

# MAINE STATE LEGISLATURE

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3/10/20  
ROES

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L.D. 1662

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Date: 2/24/2020

(Filing No. S-398 )

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**HEALTH AND HUMAN SERVICES**

4

Reproduced and distributed under the direction of the Secretary of the Senate.

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**STATE OF MAINE**

6

**SENATE**

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**129TH LEGISLATURE**

8

**SECOND REGULAR SESSION**

9

COMMITTEE AMENDMENT "A" to S.P. 539, L.D. 1662, Bill, "An Act To Save  
10 Lives by Establishing the Low Barrier Opioid Treatment Response Program"

11

Amend the bill by striking out the title and substituting the following:

12

**'Resolve, To Save Lives by Establishing the Low Barrier Opioid Treatment**

13

**Response Pilot Project within the Department of Health and Human Services'**

14

Amend the bill by striking out everything after the title and inserting the following:

15

**'Emergency preamble. Whereas,** acts and resolves of the Legislature do not  
16 become effective until 90 days after adjournment unless enacted as emergencies; and

17

**Whereas,** opioid use disorder has reached epidemic proportions and threatens the  
18 lives and well-being of many Maine residents; and

19

**Whereas,** existing modalities and strategies for treatment of opioid use disorder are  
20 insufficient to end the epidemic of this disorder in Maine; and

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**Whereas,** existing services are especially inadequate to address the impact of opioid  
22 use disorder on those experiencing or having experienced unstable housing, minimal or  
23 no employment, unreliable transportation, lack of insurance coverage, use of multiple  
24 substances, frequent hospitalization or prior overdoses; and

25

**Whereas,** failure to provide timely treatment to those most at risk of overdose death  
26 from opioid use leads to unnecessary loss of life and tragic dislocations of family life,  
27 while imposing substantial additional costs on the State due to related increases in  
28 incarcerations, hospital admissions and foster care for children affected by parental use of  
29 opioids; and

30

**Whereas,** a low barrier, rapid access treatment system delivered and coordinated by  
31 Maine's community health centers will provide an essential component of an improved  
32 array of responses to this epidemic; and

33

**Whereas,** in the judgment of the Legislature, these facts create an emergency within  
34 the meaning of the Constitution of Maine and require the following legislation as

R O F S

1 immediately necessary for the preservation of the public peace, health and safety; now,  
2 therefore, be it

3 **Sec. 1. Low barrier opioid treatment response pilot project. Resolved:**

4 That there is established within the Department of Health and Human Services, referred  
5 to in this resolve as "the department," a low barrier opioid treatment response pilot project  
6 to provide resources for federally qualified health centers, referred to in this resolve as  
7 "community health centers," to develop and deploy low barrier, rapid access to treatment  
8 for those persons typically unable to obtain timely treatment and at greatest risk of opioid  
9 overdose, including but not limited to persons affected by unstable housing, minimal or  
10 no employment, unreliable transportation, use of multiple substances associated with  
11 addiction or chronic overuse, frequent hospitalization, prior overdoses or a lack of health  
12 insurance coverage for substance use treatment services.

13 **1. Pilot project components.** To the extent permitted by resources allocated to the  
14 pilot project, the pilot project must be designed to include the following:

15 A. Support for clinic infrastructure to reduce barriers to access to treatment,  
16 including incentives for community health centers to support additional qualified  
17 providers in obtaining waivers to provide medication-assisted therapy services and  
18 support for each community health center to identify and compensate an individual  
19 within that community health center to help implement the pilot project;

20 B. A statewide program of antistigma training that includes providers, staff and  
21 community health center patient-led boards;

22 C. Support for the development and implementation of a standardized induction  
23 practice across all participating community health centers;

24 D. Increased availability of naloxone hydrochloride to community health centers and  
25 training of community health center personnel on the emergency administration of  
26 naloxone hydrochloride; and

27 E. Strategies to increase the number of providers willing to issue prescriptions for  
28 medication-assisted therapy services in a manner that facilitates rapid access to  
29 treatment.

30 **2. Pilot project implementation.** The pilot project must be operated by at least 3  
31 community health centers selected on the basis of applications demonstrating interest in  
32 implementing the pilot project and capacity to implement the pilot project. The  
33 department shall strive to approve applications of community health centers of varying  
34 sizes and as geographically diverse as practicable given the pool of applicants. The  
35 department may phase in selected elements of the pilot project over the course of the pilot  
36 project.

37 **3. Reimbursement.** The department shall modify and supplement the  
38 reimbursement of community health centers provided under the Maine Revised Statutes,  
39 Title 22, section 3174-V to the extent necessary to implement the pilot project.

40 **4. Duration of pilot project.** The department shall enter into contracts no later than  
41 July 1, 2020 with the community health centers selected pursuant to subsection 2 to  
42 implement the pilot project. The pilot project must operate for 24 months from the date  
43 all of the contracts have been awarded.

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1           **5. Data collection.** Each community health center participating in the pilot project  
2 shall collect and report to the department the following information regarding the pilot  
3 project:

- 4           A. The number of patients served;
- 5           B. For each patient served, the time elapsed between first patient encounter and  
6 delivery of services;
- 7           C. Overdose and mortality rates of patients;
- 8           D. The number of patients who transition to long-term recovery programs;
- 9           E. The number of patients who are employed; and
- 10          F. Any other outcome and quality indicators that the department may specify after  
11 consultation with participating community health centers, without duplicating other  
12 existing reporting requirements.

13           **6. Report on pilot project.** The department shall report to the joint standing  
14 committee of the Legislature having jurisdiction over health and human services matters  
15 regarding the pilot project by December 1, 2021 and at the conclusion of the pilot project.  
16 The reports must address the effectiveness of the implementation of the pilot project  
17 established pursuant to this resolve, including a review of the information collected under  
18 subsection 5, the schedule for full implementation if recommended by the department and  
19 the extent of any additional funding needed to accomplish full implementation. The joint  
20 standing committee may submit legislation to the Second Regular Session of the 130th  
21 Legislature regarding the pilot project, including legislation to continue or expand the  
22 pilot project.

23           **Sec. 2. Appropriations and allocations. Resolved:** That the following  
24 appropriations and allocations are made.

25           **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**  
26           **Office of Substance Abuse and Mental Health Services Z199**

27 Initiative: Provides one-time funding for a 24-month pilot project to provide low barrier,  
28 rapid access treatment for opioid use disorder and other substance use disorders to be  
29 delivered by 8 federally qualified health centers in Maine under the direction of the  
30 Department of Health and Human Services and in collaboration with other health care  
31 providers.

32	<b>GENERAL FUND</b>	<b>2019-20</b>	<b>2020-21</b>
33	All Other	\$0	\$460,000
34			
35	<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>\$460,000</u>

36           **Emergency clause.** In view of the emergency cited in the preamble, this  
37 legislation takes effect when approved.'

38           Amend the bill by relettering or renumbering any nonconsecutive Part letter or  
39 section number to read consecutively.

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**SUMMARY**

This amendment, which is the unanimous report of the committee, replaces the bill with a resolve. The resolve requires the Department of Health and Human Services to establish a 24-month pilot project to provide low barrier opioid treatment response in Maine's federally qualified health centers to improve the availability of medication-assisted therapy and enhance the effectiveness and sustainability of acute care responses to persons in urgent need of treatment for substance use disorder, including opioid use disorder. The resolve provides funding of \$460,000 for implementing the first year of the 24-month pilot project in 8 federally qualified health centers. It is anticipated that the same amount of funding will be required in fiscal year 2021-22.

It also directs the department to submit reports by December 1, 2021 and at the conclusion of the pilot project regarding the implementation of the pilot project to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The joint standing committee of the Legislature having jurisdiction over health and human services matters may submit legislation relating to the pilot project to the Second Regular Session of the 130th Legislature.

**FISCAL NOTE REQUIRED**

(See attached)



# 129th MAINE LEGISLATURE

LD 1662

LR 1646(02)

## An Act To Save Lives by Establishing the Low Barrier Opioid Treatment Response Program

Fiscal Note for Bill as Amended by Committee Amendment "A" (S-398)

Committee: Health and Human Services

Fiscal Note Required: Yes

### Fiscal Note

	FY 2019-20	FY 2020-21	Projections FY 2021-22	Projections FY 2022-23
<b>Net Cost (Savings)</b>				
General Fund	\$0	\$460,000	\$460,000	\$0
<b>Appropriations/Allocations</b>				
General Fund	\$0	\$460,000	\$460,000	\$0

#### Fiscal Detail and Notes

This bill includes a General Fund appropriation to the Department of Health and Human Services of \$460,000 in fiscal year 2020-21 for a 24-month pilot project to provide low barrier, rapid access treatment for opioid use disorders and other substance use disorders to be delivered by 8 federally qualified health centers in Maine under the department's direction and in collaboration with other health care providers. The same amount of funding will be needed in fiscal year 2021-22.