



MAINE MEDICAL ASSOCIATION

Brian Pierce, MD *President* • Charles Pattavina, MD *President-Elect* • Jabbar Fazeli, MD *Chair, Board of Directors*
Gordon H. Smith, Esq. *Executive Vice President* • Andrew B. MacLean, Esq. *Deputy Executive Vice President*

July 21, 2016

VIA ELECTRONIC MAIL

Thomas Leet, Comprehensive Health Planner II
Department of Health & Human Services, MaineCare Services
242 State Street
State House Station 11
Augusta, Maine 04333-0011

RE: PROPOSED AMENDMENTS TO MAINECARE BENEFITS MANUAL, CHAPTERS II AND III, SECTION 65, BEHAVIORAL HEALTH SERVICES

Dear Thomas:

I write to provide comments on the Medication-Assisted Treatment (MAT) provisions of the proposed rulemaking amendments listed above on behalf of the Maine Medical Association (MMA). The MMA is a professional organization of more than 3900 physicians, residents, and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.

Maine's opiate addiction (Opiate Use Disorder) problem is perhaps our state's most acute public health problem today and addiction specialists now call MAT the "gold standard" in treating this disorder. Because of a lack of adequate insurance coverage for too many individuals and a lack of and/or maldistribution of MAT providers, patients who suffer from addiction already face too many barriers to accessing appropriate care. The MMA is very concerned that the proposed amendments to Section 65 will exacerbate that access problem. The Maine Opiate Collaborative has recommended that a vitally important component of a coordinated response to the addiction problem is to expand access to MAT. The proposed amendments are sure to have a contrary result. They would increase the regulatory burden on MAT providers with no demonstrable increase in the quality of care.

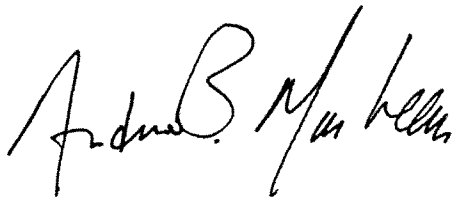
Through the definition of "MAT" in the proposed amendments, the rule would apply a regulatory framework suited to a health care facility setting – a methadone clinic – to a physician treating this disorder with buprenorphine, which is usually provided in an outpatient physician office setting.

Applying standards, such as psychotherapy services and 6-day availability, to outpatient physician practices is unrealistic and would undoubtedly discourage physicians from providing this treatment to MaineCare beneficiaries. Perhaps the simplest way to address this concern would be to remove buprenorphine from the definition of MAT in Section 65.02-27. Addiction treatment with buprenorphine is regulated under federal law and MaineCare need not regulate this practice other than arranging for payment through the MaineCare program.

Methadone treatment for this disorder also is an important type of MAT for some patients and MMA is very concerned about concerted efforts during the past several years to restrict access to this treatment through state policymaking. Methadone clinics are substantially regulated under federal law and state licensing law and we question the necessity or propriety of imposing separate, potentially duplicative and conflicting regulation upon them, through MaineCare rulemaking.

Thank you for considering the views of the MMA on the proposed amendments to the MAT provisions of MCBM Section 65.

Sincerely,

A handwritten signature in black ink that reads "Andrew B. MacLean". The signature is written in a cursive style with a large, prominent "A" and "B".

Andrew B. MacLean