

Testimony of Katie Fullam Harris
MaineHealth
In Strong Support of LD 605
“An Act to Support Evidence-based Treatment for Opioid Use Disorder”

Senator Brakey, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, I am Katie Fullam Harris of MaineHealth, and I am here to testify in strong support of this bill. Successful passage of LD 605 could literally save the lives of Maine people.

MaineHealth is comprised of 8 regional not-for-profit health care systems based in Biddeford, Portland, Norway, Farmington, Damariscotta, Rockport, Belfast, and North Conway, New Hampshire. While hospitals anchor each local health system, they also provide access to comprehensive health care services for all in need, regardless of ability to pay. MaineHealth includes Maine Behavioral Healthcare, Home Health Visiting Nurses, NorDx and 1500 physicians in the MaineHealth Accountable Care Organization who provide excellent care to our patients. MaineHealth’s members employ over 18,000 people who are responsible for providing the high quality of care that has earned our member organizations a number of national awards, including recognition from NCQA and Leapfrog.

- A few key facts related to this bill:
 - In 2016, 376 Maine people died of drug overdose, an increase of 90% in just 2 years
- While Maine’s rate of uninsurance overall hovers around 10%, our providers who are treating patients for OUD are seeing a rate of closer to 40% in this population.
- Opioid Use Disorder (OUD) can be effectively treated in outpatient settings for most patients. A Vermont study showed that patients receiving treatment were about half as likely to use the Emergency Department or be hospitalized than their peers (see attached).
- A treatment model that has proven very effective and efficient in treating OUD uses intensive addiction therapy and medication for a period of time, after which the patient is discharged to a primary care provider and behavioral health supports. This is known as the “hub” and “spoke” approach.
- MaineHealth estimates that it will cost an average of \$6700 to provide a continuum of treatment for a new patient for a year. This bill would provide funds to support 1,000 uninsured patients per year, for two years.

In the winter of 2016, MaineHealth embarked upon a system-wide effort to address the opioid epidemic ravaging our communities. A group of 31 physicians and administrators from across our system spent seven months developing a multi-faceted approach to address prescribing, education and treatment. Their work was ultimately supported by the MaineHealth Board, and we are now in the process of implementing the evidence-based model that utilizes the expertise of addiction treatment and behavioral health specialists combined with the accessibility and support of primary care providers to maximize the treatment opportunities for patients in need. This model is consistent with the hub and spoke model supported in the May, 2016 report of the Maine Opiate Collaborative.

In the course of our work, the largest barrier to implementation has been a financial one: between 30 and 40% of the patients in need of treatment are uninsured. As a health care system, our members are committed to providing treatment for all patients, regardless of financial circumstance. Indeed, our hospital-based members are required by law to provide access to care for all individuals who fall below 150% of the federal poverty level. As you heard earlier this Session, half of MaineHealth's local member hospital systems and Maine Behavioral Health failed to break even in FY 2016.

All of our primary care offices are heavily subsidized to provide access to care for all patients, regardless of ability to pay or insurance status. And many of our primary care providers are also eager to team up with Maine Behavioral Health to respond to the growing opioid epidemic. This creates a conundrum, as treatment for OUD is a very intensive service, and adding it to their practices will add greatly to the burden that free care places on their finances. It is a tough equation for our providers and practices who want to provide needed treatment but who must do so within a sustainable business model.

Like our primary care practices, our behavioral health provider, Maine Behavioral Health (MBH), is struggling to make ends meet. As the State's largest behavioral health provider, MBH is also committed to serving as the clinical leader of the MaineHealth effort to address the opioid epidemic. As such, MBH is working to develop short-term, highly intensive treatment for patients with complex needs. Known as Intensive Outpatient Programs (IOPs), these programs support the initial addiction treatment for patients who, once stabilized, are discharged to primary care patient centered medical homes for ongoing treatment. The development of IOPs

requires financial investment that MBH has few resources to cover, and it remains unclear whether MBH will be able to access department funds to offset the cost of uninsured patients once the hubs are operational.

If we are to successfully address this epidemic, a multi-faceted approach must be employed. Law enforcement is needed to address the illegal supply of drugs flowing into Maine. Safe housing, employment opportunities and other supports are needed to help people succeed in treatment. And qualified providers must step up to provide low-barrier treatment for patients in need. This bill will provide funds to support such treatment – with the goal being that funds are not limited to highly prescriptive staffing and regulatory models, but rather that they can be used to support access to treatment models that are proven effective and accessible to patients in need. These may be in licensed substance abuse treatment programs or they may exist within primary care settings that collaborate with behavioral health providers. The key is that patients who possess the desire to get better but lack insurance have access to the care they so desperately need.

Thank you, and I would be happy to answer questions.