

# MaineHealth

## Testimony of Nicholas Piotrowski, MD

### MaineHealth

#### Neither For Nor Against LD 2008,

#### “An Act to Establish a Court Process for Involuntary Substance Use Disorder Treatment”

Wednesday, March 16, 2022

#### MaineHealth Member Organizations:

Franklin Community Health Network

LincolnHealth

MaineHealth Care At Home

Maine Behavioral Healthcare

Memorial Hospital

Maine Medical Center

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

Mid Coast-Parkview Health

New England Rehabilitation Hospital of Portland

St. Mary's Health System

Senator Carney, Representative Harnett and distinguished members of the Joint Standing Committee on Judiciary, I am Dr. Nick Piotrowski, Medical Director of Addiction Psychiatry at Maine Behavioral Healthcare, and I am here to testify Neither for Nor Against LD 2008, “An Act to Establish a Court Process for Involuntary Substance Use Disorder Treatment.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare (MBH), is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

MBH serves as the leader of MaineHealth’s effort to address the substance use epidemic. Our multi-faceted approach involves prevention, education and treatment across the entire MaineHealth footprint, including intensive treatment “hubs” run by MBH and overseen by psychiatrists, and intermediate and ongoing maintenance level treatment in primary and specialty care practices located in each of our local health services areas. I am proud to say that in Fiscal Year 2021, we served 2,154 patients through this effort. It is important to note, however, that this effort has been heavily subsidized by our health system, and our evidence-based treatment model continues to lose money due to inadequate MaineCare reimbursement. While MBH does not provide residential substance use disorder treatment or medically managed withdrawal, I know those services face the same chronic underfunding and we have very little, if any, capacity left in the state.

LD 2008 outlines a process whereby an intervention would occur within 24 hours of a scheduled hearing that includes two substance use disorder professionals, including a physician, separate meetings with patient and family, and review of co-occurring medical and mental health diagnoses. While I wish a holistic intervention could be made available to all patients with an immediate connection to treatment, I question how and where this could happen in our existing health care landscape with a dearth of substance use disorder professionals and treatment options available.

In order for involuntary treatment to be effective, the capacity of our existing substance use treatment system must be addressed. It is no secret that Maine lacks access to substance use treatment. Medically monitored withdrawal management

is extremely scarce with statewide capacity often well under 30 beds for patients with MaineCare. The capacity for residential services is also severely lacking and accessing a bed can frequently take months. It is an unfortunate reality that patients often give up and resume misusing substances while waiting for these services.

I would also note that our hospital emergency departments have become an option of last resort for behavioral health patients with up to one-third of MaineHealth hospital emergency department beds filled with behavioral health patients on any given day. Moreover, very few hospitals in Maine are licensed to care for patients with co-occurring diagnoses. Committing a patient to a hospital with no connection to appropriate care after discharge will only burden an already overwhelmed system and is not patient-centered care. Before passing a bill of this magnitude, the State must invest in increasing capacity to ensure that behavioral health patients have timely access to appropriate care.

This bill attempts to solve an age-old dilemma: as a society, how do we protect the lives of individuals who pose a substantial risk to their own lives due to an addiction? Identification of best practices and evidence-based approaches to better meet the needs of individuals who struggle with substance use disorder is definitely warranted. We recommend that the topic be studied by key stakeholders including treatment providers, criminal justice professionals, community advocates, individuals in recovery, and experts in patients' rights. Importantly, the availability of treatment needs to be considered and studied as well and urge your support for increasing access to treatment for Maine people suffering from substance use disorders.

Thank you and I would be happy to answer any questions you may have.