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Testimony of the Maine Osteopathic Association Before the Committee on Health and Human Services

## In Reference to:

LD 964, An Act To Expand Access to Certified Substance Use Disorder Recovery Residence Services
Public Hearing: Tuesday, April 6, 2021 9:00 AM, Cross Building, Room 209

Senator Claxton, Representative Meyer, and distinguished members of the Committee on Health and Human Services,

My name is Merideth C. Norris, DO, FACOFP, FASAM. I am board certified in family medicine and addiction medicine, and am a Past- President of the Maine Osteopathic Association. On behalf of my physician colleagues, I am pleased to provide testimony in support of LD 964, An Act To Expand Access to Certified Substance Use Disorder Recovery Residence Services.

The Maine Osteopathic Association (MOA) is a professional organization representing approximately 400 osteopathic physicians as well as more than 700 residents and students. Our mission is to "serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy and member services in order to ensure the availability of quality osteopathic health care to the people of this State."

This bill requires recovery residences to be certified according to the standards set by a nationally recognized organization that supports persons recovering from substance use disorder in order to receive contracts from the department or receive housing vouchers or municipal general assistance housing assistance from a person living in a recovery residence. The bill also prevents an applicant for general assistance from being denied general assistance for the sole reason that the person is living in a recovery residence. The bill requires the costs of living in a recovery residence to be calculated in the same manner as for other housing assistance when maximum amounts of general assistance under the municipal ordinance and the amount of general assistance granted to the applicant are established.

Maine is currently experiencing the devastating toll of two twin pandemics: the COVID-19 Pandemic and the ongoing Opioid Crisis. The recently released Maine Drug Death Report for January – September 2020 showed that 380 deaths were caused by drugs in the first three quarters of 2020, which represent a 24% increase over the previous three-quarter period, April December 2019, which had a total of 306. It is paramount to support Mainers in recovery so that they can continue to be successful in that recovery path. Providing easier access to recovery housing and ensuring that these are quality programs is essential to that success. **Therefore, we support this bill as a way to improve the quality of housing programs in Maine that are available to survivors of substance use disorder and also to decrease barriers to these important services.** 

We applaud this bill's push for recovery residences to have uniform, tested standards to protect residents, staff and the greater community. The National Association of Recovery Residences (NARR) guidance recommends a full set of standards in four basic domains: administrative operations, physical environment, recovery support and being a good neighbor. These policies are varied and cover important safety precautions such as "Verification that Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use." As well as to "Foster ethical, peer-based mutually supportive relationships among residents and staff" and "Connect

residents to the local community." <sup>1</sup> These are comprehensive and reasonable guidelines, which we agree are a good model for uniform standards.

One standard which is not well outlined in NARR guidelines and appears to be left to individual facilities to create their own policies on is medication-assisted treatment. This is an evidence-based practice and we believe that residents in recovery housing should have access to this option if their physician determines that it is the most appropriate course of treatment. Further, in cases where someone is at high risk for relapse if they come off a med, there should be a standard developed whereby recovery housing would need to either accept the resident being on medication if recommended by a physician, or be given an option to relocate to another recovery residence that could support this recovery path.

We also appreciate that this bill prevents Mainers in recovery from being denied general assistance based upon their choice to live in a space that supports their recovery path.

Please do not hesitate to contact us at <u>info@mainedo.org</u> if you have any questions. Thank you.

<sup>&</sup>lt;sup>1</sup>NARR Standard 3.0 – Draft November 2018; https://narronline.org/wp-content/uploads/2018/11/NARR Standard V.3.0 release 11-2018.pdf