



Health and Human Services

April 28, 2017

Good afternoon, Senator Brakey, Representative Hymanson and Members of the Health and Human Services Committee. I am Susan Keiler, a senior vice president at Southern Maine Health Care (SMHC), a member of the MaineHealth (MH) system. It is also my privilege to serve as the executive sponsor of MaineHealth's Integrated Medication Assisted Treatment (IMAT) Program in York County, serving members of the greater Biddeford and Sanford communities. I am here to testify in favor of LD #605, "An Act to Support Evidence-based Treatment for Opioid Use Disorder".

As a 501C 3 non-profit organization, it is SMHC's responsibility and privilege to serve all members of its community, especially those on the social or economic margin. Those may be the people whose need is greatest, yet they are often uninsured or their payment systems are typically paying for health care services at rates below the actual cost of that care. Because of SMHC's commitment to provide equitable care to all of its community members, healthcare organizations such as ours are struggling financially, and have been for several years. Now, we face an epidemic-like opioid situation, have the will and the evidence to treat it effectively, and need your help to put the pieces in place so that access to treatment is available for all of our community members. Support from the State for medication, primary care provider, and counselor time, the critical success factors in treatment of opioid use disorder, would enable SMHC and organizations

like ours to offer access to help at “the moment of truth” when a person is ready for treatment, even when that person has no payment source.

And if the humanitarian case is not compelling enough, the economic case is clear. As recently as this week a NYT article summarized the research from the Centers for Disease Control and Prevention estimating that prescription opioid abuse, dependence, and overdoses cost the public sector \$23B/year, with a third of that attributable to crime. That does not even account for the private sector costs associated with productivity losses, or the social costs exacted from children of drug affected families. In this same article, the NE Comparative Effectiveness Public Advisory Council indicates that New England states alone could save \$1.3B by expanding treatment for opioid dependent persons by 25%. Stated differently, for a dollar spent on treatment, up to three are saved in crime reduction.

The most effective (and cost effective) treatment for opioid use disorders includes counseling and prescription drugs which relieve cravings, such as buprenorphine (suboxone). An appropriate place for this treatment to occur is within the patient centered medical home, where patients may receive care for their whole selves, by trusted providers and care teams, and without the stigma that may deter them from seeking care outside of the medical home. Passing this bill will mean enabling the excellent health care providers in Maine to serve more drug affected families more quickly, and move us one step closer to achieve MH’s vision for making Maine the healthiest state in the country. Thank you for your time today.