



Holly Stover

71 Dover Rd.

Boothbay, ME 04537

Phone: (207) 633-5979

Holly.Stover@legislature.maine.gov

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: (207) 287-4469

April 6, 2021

Testimony of Holly B. Stover

**LD 1135, An Act Regarding Substance Use Disorder Treatment Services and Increasing Reimbursement Rates for Those Services
Before the Joint Standing Committee on Health and Human Services**

Senator Claxton, Representative Meyer and fellow members of the Joint Standing Committee on Health and Human Services Committee, my name is Holly Stover and I represent the towns of Boothbay, Boothbay Harbor, Southport, Edgecomb, Westport Island and South Bristol in the House of Representatives. Thank you for the opportunity to appear before you today to present **LD 1135, An Act Regarding Substance Use Disorder Treatment Services and Increasing Reimbursement Rates for Those Services.**

In Maine, there were 380 opioid related deaths in 2019. In 2020 the overdose death rate rose to 502 - a 32% increase from the previous year. This is the single largest increase in overdose deaths in Maine to date. The isolation and loneliness have been felt by most of us during this pandemic and for people in recovery this has been even greater. The convergence of pandemic isolation for people living with mental health challenges and substance use disorders has increased the risk of harm and in too many instances, drug related fatalities.

There is an inextricable link between experiences of trauma and substance use disorders. This bill requests that all substance use disorder services funded by DHHS conform to trauma informed principles of care as developed by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. This will ensure that all Substance Use Disorder services in the State of Maine are trauma informed with a recovery orientation.

For over four years I have worked in an Addiction Outreach Program with the Boothbay Harbor Police Department. It is part of a community-based collaborative approach within a hub and spoke model that includes several partner agencies. There is generally a lack of availability of detox and residential beds, which certainly has been amplified in the wake of the pandemic. In my experience, and in general terms, there is limited access to detoxification, residential, or outpatient treatment. The number of beds/slots in Maine are limited and waiting lists can be long. If you have sat with a person during the withdrawal process, you know that it is excruciating and

without medical intervention, people will be driven to use opiates to stop the suffering in that moment. It is in that moment that access and availability of beds is crucial to addressing the treatment needs for that individual.

This Committee is aware of the ongoing efforts of DHHS to review and establish increased service rates. The providers of these services are concerned that waiting for the rates of reimbursement to increase may come too late and create an economic hardship that they won't be able to sustain. To ensure that services remain in place and operate with financial solvency, the following recommendations are made for rate and length of stay adjustments.

First, this bill seeks to address the need for increased rates through a 25% increase reimbursement rate for Section 65, Substance Use Disorder (SUD) Outpatient and Intensive Outpatient services, and all SUD Residential PNMI Appendix B services by 25%. It also requests that the Detoxification Services be based on a cost-based rate methodology (that covers the cost of providing all aspects of the service) instead of the fee for service reimbursement.

This bill also recognizes that some people benefit from extended stays in treatment. To accommodate individualized treatment needs, this bill allows for the length of stay for Residential Rehabilitation Type I to be extended from 28 to 45 consecutive days based on the individual's level of care need, as well as allowing Residential Rehabilitation Type II services length of stay to be extended from 30 to 60 consecutive days depending on the documented need. It would also allow for a change to the PNMI rules to allow for Halfway House services for up to one hundred eighty (180) covered days on an annual basis per member, regardless of number of admissions. This would remove the current limit of one single admission annually, which is often too restrictive for the residents of those programs.

Finally, this bill requests that that Department amend the rules by January 1, 2022. In conversation with the Department, they are respectfully requesting that a date of January 1, 2023 be considered for completion of the rate adjustment and rule changes. I think that this is a reasonable request and something that can be discussed further with the Department at the work session.

I thank the Committee for consideration of LD 1135. Recovery is multifaceted and not a single event. It is a process that brings many changes and must be individualized to be effective. The increase to these rates and rules about length of stay will ensure existing providers will remain in place and perhaps help to grow the number of detoxification and residential rehabilitation beds in Maine.