



February 20, 2015

Mary Mayhew
Commissioner
Maine Department of Health and Human Services
221 State Street
Augusta, ME 04333

Dear Commissioner Mayhew:

The American Society of Addiction Medicine, the Northern New England Society of Addiction Medicine, the American Psychiatric Association, the Maine Association of Psychiatric Physicians, the American Academy of Addiction Psychiatry and the American Osteopathic Academy of Addiction Medicine recently learned of Governor LePage's proposal to eliminate Medicaid funding for opioid treatment programs in Maine and to "transition" individuals recovering from opioid addiction from methadone to buprenorphine-containing medications. Unfortunately, the plan to forcibly transfer patients from methadone to buprenorphine will have profound public and personal health consequences.

Our organizations advocate for individualized treatment that meets the needs of the patient throughout the recovery process. For many patients recovering from opioid addiction, methadone is the recommended and more effective treatment modality. For example, patients requiring intensive, frequent counseling and accountability reinforcements respond far better to methadone treatment with daily structure than to less intensive office-based treatment with buprenorphine. Patients who have decided to transition from methadone to buprenorphine must undergo a lengthy, often difficult process of physician-monitored methadone tapering, followed by buprenorphine induction and stabilization. In particular, it can be difficult in the outpatient setting for pregnant patients to be successfully transitioned from methadone to buprenorphine and there is a risk of miscarriage. A forced, rapid transition will yield, at best, significant patient discomfort and destabilization and, at worst, relapse and death from overdose or withdrawal. Nearly 4000 Mainers are treated for their opioid addiction in Maine's eleven methadone clinics. As a result, they are stable and healing. Patient insecurities about personal cost and health implications associated with a forced transition from methadone to buprenorphine would be a *de facto* barrier to treatment.

Like much of the United States, Maine is struggling to manage an epidemic of opioid addiction and overdose death. Fortunately, there are effective, life-saving pharmacotherapies available to help patients manage cravings and achieve long-term recovery. Methadone, buprenorphine and naltrexone have all been shown to be highly effective in supporting these goals. Placing

barriers to opioid addiction treatment, whether by imposing time-in-treatment limitations, prohibitive cost barriers or medication exclusions, undermines our state's and our nation's efforts to bring this epidemic under control. Our organizations respectfully ask that your office reconsider this proposal and, instead, work with local addiction treatment providers to develop more clinically and cost-effective ways to address this disease and the devastating impact it is having on Mainers and on communities.

Sincerely,



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