



Leveraging Medicaid to Address Opioid and Substance Use Disorders in Maine

Executive Summary

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Maine is experiencing an unprecedented public health crisis related to the opioid epidemic, ranking among the top 10 states with the highest rates of drug-related overdose deaths in 2017, during which 359 Mainers died from accidental opioid overdose. That same year, 952 babies were born in Maine with neonatal abstinence syndrome owing to in-utero exposure to opioids. Though opioid use disorder has driven the recent spike in mortality, alcohol use disorder remains the most prevalent form of substance use disorder (SUD) in Maine, and survey estimates show substantial unmet needs for substance and opioid use disorder treatments in the state. With a new governor at helm, Maine is refocusing its energies and efforts to reverse these grim statistics, starting with expanding Maine's Medicaid program, MaineCare. With many more low-income adults projected to be covered under the expanded program and gain access to treatment, MaineCare is expected to become an even more dominant payer for SUD services in Maine.

Given the unique opportunity presented by the eligibility expansion, this report provides an overview of the role MaineCare is playing and could play in addressing Maine's opioid epidemic and SUDs more broadly. Over approximately two months, we conducted an expedited review of available public information and data, conducted key informant interviews, and analyzed promising Medicaid initiatives implemented elsewhere to inform Maine's policy debate over effective strategies to address the opioid epidemic and SUDs. Based on this high-level, initial assessment of Maine's SUD treatment landscape, we suggest the following policy options for MaineCare to effectively leverage federal Medicaid expansion funds and explore opportunities for performance-based funding to support these efforts:

1. Maximize the shift of block grant-funded SUD treatment to MaineCare and redirect grant dollars to invest in SUD services, supports, and patients ineligible for MaineCare. This could

include SUD services for incarcerated people and funding for supportive housing that serves MaineCare enrollees on medication-assisted treatment, potentially drawing on new strategies for funding programs (e.g., pay for success) that focus on outcomes and help build evidence on effective interventions.

2. Expand SUD treatment capacity through training and mentoring programs for providers, expanding the scope of practice for midlevel practitioners, addressing obstacles to the use of telemedicine/telehealth in MaineCare, and ensuring that reimbursements for different levels of care and services adequately stimulate growth in provider supply and meet the demand for care.
3. Promote methadone maintenance treatment at opioid treatment programs (also called methadone clinics) by addressing its stigma, aligning state counseling requirements in methadone maintenance treatment with federal regulations, expanding the role of experienced opioid treatment program providers in opioid use disorder treatment, and further increasing MaineCare opioid treatment program reimbursement rates to align with established benchmarks.
4. Promote evidence-based treatment for SUD among both health care providers and the public, including by disseminating information about all effective medication-assisted treatment options for alcohol and opioid use disorders and expanding coverage and access to evidence-based recovery supports and services. Greater dissemination of information is especially needed to promote methadone and naltrexone treatments, particularly long-acting injection naltrexone (also called XR-naltrexone), as accessible opioid use disorder treatment options for MaineCare enrollees.
5. Add SUD screening and referral requirements in primary care (including federally qualified health centers), emergency departments, critical access hospitals, psychiatric hospitals, and jails and prison systems for MaineCare beneficiaries, and provide training and support to providers. Require that primary care and other providers use a clinical tool to match patients to the appropriate level of SUD care, which could help with both under- and overutilization of residential or other types of care.
6. Promote best practices among providers and at facilities that care for MaineCare-covered pregnant and postpartum women with an SUD, including universal screening and access to methadone and buprenorphine maintenance treatments for those with opioid use disorder.

7. Use block grant SUD treatment funding to promote and provide all three medication-assisted treatments—methadone maintenance treatment, buprenorphine maintenance treatment, and naltrexone pharmacotherapy—in jails and prisons, and engage MaineCare enrollees in evidence-based care, or support continuity of care, during incarceration.
8. Enroll eligible people involved in the justice system in MaineCare and provide them with supports and services to address health and social needs upon release to minimize barriers to accessing needed services.
9. Redesign MaineCare prescription drug policies related to SUD treatment to promote wide distribution of naloxone to people at risk of overdose and their families and friends, including alternative formulations of naloxone (e.g., autoinjector) that are not widely available. MaineCare could also evaluate whether the current reliance on brand-name Suboxone products offers Medicaid enrollees the best treatment medication options at the best prices. MaineCare could promote use of less expensive buprenorphine generics, maximize the use of Medicaid prescription drug rebates, and consider promoting wider use of alternative formulations, such as long-acting buprenorphine treatments.
10. Lay groundwork for alternative payment models and value-based payments for SUD treatment services in MaineCare by developing the necessary infrastructure at the state and provider levels.

As Maine mobilizes to address SUD-related morbidity and mortality, MaineCare may be Maine's most important tool to fight the opioid epidemic. However, achieving the maximum benefit from the MaineCare expansion will require addressing current shortcomings of the delivery system and barriers to care, particularly for vulnerable populations affected by SUDs, such as pregnant women, mothers with babies, or people involved in the criminal justice system. By making policy changes and investing in the areas highlighted in this report, MaineCare can leverage its critical role to support the development of a health care delivery system that efficiently and effectively supports Mainers with an SUD in treatment and recovery while making the most of available state and federal funding opportunities. The goal of this report is to prompt discussion among key stakeholders and inform policy and programmatic decisions that affect access to and quality of treatment and recovery services for both MaineCare members and other Mainers with an SUD for whom freed-up block grant and other non-Medicaid funds can now go farther. These discussions extend beyond Maine to other parts of the country grappling with the increased demand for SUD treatment because of the opioid epidemic.

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