

State of Maine | 130th Legislature
Joint Standing Committee on Health and Human Services
Testimony of Darcy Shargo on behalf of Maine Primary Care Association
February 22, 2022

Supporting:
LD 393, “An Act To Amend the Laws Regarding Health and Human Services”

Sponsored by Representative Michele Meyer

Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, I am Darcy Shargo, CEO at the Maine Primary Care Association (MPCA).

MPCA is a membership organization that includes all of Maine's 20 Federally Qualified Health Centers (FQHCs), also known as Community Health Centers (CHCs). Maine's CHCs make up the largest independent primary care network in the state, providing comprehensive medical, behavioral, and dental care for more than 200,000 individuals or 1 in 6 Mainers. They are at the forefront of delivering care to rural and underserved Maine communities and serve patients regardless of health insurance status or ability to pay—this includes treatment of substance use disorders.

My remarks are focused most specifically on the treatment side of this bill (i.e., Section IV of the Sponsor's Amendment). I'd like to offer my support from both the lens of personal experience and from my professional knowledge. On the personal front, I am the mother of five kids, the youngest three of whom were adopted from the foster care system here in Maine. Those three were born drug affected and were in family situations where parents struggled—ultimately unsuccessfully—with substance use, unstable housing, and a host of other related issues. I cannot but wonder how much pain and suffering my kids (and their families) could have been spared if their parents of origin had been able to access treatment when and where they were open to receiving it.

And this is where Maine's FQHCs come in; as was shared with us late last week, the details of this bill have been quick in coming together, including the section that funds FQHCs to expand MAT treatment using opioid settlement dollars. Many brilliant health center staff have been working tirelessly to build a more accessible treatment model for Opioid Use Disorder (OUD), called a “low barrier” model. It's no secret that parents at risk or with child welfare involvement lack access to treatment, especially in rural areas. That's why we began work in 2018 to develop an approach to treatment that is being stood up currently in seven FQHCs (as well as two non-FQHC sites) across Maine, most of which are operating in highly rural areas.

Specifically, MPCA is working alongside our state's largest FQHC, Penobscot Community Health Care (PCHC), which has pioneered the low barrier treatment model in their service area. In the late fall of 2021, we [jointly launched a Project ECHO](#) to build the practice of this model; our

hope is to spread it broadly to other FQHCs and primary care practices—many of whom have already indicated that with some upfront investment they would be inclined to build the care teams and infrastructure necessary to offer low-barrier treatment. Given our substantial [commitment to this work](#) we absolutely should be at the table for conversations about the investments that the state makes in opiate response—and we are already well-poised to put such investments to use.

I am so grateful for consideration of the FQHCs in this conversation and welcome any questions you have about the work they are doing in this area.

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