

Testimony of Katie Fullam Harris
MaineHealth
In Support of LD 453
“Resolve, Regarding Insurance Coverage for Alternative Therapies for Addiction and Recovery”
Before the Joint Standing Committee on Insurance and Financial Services
March 2, 2017

Senator Whittemore, Representative Lawrence and distinguished Members of the Joint Standing Committee on Insurance and Financial Services, I am Katie Fullam Harris from MaineHealth, and I am writing to support LD 453, “Resolve, Regarding Insurance Coverage for Alternative Therapies for Addiction and Recovery.”

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.

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 behavioral health specialists combined with the accessibility and support of primary care providers to maximize the treatment opportunities for patients in need.

In the course of our work, an obstacle that has been identified multiple times is the needs to ensure that comprehensive, evidence-based treatment is covered by insurance. That includes treatment for Integrated Medication Assisted Therapy, which includes medication provided by a prescriber who has received specialized training and a waiver to provide treatment, and the very important behavioral health treatment necessary to help patients move beyond their addiction. While those services are generally covered by insurance, additional levels of support are often

important in ensuring a patient's recovery. These include peer support services, case management and sober housing. In fact, the Opioid Health Home model that the department recently supported in the supplemental budget includes these services, yet they are rarely covered by commercial insurance. Coverage for evidence-based treatment is a critical factor if we are to make progress in addressing this crisis.

In addition to coverage for evidence-based treatment, MaineHealth's workgroup has also identified another critical area of need that we would like to see included in this bill. As we rolled out Public Law 488 and the tools necessary to help physicians prescribe opioids more effectively, it has become clear that there is a dearth of information and coverage for alternatives that can effectively be used to treat pain. Public Law 488 significantly limits physicians' ability to prescribe opioids, and MaineHealth is asking our opioid prescribers to screen patients for potential misuse prior to prescribing an opioid, yet insurance covers very few options that are evidence-based alternatives to opioids. For example, acupuncture is a commonly identified alternative pain treatment, yet its coverage is very limited, if included at all in health plans. We strongly recommend that the charge of this group be expanded to include identifying best practices and evidence-based therapy to treat pain, as well.

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