively meeting the needs of our patients. And we lose money on every MaineCare patient who walks through the door. For each hour of service that we provide, we lose an average of \$59.52.

As you know, MaineCare is in the process of a rate review. The comparison data showed that substance use services are below the average (92% of the average) and well below the median (80.2%) – more alarmingly, the total current spend as a percentage of the spend if the

codes were paid at the comparison states' rates is just 59%. It is hard to imagine a situation in which an epidemic is taking so many lives with so little attention to investing in a high quality system of treatment to support patients when they are ready to engage. Treatment is the foundation of recovery, and we must invest in treatment models that are proving effective - and hold providers accountable for outcomes.

It is also worth noting that the bill would require cost-based reimbursement for services needed to allow safe detoxification for people experiencing withdrawal. Maine has insufficient capacity for detox beds, and one of our two providers recently announced that it is closing the service for an undetermined amount of time. When we looked at the MaineCare rate - \$211 per day – it came as no surprise that they could not maintain the staffing necessary to support services. We strongly support this change as well as the rate increase for ambulatory services. We would suggest that the 25% increase be modified to reflect the cost of providing high quality treatment. One problem with the current MaineCare rate review is that it fails to do just that – it relies upon comparisons to other states, but fails to take into account the cost of providing care to patients, which is the actual floor upon which providers must work.

In addition to a modest rate increases, this bill supports important steps towards quality by requiring that treatment conform to trauma informed principles of care. A 2003 study quoted by SAMHSA showed that each adverse childhood experience increase the likelihood of early initiation into illicit drug use by two to four times (*The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioral Health Problems. SAMSA's Center for the Application of Prevention Technologies. Factsheet*). We support ensuring that substance use treatment adhere to trauma informed principles of care.

Thank you for the opportunity to support this important bill.