

MAINE STATE LEGISLATURE

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January 22, 2024



Maine Medical Association

Dear Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services,

The 1000 Lives Campaign for Maine is here today to report back to you on the first year of our effort to reduce the projected number of opioid-related deaths in Maine by 1000 from what is predicted between January 2024 and January 2029. We are trying to prevent Opioid Use Disorder (OUD) deaths by implementing a set of healthcare site- and clinician-specific interventions to improve the treatment for opioid use disorder (OUD). The interventions are chosen based on their ability to reduce deaths.

Our report is in response to your April 16, 2024, letter to the Maine Medical Association after the work session on LD 353, An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention, and Education, sponsored by Senator Brad Farrin.

As a reminder, LD 353 was initially a concept draft that turned into a Resolution directing the Maine Medical Association to study and analyze key aspects of the adequacy of Maine's Substance Use Disorder treatment. The hope was that this study could complement the work of the 1000 Lives Campaign by identifying gaps in care. The Campaign would then partner with communities and healthcare organizations to educate and provide resources to help fill those gaps so that every Mainer can receive the help they need.

The Committee determined that LD 353 was not the most effective tool but asked, via a letter to the Maine Medical Association and the 1000 Lives Campaign, that we continue the important work and report their progress to the 132nd Legislature. The Committee's letter included the following:

The opioid epidemic affects Mainers in every area of the state. We are grateful to the Maine Medical Association and others for their continuous efforts on the 1,000 Lives Campaign. We are requesting that, if resources are available, the MMA work with the Director of Opioid Response, Gordon Smith, along with any appropriate assistance from the Department of Health and Human Services and community partners, to create a report of information regarding the adequacy of appropriate substance use disorder treatments available in Maine, as well as any potential gaps that need to be filled. We also request

that the report includes any recommendations or suggestions on who data should be reported to and what data might be made publicly available.

We are pleased to share the attached annual report with you all today. We wanted to highlight a couple of outcomes of the work of the Campaign.

First, the number of OUD-related deaths in Maine is decreasing - as noted by the November 2024 Maine Monthly Overdose Report, the total number of confirmed and suspected fatal overdoses from January–November 2024 is 445. 20.5% lower than the total confirmed fatal overdoses for the same period in 2023.

One hundred fourteen people in Maine are alive today who would not have been had OUD deaths continued at the same rate as the previous year - the population of graduating high school class in many Maine communities. With the average age of an OUD death at 40, those 114 fewer deaths represent more than 4,000 life years that would otherwise have been lost.

Second, as requested by the Committee, we have been assessing access to OUD care in Maine. This year, we surveyed the 34 Maine hospitals and 33 emergency departments. The results are included in our report and show that most Mainers now have 24-7-365 access to life-saving treatment of OUD through Maine's emergency departments and the follow-up treatment programs they refer to. We will use these results to target efforts to close those gaps. We are very grateful to the Maine Hospital Association for their assistance in this project and to everyone working in the hospitals helping Mainers.

Most Mainers can now access longitudinal OUD care through primary and specialty practices directly or through telemedicine.

We are excited to continue this work over the next four years, and we would be happy to share this report with you all each year. Thank you so much for your time, and please reach out with any questions!

Best,

A handwritten signature in cursive script that reads "Erik N. Steele, D.O.".

Erik N. Steele, D.O., FAAFP
Family Physician, Martin's Point Health Care
Chair, 1000 Lives Campaign for Maine
Past President, Maine Medical Association

2024 ANNUAL REPORT



1000
LIVES
CAMPAIGN FOR MAINE

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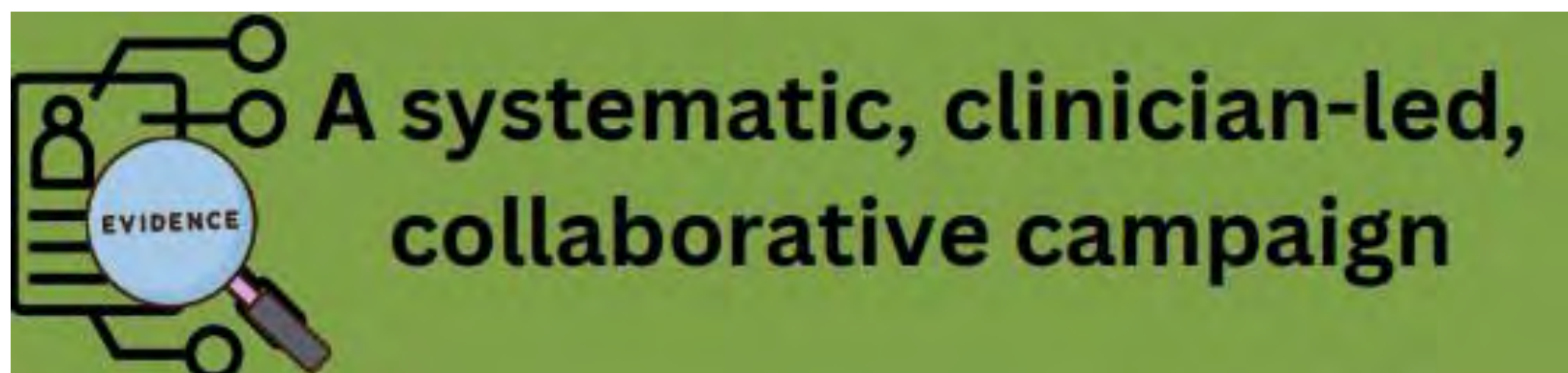
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INTRODUCTION

The goal of the 1000 Lives Campaign is to reduce opioid-related deaths in Maine by 1000 from what is projected during the five years starting in January 2024. Announced at the **Governor's** Opioid Response Summit in July 2023, the Campaign is now supported by every substantial healthcare organization in Maine, including almost all its physician, nurse practitioners, and physician assistant organizations.

The campaign seeks to prevent Opioid Use Disorder (OUD) deaths by implementing a set of healthcare site- and clinician-specific interventions to improve the treatment of substance use disorders (SUDs), with particular attention to improving treatment for opioid use disorder (OUD)

The Campaign seeks to implement a set of evidence-based interventions to improve the treatment of opioid use disorders (OUDs) **within Maine's medical community.**

Interventions will be addressed for:

- Hospital Emergency Departments
- Hospital Inpatient Care Providers
- Primary Care Practices
- Specialty Care Practices
- Dentists, Oral Surgeons, and other Proceduralists
- Behavioral Health Practices
- Pharmacies
- Correctional Facilities
- Others willing to participate



The interventions will be chosen based on their ability to reduce deaths e.g.: the Campaign seeks to have every emergency department (ED) in Maine:

- Start appropriate ED patients with OUD on lifesaving buprenorphine while in the ED
- Discharge that patient with a buprenorphine prescription sufficient to get them to a follow up appointment with a longitudinal OUD provider 7 to 14 day prescription
- Discharge the patient with a follow up appointment with a longitudinal OUD provider or the name of one taking OUD patients
- Discharge the patient with Narcan or a prescription for Narcan
- Do anti-stigma / bias reducing education of ED staff to reduce the barrier of stigma to patients with OUD seeking care.

We understand this request for participation occurs in the context of many other ongoing challenges including healthcare workforce shortages and time pressures, so thank you.


2024 HIGHLIGHTS

The first year of the 1000 Lives Campaign focused on (1) engaging Maine's healthcare community to join this initiative and (2) building a coalition of medical and healthcare associations, organizations, groups, and clinicians, which is the foundation for this multi-year effort.

1

Organizational Sign Ons

In 2024, Campaign Chair Dr. Erik Steele and Maine Medical Association Chief Executive Officer Andrew MacLean talked with clinician leaders and community stakeholders about the campaign at meetings and conferences across the state.

- 
1. Acadia Healthcare, Comprehensive Treatment Centers
 2. Alliance for Addiction and Mental Health Services, Maine
 3. BayMark Health Services, Health Care Resource Centers
 4. Central Maine Healthcare
 5. Everest Recovery Centers
 6. Greater Portland Health
 7. InterMed
 8. Maine Association of Psychiatric Physicians
 9. Maine Academy of Family Physicians
 10. Maine Academy of Physician Associates
 11. Maine Chapter American Academy of Pediatrics
 12. Maine Chapter American College of Emergency Physicians
 13. Maine Chapter American College of Physicians
 14. Maine Dental Association
 15. Maine Department of Corrections
 16. Maine General Health
 17. MaineHealth
 18. Maine Hospital Association
 19. Maine Medical Association
 20. Maine Nurse Practitioner Association
 21. Maine Osteopathic Association
 22. Maine Pharmacy Association
 23. Maine Primary Care Association
 24. Maine Public Health Association
 25. Maine Section American College of Obstetricians and Gynecologists
 26. Maine Society of Anesthesiologists
 27. Maine Society of Orthopedic Surgeons
 28. Martins Point Health Care
 29. Northern Light Health

PARTICIPATING ORGANIZATIONS



**1000
LIVES**
CAMPAIGN FOR MAINE



**Maine Medical
Association**

**Maine Association
of Psychiatric Physicians**



**Maine Society of
Anesthesiologists**

**MMA/
CENTER FOR
QUALITY
IMPROVEMENT**

maap
Maine Chapter American Academy of Podiatric
Medical Practitioners

**MARTIN'S POINT®
HEALTHCARE**

INTERMED

**Maine
Osteopathic
Association**



Maine Society of Orthopaedic Surgeons

M | H | A
Maine Hospital Association

**GREATER
PORTLAND HEALTH**
CARING FOR THE WHOLE COMMUNITY



MaineGeneral Health

MaineHealth

Northern Light Health

**Maine
Primary Care
Association**

MPHA
Maine Public Health Association

**MAINE PHARMACY
ASSOCIATION**

ACP Maine
Chapter
American College of Physicians
Leading. Learning. Working. Improving. Lives.

MEAPA
MAINE ACADEMY OF PHYSICIAN ASSOCIATES

**MAINE
DENTAL
ASSOCIATION**

**Maine Society of
Eye Physicians & Surgeons**

**HC
RC** Health Care
Resource
Centers

MNPA
Maine Nurse Practitioner Association

ACOG
District I
Maine Section
American College of
Obstetricians & Gynecologists

**EVEREST
RECOVERY**

**ACADIA®
HEALTHCARE**

**MAINE ACADEMY OF
FAMILY PHYSICIANS**
STRONG MEDICINE FOR MAINE

Maine American College of
Emergency Physicians

**Central Maine
Healthcare**



For more information or to sign on to the campaign, email info@mma-cqi.org

01.2025



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2024 HIGHLIGHTS CONTINUED

Hiring a Project Manager

The Campaign has secured funding for a full-time campaign Project Manager starting in January 2025. MMA-CQI is the administrator. Its mission is to "To improve health care in Maine by leading, collaborating on, and aligning improvement efforts on initiatives that span the continuum of care."



Christy McGlynn

We are thrilled to announce that Christy McGlynn has joined the 1000 Lives Campaign as the Project Manager starting in January 2025. Christy comes to the Campaign from an outpatient opioid use disorder organization, bringing with her a wealth of experience and a deep passion for substance use disorder treatment.

Her background will be instrumental in driving the next phase of the Campaign, where we focus on identifying and implementing effective interventions to reduce opioid-related deaths in Maine.

Christy's experience in the field and her commitment to this work make her an excellent fit for leading the charge as we continue to strengthen and expand the campaign's reach.

2024 HIGHLIGHTS CONTINUED

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Hospital Survey

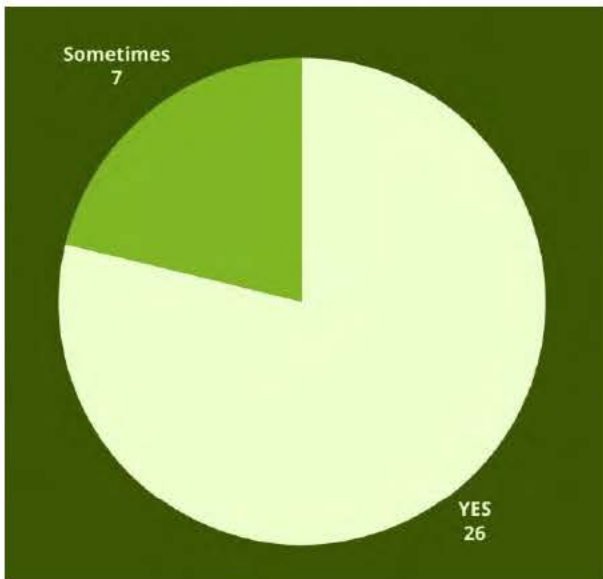
The Maine Hospital Association (MHA) sent a 1000 Lives Campaign survey to its member hospitals to assess OUD care practices in Maine's hospitals and Emergency Departments.

The survey results on the next page will help update MHA and the 1000 Lives Campaign on our collective progress towards the campaign's goals, including ensuring that every Mainer with OUD has access to 24hr 7D 365D/yr OUD care, and that every hospital inpatient identified with OUD who desires treatment begins treatment before discharge.

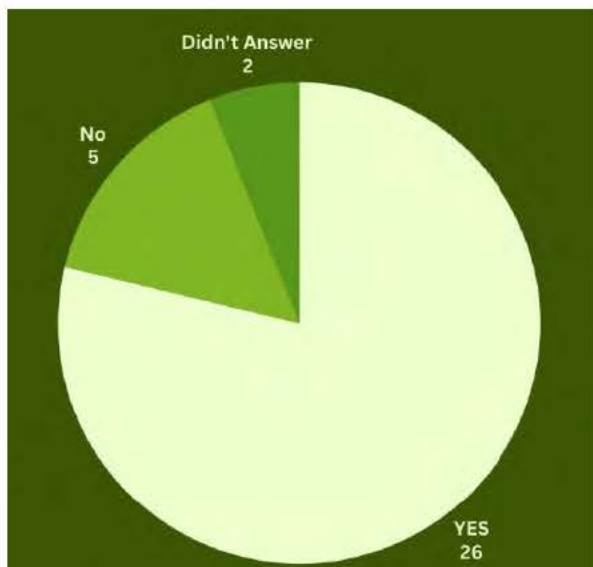
A team of experts from the Medications for OUD Treatment program of the MMA's Center for Quality Improvement worked on the ground with Maine Emergency Departments (EDs) across the state to help implement OUD treatment capability, site by site around Maine. We will use the survey's care gap to guide the 1000 Lives team in their work.

2024 SURVEY

In collaboration with the Campaign, the Maine Hospital Association sent a survey to all their member hospitals and received a response from each one. This survey aims to determine where resources are needed and how to collaborate with each other. They asked the following questions to the **Emergency Departments**.



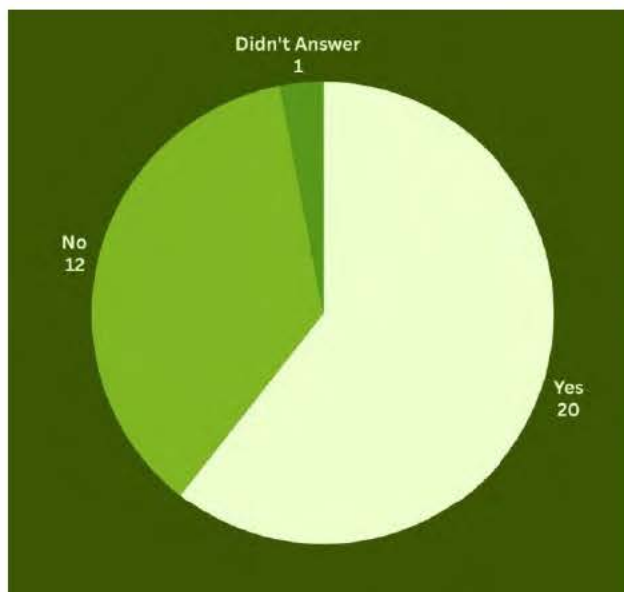
Are you consistently inducing patients with OUD who want treatment with buprenorphine in the Emergency Department?



For patients induced while in the Emergency Department, do you give them a buprenorphine prescription at discharge sufficient to get them to a follow up prescriber of buprenorphine (1-2 weeks)?



Are patients discharged from the Emergency Department with a follow-up appointment with a community-based prescriber of buprenorphine or names of such providers who are taking patients?



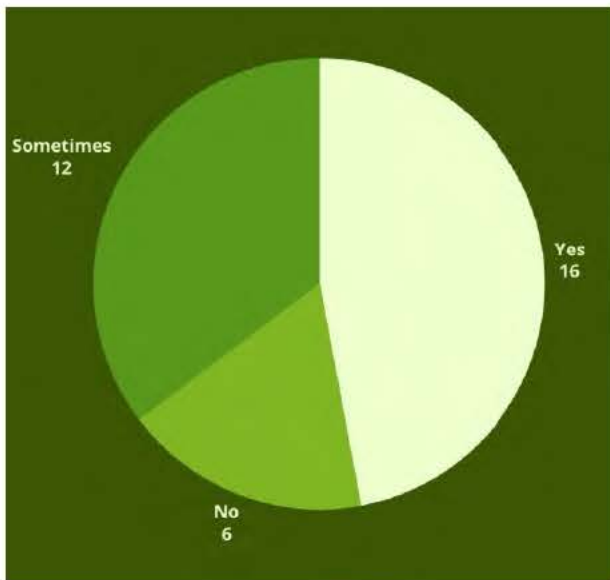
Have you given your Emergency Department staff anti-stigma/anti-bias training regarding patients with OUD?



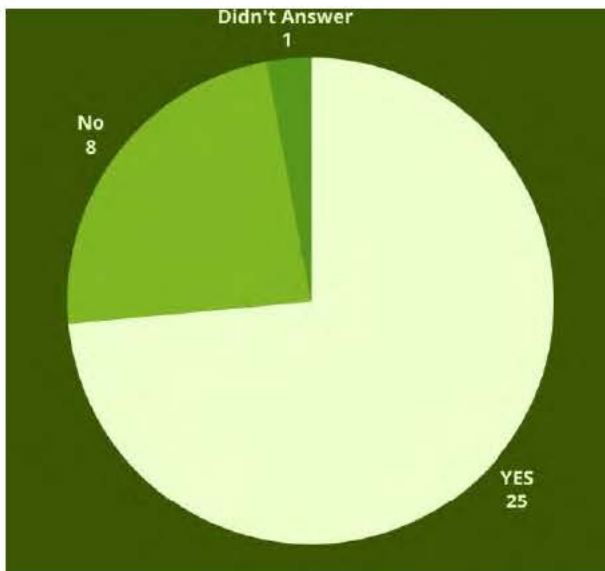
Are you discharging patients with active OUD from the Emergency Department with naloxone prescriptions or samples on a 24/7/365 basis?

2024 SURVEY

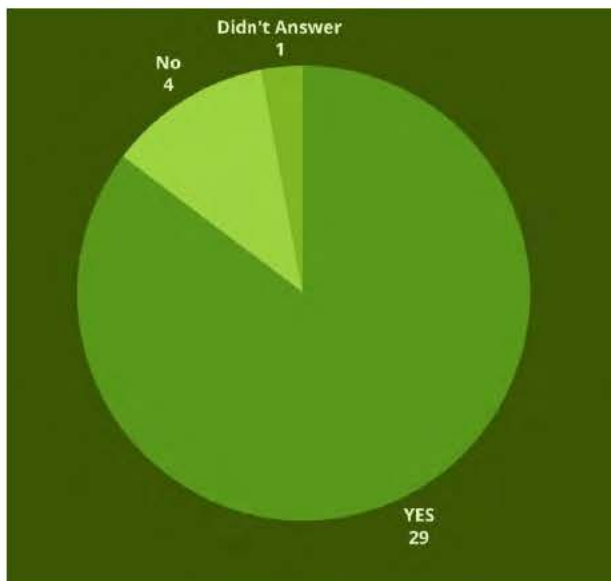
In collaboration with the Campaign, the Maine Hospital Association sent a survey to all the hospitals regarding their care of inpatients without OUD and received a response from each one. This survey aims to determine where resources are needed to improve this care, how hospitals can collaborate with each other to improve OUD inpatient care, and how the campaign can help. The survey asked the following questions regarding OUD inpatient care.



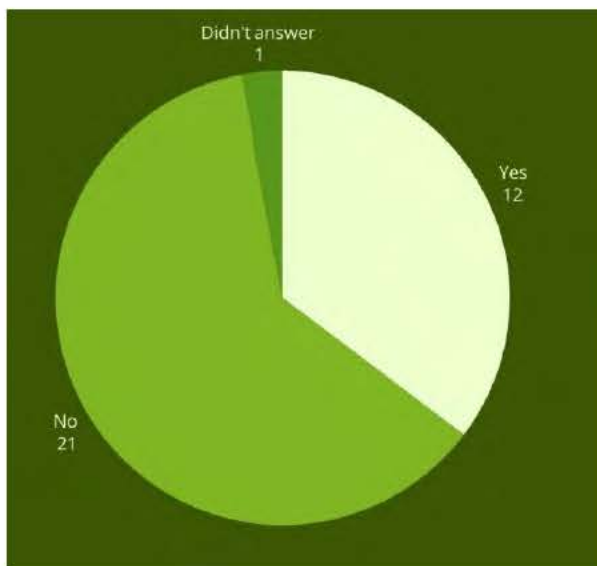
Are you consistently inducing hospitalized patients with OUD who want treatment with buprenorphine while in the hospital?



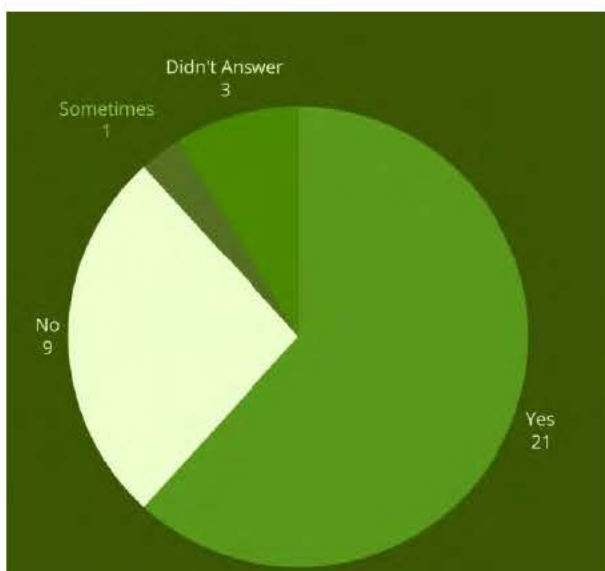
For hospitalized patients induced while in the hospital, do you give them a buprenorphine prescription at discharge sufficient to get them to a follow-up prescriber of buprenorphine (1-2 weeks)?



Are those patients discharged from the hospital with a follow-up appointment with a community-based prescriber of buprenorphine, or the names of such providers who are taking patients?



Have you given your inpatient hospital staff anti-stigma/anti-bias training regarding patients with OUD?



Are you discharging patients with active OUD from the hospital with naloxone prescriptions or samples on a 24/7/365 basis?

OVERVIEW OF COLLABORATIVE EFFORTS IN MAINE

IN MAINE, INNOVATIVE PROGRAMS ARE ADDRESSING SUBSTANCE USE DISORDER THROUGH COLLABORATIVE, COMMUNITY-BASED EFFORTS. A FEW NOTEWORTHY INITIATIVES INCLUDE:

The OPTIONS Program: A groundbreaking initiative led by the Maine Office of Behavioral Health that integrates behavioral health clinicians and recovery coaches into local emergency services and law enforcement departments. By embedding these professionals within first responder teams, the OPTIONS program addresses substance-related emergencies with a collaborative, multi-disciplinary approach. The program also focuses on harm reduction, promotes drug prevention education, and directly links individuals to recovery services and treatment.

Additionally, the Maine Medical Association's Center for Quality Improvement (MMA-CQI) supports the program by providing training and technical assistance to the clinicians and recovery coaches involved, ensuring they are equipped to handle complex situations and promote system-level performance improvement across the state.

TREAT ME Learning Collaborative: The TREAT ME program is a year-long, 12-block learning collaborative designed to enhance the knowledge and skills of healthcare providers in treating adolescents and young adults with substance use disorders in primary care settings. The program focuses on a wide range of substances, including marijuana, alcohol, tobacco, narcotics, and other addictive substances.

This collaborative was organized by the Maine Chapter of the American Academy of Pediatrics, MMA-CQI, DayOne, the Opioid Response Network, and key state partners such as the Maine Governor's Office of Policy Innovation and the Future, the Maine Office of Child and Family Services, and the Maine Department of Health and Human Services. It is a vital educational resource for providers working with youth populations and is an important step toward addressing substance use disorders at an early stage.

[MMA- CQI Learning Lab](#)

MMA-CQI Learning Lab: The **MMA-CQI Learning Lab** offers a wide range of continuing education resources for healthcare practitioners, including online courses, webinars, and learning sessions. These educational offerings allow Maine physicians to engage in on-demand, asynchronous learning while earning Continuing Medical Education (CME) credits. Courses are designed to be informative and engaging, with a focus on issues such as opioid use disorder treatment, mental health, and addiction. Many of these courses meet the CME requirements for opioid medication education under P.L. 2015, Chapter 488, which is part of Maine's legislative efforts to address the opioid crisis. [MMA-CQI Learning Lab](#)

Medications for Opioid Use Disorder (MOUD) Program in the ED: With support from Maine DHHS and in collaboration with BlueWater Emergency Partners and other experts, the MMA-CQI offered technical assistance and mentoring to Emergency Department (ED) directors, clinicians, nurses, and administrators to implement Medication for Opioid Use Disorder (MOUD) in the ED setting. Although the process of implementing MOUD programs may present challenges, such as workforce struggles and resource limitations, Maine's EDs have shown exceptional commitment. Currently, 26 of 33 EDs across the state provide 24/7 access to MOUD services, 6 provide it sometimes, 1 has a start date identified.

MMA-CQI provides ad hoc technical assistance, both virtually and in-person, as well as training support, content development, and guidance for creating seamless patient hand-offs to community partners. Notable resources developed for EDs include:

- [Buprenorphine Algorithm](#)
- [MOUD in the ED Toolkit](#)
- [MOUD in the ED Toolkit Companion Guide](#)
- [Words Matter: A Substance Use Conversation Guide](#)

These resources aim to help EDs provide timely and compassionate care for individuals with opioid use disorder while navigating the unique challenges of the ED setting.

LANDSCAPE OF TREATMENT IN MAINE

Maine offers a variety of substance use disorder treatment options, including inpatient and outpatient services, medication for opioid use disorder (MOUD), and behavioral therapies. These services are provided by a wide range of facilities, including hospitals, private practices, and community health organizations.

However, despite the breadth of services available, several challenges persist:

- **Access to Care:** Rural areas of Maine often face difficulties in accessing substance use disorder treatments due to geographical barriers, lack of transportation, and limited local resources.
- **Workforce Shortages:** There is a shortage of healthcare providers specializing in addiction medicine, mental health, and related fields, which limits the capacity to serve individuals in need.
- **Wait Times for Treatment:** Many treatment centers experience long waitlists for those seeking residential treatment or specialized services.
- **Integration with Mental Health Services:** There is a need for better integration between substance use disorder treatment and mental health care, particularly for individuals with co-occurring disorders.



IDENTIFIED GAPS IN SUBSTANCE USE DISORDER TREATMENT



Despite the efforts to provide adequate care, several gaps remain:

- **Geographic Disparities:** Rural areas face significant challenges in accessing comprehensive treatment. Concentrating services in urban centers like Portland may leave rural communities underserved.
- **Limited Access to MOUD in certain areas:** While MOUD is a proven method for treating opioid use disorder, access to these treatments can be limited, especially in rural or economically disadvantaged areas.
- **Lack of Recovery Support Services:** Support systems such as sober housing, employment services, and peer recovery coaches are not always readily available, particularly for individuals in early recovery or those transitioning out of residential care and correctional facilities.
- **Stigma and Public Awareness:** Stigma surrounding substance use disorders remains a deadly barrier to seeking help. Only 10 of Maine's hospitals have done stigma-reducing training for hospital staff. Seventeen EDs have done such training. Public awareness campaigns are needed to reduce stigma and promote available services.

RECOMMENDATIONS



1. **Prevent development of OUD:** A major focus of the Campaign and others is OUD prevention, by reducing opioid prescribing by providers where appropriate, identifying youths and adults at risk for OUD development and trying to intervene to prevent OUD, etc. Using the same model of identifying 4-5 things that if done everywhere can save lives, in 2025 the Campaign will begin developing plans to engage business, churches, and community groups in the 4-5 things each of them can do to help reduce the risk of OUD deaths among Mainers whose lives those organizations touch.



2. **Increase Funding for Rural Services:** Directing state and federal resources toward expanding substance use disorder treatment services in underserved rural areas can help reduce geographical disparities.



3. **Enhance Recovery Support:** Expand funding and resources for recovery housing, employment programs, and peer support networks to ensure individuals in recovery have the resources they need to maintain long-term sobriety.



4. **Integrate Services:** Encourage further integration between substance use disorder treatment and mental health services to address co-occurring conditions.



5. Build Public Awareness and Education: Develop and promote educational campaigns to reduce stigma and inform the public about the availability and efficacy of treatment options. Provide this education for all ages, including schools.



6. Enhance Data Collection and Reporting: To support the ongoing assessment of substance use disorder treatment effectiveness in Maine, the following data collection and reporting strategies are recommended:

- Data Collection: The **state's** Maine Drug Data Hub should be enhanced to more comprehensively track resource for tracking trends in substance use, overdose rates, and use of SUD treatment services.
- Who Should Receive the Data: Data should be reported to the Maine DHHS, the Maine Legislature, and any relevant local agencies responsible for public health and welfare. Additionally, ensuring transparency by making some of this data publicly available could foster greater community engagement.
- Public Data Availability: Consider making aggregated data, such as treatment access rates, success rates of MOUD, and regional disparities, available on the Maine Drug Data Hub to inform the public and healthcare providers about available resources and outcomes.

1000 LIVES CAMPAIGN PLANS FOR 2025

1. Expand Access to MOUD Care: Working through its partnership with Maine Hospital Association, the MMA-CQI and others, the Campaign will seek to:
 - a. Close gaps in access to OUD care in Maine EDs by helping the remaining 7 EDs to provide 24-7-365 access to buprenorphine induction and referral to follow up OUD care with a **prescription at ED discharge sufficient to get to that follow up OUD care**. The Campaign's goal is to have all EDs in Maine offer access to OUD treatment initiation on a 24-7-365 basis by 7-1-2025.
 - b. Close gaps in access to OUD in Maine hospitals by helping the 6 hospitals that never induce appropriate inpatients with OUD on buprenorphine to do so for all such patients and helping the 12 hospitals that sometimes induce appropriate inpatients with OUD on buprenorphine to do for all such patients. The Campaign will also work with those hospitals to help them consistently discharge such patients with 7 to 14 day prescriptions of **buprenorphine to bridge them to follow up longitudinal OUD care**. The Campaign's goal is to have all Maine hospitals offer OUD treatment initiation to patients who desire treatment on a 24-7-365 OUD treatment initiation access in all Maine hospitals by 12-1-2025.
 - c. In 2025 the Campaign will promote expansion of access to MOUD beyond the ED and hospital settings, developing and pursuing strategies that have the best opportunity to expand effective access most quickly. This will help ensure that more healthcare providers are trained to offer MOUD and create incentives for treatment centers to offer these services to a broader population.
 - d. Primary Care OUD Treatment Access – One focus of the 1000 Lives Campaign will be to improve access to primary care treatment of patients with OUD- asking primary care **providers to “take care of our own” patients with OUD** and improve their ability to identify and treat patients with other illnesses that put them at risk for developing OUD. In 2025 the Campaign will survey and map access to primary care treatment for OUD in Maine. This will be a substantial project, with a goal of identifying where Mainers can get combined primary and OUD care and where they cannot get it. The Campaign will then use that care gap map to help develop local primary care access for OUD care.
 - e. Work with specialty physician organizations and other caregivers to develop and implement intervention sets tailored to specific types of care (eg: surgeons and anesthesiologists / Certified Registered Nurse Anesthetists) that may help reduce OUD-related deaths.
 - f. Complete the 2025 1000 Lives Work Plan.
 - g. Identify potential funding opportunities for the Campaign's Fiscal Years 2026 and 2027.

CONCLUSION

While Maine offers substantial resources for substance use disorder treatment, there remain several gaps in accessibility and availability to care that must be addressed by expanding services to underserved areas, enhancing the availability of recovery support services, and promoting public awareness.

In addition to the normal challenges to asking for more from a beleaguered health care work force, the current budget situation in both Maine and the nation will pose substantial challenges. Many of the services provided to Mainers diagnosed with SUD and on MaineCare are paid for through MaineCare. The proposed state budget for the two years beginning July 1, 2025, reduces MaineCare payments and the inability of the present legislature to pass a supplemental budget on an emergency basis will result in MaineCare having to cap provider reimbursement payments. In addition, the proposed federal budget approved recently by the House of Representatives would result in significant cuts to Medicaid. This likely 'double whammy' for Maine medical providers will need to be accounted for in implementing the 2025 and 2026 campaign strategies.

Maine can continue to improve the effectiveness of its SUD treatment programs. Data collection and transparency will be essential to monitor progress and ensure that the needs of all Mainers are met.

The 1000 Lives Campaign for Maine is excited to continue to grow our partnerships so we can continue to save lives together. We can, by working together, reduce opioid-related deaths in Maine by 1000 from current predictions during the next 5 years.

CONTACT



For questions about the 1000 Lives Campaign,
please contact: Christy McGlynn at
CMcGlynn@mma-cqi.org

For questions about MMA's Advocacy efforts,
please contact Anne Sedlack at
ASedlack@mainephyscians.org