Maine Medical Association

Progress Report

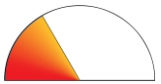
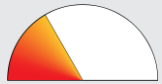
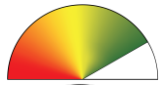
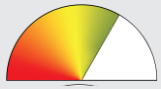
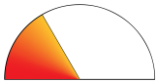
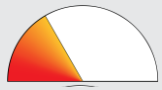
on the

2016 Maine Opiate Collaborative Recommendations

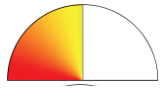
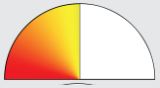
December 2018

MAINE OPIATE COLLABORATIVE PROGRESS REPORT

Prevention & Harm Reduction • December 2018

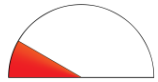
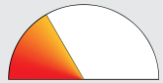
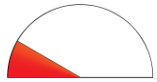
2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
A. Increase public understanding and reduce the stigma surrounding opiate and heroin use disorder	1. Funding a statewide public education campaign	o **Enacted LD 1871, now Public Law Chapter 407,** which updates statutory terminology related to substance use disorder	o *DHHS through Maine Prevention Services has rolled out the "Prevention for ME" mass-reach awareness campaign* o *The Attorney General's office has produced and run a series of public service announcements (PSAs)* o *Community partnerships are actively engaged in public education and stigma reduction efforts*	
B. Decrease the risk factors for opiate use/ addiction and decrease the use of opiates among youth	1. Training parents and adult mentors to reduce child abuse and guide children to wellness 2. Substance use prevention toolkit for schools 3. Training school staff in screening and early intervention for adverse childhood experiences (ACEs) 4. Increasing the number of Community Partnerships for Protecting Children		o *The 2017 Opioid Task Force recommendations #1 and 3 support dissemination of the DHHS "Snuggle ME" curriculum, expansion of the Positive Parenting Program, and integration of effective drug prevention programs into educational curriculum* o *The Maine Resilience Building Network (MRBN) has provided training in adverse childhood experience to more than 14,000 individuals since 2013* o *Community partnerships are actively engaged in efforts to reduce ACEs and early use of nicotine, alcohol, and marijuana*	
C. Reduce unsafe prescribing practices (over-prescribing)	1. Increasing the use of Maine's Prescription Monitoring Program (PMP) 2. Increasing the functionality of the PMP	o **Enacted LD 925, now Public Law Chapter 460,** which includes the requirement of an annual report to the legislature on the use of the PMP and trends in prescription practices	o *The use of the PMP is now required by law and complaints about functionality have been reduced* o *With DHHS funding, the Maine Medical Association is training prescribers through the MaineCare Academic Detailing Program about the use of the PMP, Maine's opiate prescribing limits, and other requirements of Chapter 488* o *Maine leads the nation in decreasing opioid prescribing for pain*	
D. Increase safe storage and disposal of prescription drugs	1. Database and website of all drug take-back/ drop-off locations 2. Product stewardship program 3. Educating the public		o *The 2017 Opioid Task Force recommendation #5 requests a report from the Maine Drug Enforcement Agency about the successes of drug take-back programs and alternatives, and asks the Maine Board of Pharmacy to require pharmacies to post disposal information* o *Pharmacies are voluntarily posting notices of disposal options* o *Community partnerships promote Take-Back Days and maintain lists of lock box locations for everyday disposal*	
E. Decrease the number of drug-exposed babies born in Maine each year	1. Piloting "Snuggle ME" in two communities 2. Piloting a model of improved coordination of care 3. Replicating best practice outpatient treatment models 4. Training medical providers in screening and care		○ *Healthcare organizations are working to standardize and train for non-pharmacologic care of newborns with Eat-Sleep-Console* ○ *The 2017 Opioid Task Force recommendations #1 and 2 support dissemination of the DHHS "Snuggle ME" curriculum and the importance of counseling patients about the availability of Long-Acting Reversible Contraception (LARC)*	
F. Increase access to naloxone for people using opiates and their families/friends	1. Educating at-risk populations and the general public 2. Educating health care providers	○ **Enacted LD 1892, now Public Law Chapter 417,** which allows pharmacists to dispense naloxone without a prescription to individuals of any age	o *Rule-making to expand the availability of naloxone over-the-counter has been completed* o *The Attorney General is distributing naloxone to law enforcement agencies* o *Health Equity Alliance and community partners are providing naloxone training and doses directly to individuals* o *The Maine Medical Association is educating prescribers through MICIS (Maine Independent Clinical Information Service) modules*	

MAINE OPIATE COLLABORATIVE PROGRESS REPORT

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
G. Expand recovery supports and services statewide	1. Network of recovery centers, coaches, and coalitions in each public health district 2. Tax credits or other incentives for recovery supports, including housing, education, and employment	o **Enacted LD 1771, now Public Law Chapter 415,** which funds two housing-based treatment and recovery programs for women affected by substance use disorder who have young children o **Failed to override the governor's veto of LD 812**, which would have piloted a more comprehensive treatment system in Washington County o **Failed to fund LD 1682** which would have developed standards and increased placements in recovery residences o **Failed to override the governor's veto of LD 1711,** which would have provided treatment, housing, and recovery supports for people with opioid use disorder who are homeless	o *Recovery Coaches are being trained and integrated into treatment and recovery systems in many communities across the state* o *The DHHS Opioid Health Home (OHH) Program requires and trains recovery coaches for all Medication-Assisted Treatment (MAT)* o *Many community partnerships are actively engaged in expanding recovery support services, including recovery residences* o *Maine foundations are investing widely in community efforts to increase recovery support services* o *DHHS is funding seven new recovery community centers across the state as well as a coordinated hub of recovery coach trainings and programs statewide* o *The 2017 Opioid Task Force recommendations #10 and #11 support developing standards and a certification process for recovery housing; increasing recovery housing that meets these standards; and increasing treatment, housing, and recovery supports for people with opioid use disorder who are homeless*	
H. Reduce the barriers to treatment for substance use disorder	1. Expanding health insurance coverage 2. Good Samaritan Law to provide immunity 3. Legal exceptions for information gathered for treatment 4. Screenings and referrals to treatment at hospitals	o **Enacted LD 925, now Public Law Chapter 460,** which includes funding for a Hub & Spoke delivery system of treatment, including integrated medication-assisted treatment and recovery supports; implementation is pending o **Failed to override the governor's veto of the funding allocation for the expansion of Medicaid insurance coverage;** implementation of expansion is now in litigation	o *Voters passed a ballot measure to expand the availability of MaineCare coverage to approximately 70,000 people currently without health insurance* o *Maine is slated to receive over $10 million in federal funding in 2018 to increase the availability of MAT and mental health services* o *The 2017 Opioid Task Force recommendation #8 supports increasing access to health insurance coverage by expanding Medicaid ombudsman support services for special enrollment periods* o *Some capacity for screening may have been lost when SBIRT was recently defined as a treatment initiative by SAMHSA and removed from the prevention workplans of community partnerships* o *DHHS continues to grow its OHH Program, which provides MAT services to MaineCare members and the uninsured* o *MaineCare has introduced MAT programs for people re-entering communities from correctional facilities* o *DHHS is piloting rapid induction in emergency rooms* o *SAMHS is actively working with 7 counties to establish MAT programs in county jails*	

MAINE OPIATE COLLABORATIVE PROGRESS REPORT

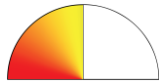
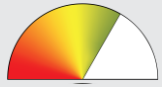
Prevention & Harm Reduction • December 2018

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
I. Enhance the focus and profile of substance use disorder among government entities	1. High-level position in state government 2. Yearly report card from the Maine Substance Abuse Services Commission	o **Failed to override the governor's veto of LD 105** which would have created an opioid "cabinet" from among the many commissioners working in the area of substance use disorders	o *The Maine Medical Association continues to monitor and inform its members and the public about progress toward Maine Opiate Collaborative recommendations*	
J. Make it easier for individuals, families, and affected others to get timely, accurate information	1. Updating the Maine 2-1-1 directory to include information on prevention, treatment, and recovery services 2. Training Maine 2-1-1 staff to adequately field calls for services related to substance use disorder	○ **Enacted LD 925, now Public Law Chapter 460,** which includes developing a plan to create a statewide resource and referral center that uses the existing 2-1-1 service ○ **Failed to override the governor's veto of LD 812**, which would have expanded public information and enabled rapid access to treatment in Washington County	o *Maine foundations are supporting the Maine Medical Association and its local partners in mapping prescribers of buprenorphine (suboxone) to share with the public* o *Maine 2-1-1 is updating its directory as new information becomes available and continues to train staff to respond effectively to calls about programs and services* o *DHHS' "Eyes Open for ME" and "Prevention for ME" awareness campaigns provide information for the general public online*	
K. Create more capacity in Maine's nine Public Health Districts to prevent and reduce opiate misuse and overdose	1. Funding for one School Behavioral Health Coordinator and one Substance Use Disorder Coordinator in each public health district 2. Requiring District Councils to include the recovery community in a multi-sector approach			

MAINE OPIATE COLLABORATIVE PROGRESS REPORT

Treatment • December 2018

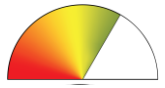
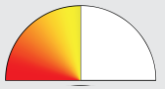
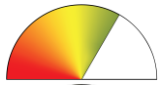
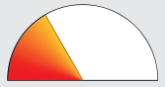
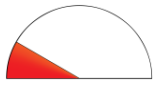
Goal #1: Expand access and availability of publicly-funded evidence-based Medication Assisted Treatment (MAT)

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
A. Quantify demand and capacity (supply) for Medication Assisted Treatment (MAT) by region or district	1. Calculating current wait times for treatment services 2. Updating demand and capacity data regularly 3. Evaluating system performance		*o Maine foundations are supporting the Maine Medical Association and its local partners in mapping prescribers of buprenorphine (suboxone) to share with the public and identify areas of high need and potential expansion*	
B. Fill gaps in publicly-funded treatment options, prioritizing integrated MAT services, across all regions/districts	1. Increasing purchased MAT by level of care to meet demand 2. Increasing the number of half-way houses and extended care residential programs with MAT contracts 3. Increasing the number of methadone maintenance programs 4. Transportation for patients 5. Competency-based training on Medication Assisted Recovery to recovery support workers	○ **Enacted LD 925, now Public Law Chapter 460,** which includes funding for a Hub & Spoke delivery system of treatment, including integrated medication- assisted treatment and recovery supports; implementation is pending ○ **Enacted LD 1771, now Public Law Chapter 415,** which funds two housing-based treatment and recovery programs for women affected by substance use disorder who have young children ○ **Failed to override the governor's veto of LD 812**, which would have piloted a more comprehensive treatment system in Washington County ○ **Failed to override the governor's veto of LD 1711,** which would have provided treatment, housing, and recovery supports for people with opioid use disorder who are homeless ○ **Failed to override the governor's veto of the funding allocation for the expansion of Medicaid insurance coverage;** implementation of expansion is now in litigation	*o Voters passed a ballot measure to expand the availability of MaineCare coverage to approximately 70,000 people currently without health insurance* *o The 2017 Opioid Task Force recommendation #11 supports providing treatment, housing, and recovery supports for people with opioid use disorder who are homeless* *o The Co-Occurring Collaborative Serving Maine has developed a roadmap for building a stronger recovery-oriented system for treatment* *o Maine is slated to receive over $10 million in federal funding in 2018 to increase the availability of MAT and mental health services* *o DHHS continues to grow its OHH Program, which provides MAT services to MaineCare members and the uninsured* *o DHHS has added additional slots for methadone-based treatment* *o In the last 36 months, SAMHS has increased MAT capacity for the uninsured from 25 slots to 1,000 slots and its budget for the uninsured from $250,000 to $4,400,000*	

MAINE OPIATE COLLABORATIVE PROGRESS REPORT

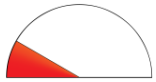
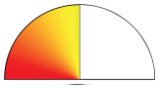
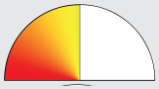
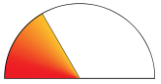
Treatment • December 2018

Goal #2: Expand access to evidence-based programs that serve specialty populations and reduce recidivism rates

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
C. Develop practice protocols for screening for SUDs by physicians in obstetric and pediatric services	1. No-cost education for clinicians and office staff 2. Training and educating staff working with pregnant women, new parents, and newborns affected by substance use disorder	o **Failed to override the governor's veto of LD 1063,** which would have protected substance- exposed infants, including prevention, risk assessment, and treatment of prenatal substance exposure	o *The 2017 Opioid Task Force recommendations #1 and 2 support dissemination of the DHHS "Snuggle ME" curriculum and the importance of counseling patients about the availability of Long-Acting Reversible Contraception (LARC), including MaineCare coverage*	
D. Quantify demand and capacity (supply) for SUD treatment for women and infants born drug-exposed	1. Collect data about screening for substance use disorder in women seeking obstetric care 2. Collect data on drug exposed/affected infants		o *The 2017 Opioid Task Force recommendation #1 supports dissemination of the DHHS "Snuggle ME" curriculum* o *DHHS collects data on drug-exposed babies from mandated reporters* o *DHHS through MaineCare provides funding for screening tools*	
E. Expand access to all levels of care for women who are pregnant or the primary caregiver of a child under the age of six	1. Residential programs for women and their children 2. Expanding MAT for pregnant women and/or mothers who have children under the age of six 3. Developing best practice care and treatment of pregnant women who are in prison 4. Outpatient clinics to support families and infants born substance exposed or with neonatal abstinent syndrome	o **Failed to override the governor's veto of the funding allocation for the expansion of Medicaid insurance coverage;** implementation of expansion is now in litigation o **Enacted LD 925, now Public Law Chapter 460,** which includes funding for a Hub & Spoke delivery system of treatment, including integrated MAT and recovery supports; implementation is pending	o *DHHS prioritizes pregnant women as a primary treatment population* o *DHHS continues to grow its OHH Program, which provides MAT services to MaineCare members and the uninsured* o *DHHS through SAMHS has launched two separate pilot programs, offering MAT services to pregnant women in ERs and participating jails, respectively*	
F. Reduce the stigma, shame, and cultural barriers around SUD for women who are pregnant and/or who are the primary caregiver for a child under the age of six	1. Social marketing and public/ provider education campaign 2. Social marketing campaign about the impacts of using tobacco, alcohol, and other drugs, including marijuana and other medications used for nonmedical reasons	o **Enacted LD 1771, now Public Law Chapter 415,** which includes funding for housing-based recovery programs for families o **Enacted LD 1871, now Public Law Chapter 407,** which implements respectful statutory SUD language across DHHS	o *Penobscot Community Health Care and Eastern Maine Medical Center are collaborating on CHAMP (Collaborative Home Alternative Medication Program), an outpatient clinic to wean babies born substance exposed or with Neonatal Abstinence Syndrome who need medication treatment*	
G. Improve access to the full continuum of substance abuse treatment for adolescents in all counties in Maine	1. Regional programs for adolescents and their families, including outpatient and residential services 2. Residential program for girls up to age 18 3. Residential program that serves 18 to 24-year-olds		o *DHHS is developing a residential adolescent treatment home* o *DHHS is developing SUD initiatives for children in state custody*	

MAINE OPIATE COLLABORATIVE PROGRESS REPORT

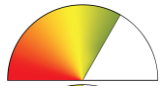
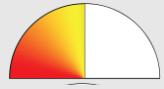
Goal #2: Expand access to evidence-based programs that serve specialty populations and reduce recidivism rates (cont.)

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
H. Ensure the basic needs of adolescents are met in order to increase safety and recovery	1. Access to safe shelter and health care for young people who are homeless 2. Navigators located at youth homeless shelters	o **Failed to override the governor's veto of LD 1711**, which would have provided treatment, housing, and recovery supports for people with opioid use disorder who are homeless	o *The 2017 Opioid Task Force recommendation #11 supports increasing treatment, housing, and recovery supports for people with opioid use disorder who are homeless*	
I. Develop a program to increase the rate of high school graduation and recovery for youth with a substance use disorder	1. Program for at-risk students in High School Alternative Programs 2. Requiring all Maine schools to have prevention, treatment and recovery programs 3. Peer mentoring programing in all middle and secondary schools 4. Opening a Recovery High School			
J. Increase the number of Licensed Alcohol and Drug Abuse Counselors	1. Testing centers, web-based, and employer in-service Continuing Education Units (CEUs)		o *The rules for Continuing Professional Education are currently being revised*	
K. Increase access to substance use disorder treatment through local police departments	1. Evaluate law enforcement opiate intervention programs in Maine and nationally 2. Expand existing treatment programs to ensure immediate assessment and care 3. Ensuring existing programs are evidence-based and following best practice	o **Rejected LD 504,** which would have evaluated the process and outcomes of the Project HOPE model o **Enacted LD 925, now Public Law Chapter 460,** which includes funding for a Hub & Spoke delivery system of treatment, including integrated medication-assisted treatment and recovery supports; implementation is pending	o *The 2017 Opioid Task Force recommendation #7 supports funding for evidence-based treatment for people without health insurance coverage and allows minimum security offenders in custody or people in community release to access treatment slots for the uninsured* o *Penobscot Community Health Care's rapid access program now offers next-day availability in the Bangor region* o *More communities have added Project HOPE programs, but have limited options for referring to evidence-based treatment that is local, immediate, and affordable*	
L. Develop a plan to decrease recidivism in our criminal justice system, including youth being released from the Development Center	1. Drug Treatment Courts for special populations such as veterans, youth, and people with co-occurring disorders 2. Treatment for uninsured clients entering Drug Treatment Courts 3. Navigators at Development Centers to work with families of incarcerated youth 4. Educating judges, district attorney offices, lawyers, law enforcement, prison staff and volunteers 5. Assessment centers (including tele-video) for law enforcement agencies	o **Enacted LD 925, now Public Law Chapter 460,** which includes funding for a Hub & Spoke delivery system of treatment, including integrated medication-assisted treatment and recovery support services, and funding for up to 30 new participants in either a new or existing drug courts; implementation is pending	○ *The 2017 Opioid Task Force recommendation #7 supports funding for evidence-based treatment of SUD for people without health insurance coverage and allows minimum security offenders in custody or people in community release to access treatment slots for the uninsured* ○ *SAMHS is actively working with 7 counties to establish MAT programs in county jails* ○ *Maine Department of Corrections is reviewing a Rhode Island model for providing MAT to inmates with SUD*	

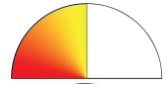
MAINE OPIATE COLLABORATIVE PROGRESS REPORT

Treatment • December 2018

Goal #3: Expand access and availability of evidence-based Medication Assisted Treatment (MAT) in primary care practices

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
M. Increase the number of primary care practices throughout Maine providing MAT	1. Social marketing and public/provider education 2. Commitments from Maine clinician practice owners 3. Setting minimum levels of MAT service capacity in each community 4. Primary care residency programs providing MAT education 5. Community-based provision of MAT services built on a "hub & spoke" model 6. No-cost, regionally-based education to clinicians 7. MAT for patients in other acute-care settings with referrals to primary care 8. Prescribing of naloxone rescue kits 9. Funding to support expanded MAT	o **Enacted LD 925, now Public Law Chapter 460,** which includes funding for a Hub & Spoke delivery system of treatment, including integrated medication-assisted treatment and recovery supports; implementation is pending	o *Maine foundations are supporting the Maine Medical Association and its local partners in mapping prescribers of buprenorphine to identify areas of high need and potential expansion* o *Maine foundations have invested in the development of a roadmap for expanding access to MAT in primary care* o *Community partnerships are working with local prescribers and counselors to expand opportunities to provide MAT* o *Prescribers and counselors are engaging in peer education and support teams* o *The 2017 Opioid Task Force recommendation #6 supports funding for a continuum of evidence- based treatment services that meet the needs of individuals depending on stage of recovery, including integrated MAT and integrated community-based relationships.* o *DHHS continues to grow its OHH Program, which provides MAT services to MaineCare members and the uninsured* o *Emergency rules have been adopted to increase reimbursement for MAT and establish a new payment model consisting of three tiers*	
N. Implement policy changes needed to expand access to MAT in primary care practices	1. Statewide comprehensive plan 2. Expanding the number and types of MAT providers under federal law 3. Amending current regulations to support high quality and safe prescribing practices 4. Increasing the number of people with health insurance coverage 5. Requiring health insurance policies to cover SUD treatment 6. Amending Maine Rule Chapter 21 to remove the term "pseudo-addiction" 7. Requiring new health care facilities to address community needs related to the opioid crisis 8. Requirements to re-licensure that require providers to understand the current opioid crisis 9. Allowing the prescribing of generic suboxone tablets under MaineCare	o **Failed to override the governor's veto of LD 105,** which would have created an opioid "cabinet" from among the many commissioners working in the area of SUD o **Rejected LD 453,** which would have required insurance coverage of alternative therapies o **Failed to override the governor's veto of the funding allocation for the expansion of Medicaid insurance coverage;** implementation of expansion is now in litigation	o *Congress has expanded the types of MAT providers under federal law to include Nurse Practitioners (NPs) and Physicians' Assistants (PAs)* o *Joint Rule 21, which is now in effect, revises licensing boards and their education requirements* o *The Essential Health Benefits of the Affordable Care Act require insurance policies to cover SUD* o *The Maine Legislature has incorporated the coverage of preventive health services currently required under the Affordable Care Act into state law* o *The term "pseudo addiction" has been removed from Chapter 21* o *MaineCare now covers generic suboxone* o *Chapter 1 of the Board of Licensure in Medicine Rules now requires 3 hours of Continuing Medical Education on opioid prescribing* o *DHHS has implemented policy changes for its OHH Program to facilitate expanded access to MAT*	

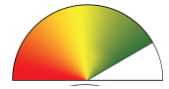
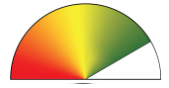
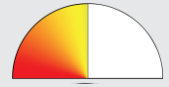
Goal #3: Expand access and availability of evidence-based MAT in primary care practices (cont.)

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
O. Conduct studies to assess needs and ensure quality related to expanding access to MAT in primary care practices	1. Assessment of MAT services in primary care practices 2. Studying best practices for providing high quality MAT services in primary care 3. Mapping existing x-waiver holders	o **Enacted LD 925, now Public Law Chapter 460,** which includes funding for a Hub & Spoke delivery system of treatment, including integrated medication-assisted treatment and recovery supports; implementation is pending	o *The Maine Medical Association is surveying all MAT prescribers regarding barriers to MAT expansion and potential solutions* o *Maine foundations have invested in the development of a roadmap for expanding access to MAT in primary care* o *The 2017 Opioid Task Force recommendation #6 supports funding for a continuum of evidence-based treatment services that meet the needs of individuals depending on stage of recovery, including integrated medication-assisted treatment across the state and integrated community-based relationships*	

MAINE OPIATE COLLABORATIVE PROGRESS REPORT

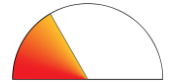
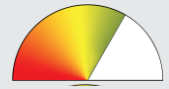
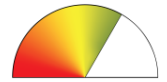
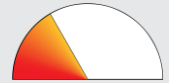
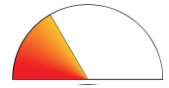
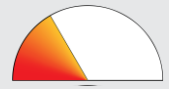
Treatment • December 2018

Goal #4: Reduce harm by creating safe prescribing standards for chronic, non-cancer pain

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
P. Reduce over-prescribing of opioids for chronic non-cancer pain	1. Prescribing limits 2. Educating and supporting health care providers and practices about safer prescribing 3. Increasing participation in the Maine Chronic Pain Collaborative 4. Community and regional standards	o **Enacted LD 1646, now Public Law Chapter 488,** which introduced strict limitations on dosage amounts and duration of opioid prescriptions	o *Maine Public Law Chapter 488 was passed in 2016 and amended in 2017 (LD 1031) to set opiate prescribing limits for acute and chronic pain, mandate the use of Maine's Prescription Monitoring Program (PMP), and require education for opioid prescribers* o *The Maine Medical Association and Quality Counts are training prescribers on the requirements of Chapter 488 and subsequent amendments enacted in 2017* o *Maine leads the nation in decreasing opioid prescribing for pain with a 32% reduction in the number of opioid prescriptions written between 2013 and 2017 and the steepest decline in opioid dosages between 2016 and 2017* o *MaineCare changed its pharmacy policy to match CDC guidelines for opioid prescribing recommendations*	
Q. Reduce the prescribing of opioid and benzodiazepine combinations	1. Education module for health care providers and practices 2. Recruiting partner organizations to support outreach and education 3. Continuing educational efforts through Caring for ME and MICIS	o **Enacted LD 1646, now Public Law Chapter 488,** which requires prescribers and dispensers to check patient history in PMP prior to prescribing opioids	o *Maine Medical Association and Maine Independent Clinical Information Service (MICIS) have provided an education module to over 2500 clinicians and practice staff* o *Quality Counts and Caring for ME have provided online education modules to over 2000 participants* o *Both MICIS and Caring for ME education efforts are continuing in 2018* o *The Maine PMP provides clinical alerts for concurring opioid prescriptions* o *DHHS through MaineCare has added co-prescribing as a quality measure for its Accountable Communities Initiative* o *DHHS through SAMHS tracks co-prescribing through NARXCare for substance use disorder*	
R. Monitor for abuse and diversion of opioids	1. Team-based monitoring among prescribers and pharmacists, including screening, pill counts, use of Prescription Monitoring Program, and Diversion Alert	o **Enacted LD 925, now Public Law Chapter 460,** which includes the requirement of an annual report to the legislature on the use of the PMP and trends in prescription practices o **Enacted LD 1646, now Public Law Chapter 488,** which requires prescribers and dispensers to check PMP prior to prescribing opioids	o *Joint Rule 21, which is now in effect, revises licensing boards, education requirements, and mandated/voluntary protocols* o *The Maine PMP provides clinical alerts for concurring opioid prescriptions, and mandates that prescribers and dispensers check patient history in PMP to monitor for diversion and co-prescribing of prescription opioids* o *Diversion Alert, which provided drug arrest and conviction information to prescribers who voluntarily signed-up for the program, ceased operations for lack of funding*	
S. Improve the management of chronic pain	1. Educating health care providers and the public on the most effective treatments for chronic pain	o **Rejected LD 453,** which would have required insurance coverage of alternative therapies	o *Maine Medical Association and Quality Counts are educating providers on alternative treatments to chronic pain* o *MaineCare changed its pharmacy policy to match CDC guidelines for opioid prescribing recommendations*	

MAINE OPIATE COLLABORATIVE PROGRESS REPORT

Law Enforcement • December 2018

2016 RECOMMENDATIONS	STRATEGIES	2018 LEGISLATIVE ACTION	OTHER PROGRESS	
A. Destigmatize substance use disorders within the law enforcement profession	1. Workforce training for students 2. Work force training for current professionals 3. Community-based actions	o **Enacted LD 1871, now Public Law Chapter 407,** which updates statutory terminology related to substance use disorder	o *The Maine Criminal Justice Academy has mandated a two-hour instructional block for all sworn officers that includes stigma* o *Community-based stigma reduction projects are underway in several regions of the state* o *The Maine CDC conducted a series of trainings at the Maine Criminal Justice Academy focused on increasing awareness around SUD*	
B. Identify, investigate, and prosecute the most dangerous drug traffickers	1. Collaboration and information sharing among agencies 2. Collaboration and information sharing with public health communities		o *Trend-sharing and alerts are happening more frequently among agencies* o *The Maine Information and Analysis Center (MIAC) has been more engaged with Maine's Drug Monitoring Initiative (DMI)*	
C. Establish a Pre-Charge Diversion Program in every prosecutorial district in Maine	1. Treatment & recovery resource development 2. Collaboration and systems for referrals 3. Data collection	o **Rejected LD 1268,** which would have helped identify candidates for pre-charge diversion by requiring screening and assessments	○ *The 2017 Opioid Task Force recommendation #14 supports the development and funding of a pre-charge diversion program*	
D. Make Problem-Solving Courts (PSCs) available for every appropriate applicant	1. Funding to expand capacity 2. Funding a PSC pilot for special population(s) 3. Data collection	o **Enacted LD 925, now Public Law Chapter 460,** which includes funding for up to 30 new participants in either a new or existing drug courts	o *The drug court in Bangor has been re-instituted Veterans Affairs (VA) is pursuing a PSC-related initiative*	
E. Provide custodial treatment for county jail inmates with substance use disorder	1. Programs to identify and treat substance use disorders and/or mental health disorders 2. Natural supports for recovery and release		o *The 2017 Opioid Task Force recommendations #16, 17, 18, and 19 support programs to identify, treat, and support recovery for people with SUD who are entering, serving, or being released from jails* o *Penobscot County Jail implemented a Vivitrol program for women and recently expanded to include buprenorphine and men* o *The Maine Corrections Collaborative has convened a statewide summit to learn, plan, and identify resources* o *The VA is now actively seeking veterans among county jail inmates to ensure they are receiving all services to which they may be entitled* o *Negotiations between the Maine Department of Corrections and the American Civil Liberties Union of Maine has resulted in positive steps to allowing inmates with opioid use disorder to receive medication* o *SAMHS is actively working with 7 counties to establish MAT programs in county jails*	
F. Provide case management services to inmates who are transitioning back into the community	1. Linking inmates and people on probation with Recovery Coaches	o **Enacted LD 925, now Public Law Chapter 460,** which allows seized or forfeited property to be used for case management and other social services to support people with SUD	o *The 2017 Opioid Task Force recommendation #18 supports programs to treat and support recovery for people being released into the community from jails and prisons* o *Maine DHHS provides funding for case management through MaineCare and SAMHS re-entry program*	

A MESSAGE FROM MAINE MEDICAL ASSOCIATION

Few of us remain untouched by the opioid epidemic.

One Mainer is lost every day, on average, to an accidental overdose. For people with an opioid use disorder, finding high-quality treatment that is affordable, immediate, and local continues to be extremely difficult. Too many Maine youth are experiencing traumatic events, and too many are experimenting with tobacco, alcohol, and marijuana that increase their risk of addiction. Equally troubling, many people in recovery continue to face stigma in their communities and a shortage of housing, transportation, and employment opportunities that could return hope and connectivity to their lives.

Maine Medical Association and our 4,300 members believe physicians have a critical role to play in addressing this public health crisis. We were proud to be part of the Maine Opiate Collaborative and the development of its 2016 roadmap for federal, state, and local actions in the areas of law enforcement, treatment, prevention and harm reduction – recommendations designed to strengthen our communities and support our families, friends, and neighbors.

Health care providers, law enforcement professionals, philanthropic foundations, non-profit organizations, recovery community members, large and small employers, and many more concerned citizens from every corner of Maine have made significant investments of time and resources. This report is not an inventory of every community's activities. Rather, it is an attempt to capture legislative actions plus promising practices from across the state in order to help policymakers, supportive organizations, and community leaders prioritize where we must redouble our collective efforts.

We hope you find this report helpful and informative. Please contact Gordon Smith, Executive Vice President (gsmith@mainemed.com) or Carol Kelly, coordinating consultant (carol@pivotpointinc.com) with questions or comments. Working together, as Maine does best, we can help every community be healthy, productive, and recovery-ready.

Maine Medical Association

Frank O. Stred Building | 30 Association Drive | PO Box 190 | Manchester, Maine 04351
TEL: 207-622-3374 | FAX: 207-622-3332 | www.mainemed.com