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Date: (Filing No. S-)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
SENATE
127TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to S.P. 193, L.D. 524, Bill, “An Act To Start a Pilot Program for Medical Substitution Treatment in a Local Community Setting”

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

'Resolve, To Develop a Pilot Program for Medication-assisted Recovery in a Rural Community at least 30 Miles from Bangor'

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

'Sec. 1. Stakeholder group to establish a pilot program for medication-assisted recovery in rural location. Resolved: That the Department of Health and Human Services shall convene a stakeholder group to establish a pilot program in a rural community at least 30 miles from Bangor for medication-assisted recovery using buprenorphine or similar oral or injectable forms of medication to serve individuals working to recover from addiction to opioid substances. The stakeholder group must include representatives of the office of substance abuse and mental health services in the Department of Health and Human Services, a representative of a statewide organization representing physicians, a physician knowledgeable in the treatment of addiction to opioid substances, a counselor with experience in treating addiction to opioid substances, a representative of a federally qualified health center licensed in this State, a representative of a clinic where buprenorphine is prescribed, an individual knowledgeable in the finances of a clinic offering medication-assisted recovery programs, a representative of the City of Bangor and a person either recently or currently enrolled in a program dedicated to the treatment of addiction to opioid substances; and be it further

Sec. 2. Stakeholder group duties. Resolved: That the stakeholder group convened pursuant to section 1 shall, in its deliberations:

- 1. Determine what programs and policies would provide an incentive to physicians who are currently registered to provide treatment for addiction to opioid substances, or overcome the concerns of those physicians who would consider being registered to

COMMITTEE AMENDMENT

1 provide treatment for addiction to opioid substances, to enroll patients needing
2 medication-assisted recovery;

3 2. Determine whether the levels of reimbursement from MaineCare, Medicare and
4 private insurance are a barrier to physicians treating patients with addictions to opioid
5 substances with medication-assisted recovery;

6 3. Determine whether state regulations have a negative impact on the willingness of
7 physicians to treat patients with addictions to opioid substances;

8 4. Develop a plan for a pilot program at least 30 miles from Bangor;

9 5. Explore the use of physicians' offices, federally qualified health centers licensed in
10 this State or other facilities focused on the delivery of health care as potential satellite
11 medication-assisted recovery service sites;

12 6. Explore the use of mobile medication-assisted recovery service facilities;

13 7. Explore the use of telemedicine for patient counseling and support of physician
14 services;

15 8. In order to provide interested physicians with mentoring, consultation, quality
16 control and support, explore funding for training developed pursuant to the federal Drug
17 Addiction Treatment Act of 2000 for interested physicians and for services provided by
18 and consultation with established medication-assisted recovery or buprenorphine service
19 experts;

20 9. Explore the establishment and coordination of counseling sessions for patients in
21 new medication-assisted recovery programs;

22 10. Explore the use of nurse practitioners, physician assistants and registered nurses
23 working under a physician trained pursuant to the federal Drug Addiction Treatment Act
24 of 2000 to provide appropriate services;

25 11. Explore projects with local and state agencies to develop and require job,
26 vocational and career opportunities for those receiving medication-assisted recovery
27 treatment in their local communities when medically cleared to do so and to maintain
28 employment of those already employed;

29 12. Propose ways in which the pilot program can access federal funds, grant funds
30 from the office of substance abuse and mental health services in the Department of Health
31 and Human Services, Healthy Maine Partnerships funds, resources from local health care
32 agencies and the eventual projected cost savings associated with reducing transportation
33 for patients in this pilot program; and

34 13. Consider criteria for participation in medication-assisted recovery, including, but
35 not limited to, criteria related to current methadone patients at a methadone clinic, new
36 patients needing medication-assisted recovery, the ability of patients to pay with health
37 insurance or self-pay and motivation to recover from addiction and be held accountable
38 by contract and peer recovery supporters; and be it further

39 **Sec. 3. Report to the Joint Standing Committee on Health and Human**
40 **Services. Resolved:** That the Department of Health and Human Services shall provide
41 a report based on the findings of the stakeholder group convened pursuant to section 1 to

1 the Joint Standing Committee on Health and Human Services no later than January 1,
2 2016. The joint standing committee may report out legislation associated with the report
3 to the Second Regular Session of the 127th Legislature.'

4 **SUMMARY**

5 This amendment, which is the majority report of the committee, replaces the bill with
6 a resolve. It requires the Department of Health and Human Services to convene a
7 stakeholder group to develop a plan for a pilot program for medication-assisted recovery
8 for individuals working to recover from addiction to opioid substances that is located in a
9 rural community at least 30 miles from Bangor. The Department of Health and Human
10 Services must report the findings of the stakeholder group to the Joint Standing
11 Committee on Health and Human Services no later than January 1, 2016, and the joint
12 standing committee is authorized to report out legislation to the Second Regular Session
13 of the 127th Legislature.

14 **FISCAL NOTE REQUIRED**

15 **(See attached)**