



Janet T. Mills
Governor

**STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061**

Jonathan
French
Labor Co-Chair

Heather Perreault
Management Co-Chair

STATE EMPLOYEE HEALTH COMMISSION MEETING

Thursday, May 18th, 2023 @ 8:30am

Microsoft Teams Meeting

Burton M. Cross Building
111 Sewall Street
Room 103, A and B
Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Diane Bailey, Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Lynn Clark, Kevin Dionne, Laurie Doucette, Jonathan French, Rebekah Koroski, Peter Marcellino, Lew Miller, Shonna Poulin-Gutierrez, Heidi Pugliese, Joanne Rawlings–Sekunda, Chris Russell, Kim Vigue and Frank Wiltuck.

(Total = 16)

Commission Members Absent: Kelly John, Heather Perreault, Angela Porter

Vacant Seat(s): 4

Others Present: Nathan Morse, Roberta Dupont, Paige Lamarre, Emma-Lee St.Germain, Devon French, Chuck Luce – Employee Health and Wellness; Breena Bissell – Bureau of Human Resources/DAFS; Sabrina DeGuzman-Simmons and Andrea O’Day – Aetna; Kristine Ossenfort, Becky Crague, Kim Parker, Jennifer Weber, Stefanie Pike – Anthem Blue Cross and Blue Shield; Connor Huggins and Libby Arbour – MCD Global Health; Aja Tufts Godbout and Judy Paslaski – MedImpact; Amy Deschaines, Ed Pierce, Ken Ralff, and Jacqueline Scherer – Lockton; Marie Bridges – Northeast Delta Dental; Alan Parks – Gallagher; Aware Recovery – Adam Carey; Cindy Walsh – Humana, Liam LaFountain and Trevor Putnoky – Healthcare Purchasers Alliance of Maine

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:32am)	Jonathan French called the meeting to order.	
II. Introductions		
III. Review and Approval of Minutes (April 13th, 2023)		<i>Kevin Dionne</i> made a motion to accept the April 13th, 2023, minutes; <i>Claire Bell</i> seconded the motion. Motion passed.



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IV. Recurring Monthly Business

a. Employee Health and Wellness Highlights – Shonna Poulin-Gutierrez

Information contained in written report; highlights and discussion noted below:

Employee Health and Wellness Staffing Update-

- Chuck Luce joined our office May 8th as our new Senior Health Policy and Benefits Lead.
- Linda Mack has moved to a Benefits Specialist role as of April.
- We will be welcoming Meghan Harmon as our Summer Intern at the end of May.
- We have posted a Program Coordinator position and anticipate filling the role soon.

Anthem and Covenant Health-

- Anthem and Covenant Health are currently in contract discussions. The current contract is effective until July 5, 2023.
- Maine Facilities that fall under Covenant Health, that would impact our current members include St. Mary’s Regional Medical Center in Lewiston and St. Joseph Hospital in Bangor.
- The State of Maine health plan members who have utilized at least one of Maine’s Covenant facilities over the past 12 months, received a notification from Anthem as well as their Covenant health care providers.

Wellness Highlights-

- Wondr Health Program:
 - There were 777 enrollment requests from State of Maine members.
 - 728 State of Maine members started the program on Monday 4/24/2023 (691 Employees, 27 Spouses, 1 Adult Dependents and 9 Retirees).
 - Health indicators or non-enrollment in the Health Plan, were the reasons for deferment from the program.
- Headspace Pilot:
 - As of 4/30/2023, there are 842 members enrolled and 198 seats available in the Headspace pilot.

Diane Baily asks: When vision details will go out to the retiree population?

Shonna Poulin-Gutierrez responds: We can connect via phone call on Monday.



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- The total number of minutes that plan members have utilized the program within calendar year: 85,831.
- The Headspace pilot ends 11/30/2023.
- 2023 Health Premium Credit Program: As of 4/28/2023:
 - The number of self-entered flu shots were: 2,999.
 - The number of participants entering "My Numbers" were: 1,137.
 - The number of participants entering a dental visit were: 4,594.
 - The number of participants entering a Well-Being visit were: 1,697.
 - The number of participated in "Health Navigation" appointments were: 654.
 - The number of participants completing wellness questionnaire were: 9,973.
 - The number of participants completing the Preventative Health Resource video and quiz were: 9,804.
 - We are in the process of finalizing the data that will result in the number of eligible members who will receive the credit as of 7/1/2023.
- Vaccination Clinics:
 - Fall 2023 vaccination clinic planning has begun.
 - Employee Health and Wellness partnered with WellStarME to again plan for vaccination clinics to be schedule in the Fall of 2023 at both select Shaw's/Osco Pharmacy Locations across Maine, and at State of Maine office/buildings.
 - As of 4/30/2023 there are 38 State of Maine offices/buildings that have submitted interest to host on-site clinics, and 12 in-store clinics have been proposed.

Communications Highlights-

- 2023 Health Premium Credit Program Deadline: April Communications to promote the HPCP deadline included:
 - 2 Statewide Emails
 - 2 Constant Contacts
 - 1 Postcard Home Mailer
 - 1 Social Media Post



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- 4th Quarterly Employee Health and Wellness Check Up Series: The 4th quarter Employee Health and Wellness Checkup Series was held on Microsoft Teams on April 12th from 12:00 PM - 1:00 PM. Hinge Health and WellStarME joined us to present. There were 293 State of Maine employees who attended the live check-up series, this is 100+ more employees than our first three events and our next event will be held in July.
- Constant Contact: There were 4 constant contacts distributed throughout the month of April. Both the Early Health Premium Credit Program Reminder and Hinge Health Promotion had open rates above book of business.

Contract Highlights-

- Active enrollment is currently taking place for the Vision plan during Annual Open Enrollment (5/10/2023 - 5/24/2023).
- The Dental Contract will renew with Delta Dental.
- We have gone out to market for Medicare.
- Active Health plan has gone out to market.
- The Vision plan implementation continues for 7/1/2023.

b. Legislative Committee Update
- Joanne Rawlings-Sekunda

Information contained in written report; highlights and discussion noted below:

- Legislative Committee Update: The legislature is looking at more bills (1950+) than they ever have in a session. Committees should be ready for the following bills -
 - **LD 111, 112, and 121**: DAFS testified in opposition before the Labor and Housing Committee, due to the cost.
 - **LD 132**: The Committee unanimously voted for the Bureau of Insurance to complete a mandate study before next January.
 - **LD 267**: This would cover donor breast milk in the same way that amino acid-based formulas are covered (e.g., for babies with PKU).
 - **LD 663**: The Committee voted 8-2 for the Bureau of Insurance to update a previous mandate study (for a similar bill in the 129th Legislature) before next January.



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- **LD 935:** No cost-sharing (deductible, copay, coinsurance) for abortion services.
- **LD 995:** This would allow a person to go out-of-network for a 2nd opinion if a provider recommends a therapeutic abortion and the only clinical peers are within the same medical practice.
- **LD 1577:** The Committee unanimously voted for the Bureau of Insurance to complete a mandate study before next January.
- **LD 1728:** In addition to naloxone – which was already in statute – it adds “or another opioid overdose-reversing medication approved by the FDA.”
- **LD 1816 and 1829:** This bill would require commercial insurers and State entities that purchase prescriptions to use reference prices developed by Medicare, starting in 2026. If health plans and state agencies pay more than the reference price, the Attorney General can fine them \$1,000.
- **LD 1832:** This would require that ambulance services be reimbursed for treating a person, regardless of whether that person is transported to a hospital.
- **LD 1836:** Our plan does cover screenings and mammography – however, all except 1 voted Old Towne Preservation Association. This bill would require that diagnostic and supplemental breast examinations have no cost share for consumers, the same as screening breast examinations currently do.

V. QUARTERLY PLAN UPDATES

**a. State of Maine Dental Plan –
Marie Bridges**

Highlights and discussion noted below:

- Northeast Delta Dental Updates: Delta Dental’s customer services hours have expanded to 8pm. We are also introducing dental care 24/7 through <https://teledentistry.com>. As a Northeast Delta Dental member, you have 24/7 access to virtual dental care. Whether you have a dental emergency or simply need quick oral health advice, Delta Dental Virtual Visits are here for you.
- Utilization Summary: For the period of 5/1/2022 to 4/30/2023, total claims paid were \$6.9M. There was a total of 49,687 claims, an increase of .43%. The top services provided were diagnostic and preventative with 53.65% claims paid and the average cost per claim overall was \$140.68.



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- Claims Comparison Report: Claim totals continue to increase from year to year. For the 5/1/2022-4/30/2023 period there was an increase in claim totals of over \$221k as compared to the previous fiscal year. The average number has also increased by 56 people; however, this is still less than in the 2020-2021 fiscal year where the average number of employees peaked at 13,404. That particular fiscal year reported the lowest claims total at \$6.6M compared to this fiscal year at \$6.9M.
- Claims Utilization: This past fiscal year saw claim totals of \$6.9M, with 49,687 claims, with an average cost of \$140.68, and 99,715 procedures paid.
- Experience with Member Counts: In the past fiscal year, group total and average subscriber counts indicate a total employee count of 13,126 of which 5,930 were subscribers alone. There were 49,687 claims and \$7.6M in claims billed with \$6.9M in claims paid.
- Network Utilization and Savings Report: For the past fiscal year there were \$6.9M in claims paid and a network discount of \$7.8M, a 42.38% discount.
- Oral Wellness and Utilization Summary: The Health Through Oral Wellness program saw 8,598 oral assessments of that 7,891 who qualified and 707 who did not qualify for the program.
- Oral Wellness Overview: There were 21,756 members enrolled continuously for the reporting period of 5/1/2022 and 4/30/2023. Of employees assessed for the Health Through Oral Wellness Program, 39% of members were low risk, 21% were moderate risk, 11% were high risk and 30% received no care at all.
- Members Oral Health By Age Group: The 36-64 demographic was the most active with the dental plan and the least active groups were 0-3 years and 65+. In total, 6,473 received no care at all.
- Member Oral Health Trends: In 2023, we've seen 4,826 members who were low-risk for two years in a row (57.41% of low-risk members), however, there were 4,184 members had no care for two years in a row (64.64% of No-Care members), which is a decrease from the previous year.
- No Care: There were 6,473 who did not receive dental service. Of that demographic, 3,006 were female, 3,458 were male and 9 were unknown.
- Health Through Oral Wellness Clinical Risk Assessment: There were 707 non-qualifies risk assessments, 7,891 qualified risk assessments, 13,167 of members did not have an assessment and a total 21,765 total covered members.



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	<ul style="list-style-type: none"> • <u>Qualified Members Receiving Health Through Oral Wellness Enhanced Benefits:</u> There were 3,482 members with a risk score of 5 for caries (tooth decay), 35 with a risk score of 5 for perio (gum disease) and 1,966 members with a risk score of 5 who had both caries and perio. • <u>Assessment, Risk, and Severity:</u> Health Through Oral Wellness assessments are increasing every year since 2020. The tooth decay risk score has not changed much, however there was a decline in gum disease. 	
<p>b. Plan Experience Summary, Active Medical and Dental, Lockton – Amy Deschaines</p>	<p>Highlights and discussion noted below:</p> <p>Medical:</p> <ul style="list-style-type: none"> • <u>Self-Funded Medical Through 2023:</u> There was a 2.6% increase in working rates since July 2022. Claims through the month of March show the plan is running at 97.2% and there was a surplus of \$5.1M. Lockton is all caught up on pharmacy rebate payments totaling \$11.6M. The loss ratio was 57.8% which was driven by pharmacy rebated from the month of March. • <u>High-Cost Claimants:</u> Of the \$750k stop loss limit, only one has gone above that threshold. We are getting reimbursements on that claimant. Most of the claims are being driven by Medical (more than 50%), however some individuals are taking high-cost medications. <p>Dental:</p> <ul style="list-style-type: none"> • <u>Self-Funded Dental Through 2023:</u> The surplus year to date was \$436k and we are currently running at 92-93% of budget. March we went over budget because of an increase in claim activity and 92% loss ratio supports plan enhancements holding the rates for plan members flat. 	
<p>c. Medicare Advantage Plan, Aetna – Sabrina DeGuzman-Simmons</p>	<p>Highlights and discussion noted below:</p> <p>Medical Utilization–</p> <ul style="list-style-type: none"> • <u>Measures Showing The Most Significant Change:</u> There was a 17% increase in emergency room visits, and a 14.6% increase in high-cost claimants. Those are individuals who have a claim over \$75K. There was a decrease in skilled nursing facility visits as well as a 5.1% increase in total medical and pharmacy paid amounts. 	



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- Member Demographics: Member demographics show a 50/50 split amongst male and female plan member. There are currently 8,890 members with an average age of 75.
- Programs Performance Cost Wise: There was a 2.7% increase in ambulatory paid.
- Impact of High-Cost Claimants: Catastrophic claims increased by 3.2% from the prior year. The percent of total paid amount also increased by 3.2%.
- Top Medical Catastrophic Claims: Top medical catastrophic claims include injury /poisoning, oncologic disorders, and infectious disease.
- Primary and Specialist Physician Office Visit Utilization – Plans A and B: Primary Physicians saw a 2% change in total paid per visit, however there was a decrease by -3.4% in visits per claimant. Specialist visits saw a decrease in paid per visit by -13.3%, and an increase in visits per claimant by 7.5%.
- Telemedicine – Plans A and B: Telemedicine saw a decline in paid amount (-23.4%), number of visits (-22.2%), visits per 1,000 (-22.5%) and paid per visit (-1.5%). The top diagnosis group by visit was for depression.
- Diagnosis Categories: Diagnosis categories include Cardiac with a total paid of 15.2%, Oncologic with a total paid of 13.3% and Musculoskeletal with a total plan paid of 10.7%.
- Top Providers: Top providers include Maine General Medical Center, Augusta Campus with 2,427 claimants, Maine General Medical center, with 800 claimants and Norther Light Eastern Maine Medical Center with 969 claimants.

Pharmacy Utilization for Both A and B and Part B Only Membership –

- The State's A and B Pharmacy Utilization: There was an increase in member utilization for A and B Pharmacy from 2021 to 2022. Utilizing members increased to 9,017. Members in gap phase increased to 2,760 and members in catastrophic phase increased slightly to 621.
- Top Parts A and B Prescription Drugs Filled: The top A and B prescription drugs filled were Eliquis with 3,444 scripts written, Xarelto with 1,230 scripts written, and Trulicity Injection with 814 scripts written.
- The State's Part B Only Pharmacy Utilization: The State's Part B only pharmacy utilization shows an increase in utilizing members from 410 in 2021 to 422 in 2022. There was also an increase in scripts from 8,574 in 2021 to 9,206 in 2022.



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- Top Part B Only Drugs Filled: The top Part B only prescription drugs filled were Erleada with 12 scripts written, Eliquis with 140 scripts written, and Trulicity Injection with 25 scripts written.

Program Overview and Results –

- Support to Make Life Easier: Support programs include a meal home delivery program, hearing aid benefit, emergency medical alert system, and over-the-counter benefit.
- Removing Barriers to Better Mental Health: There was a 360% year-over-year increase in behavioral health visit volume among Medicare members. To help these members, some of the benefits Aetna offers include a network of 1,000+ psychiatrists, psychologists, counselors, social workers, marriage and family therapists as well as a \$0 copay and unlimited visits.
- The State’s Program Results: There was an increase in SilverSneakers participation from 9,501 retirees enrolled in Q1 of 2022, to 9,596 retirees enrolled in Q1, 2023. There was also an almost 50% increase in total rides for non-emergency transport from Q1 of 2022 to Q1, 2023.

Industry Updates –

- The Inflation Reduction Act Signed to Law: The Inflation Reduction Act includes a variety of policy changes and several major health care reforms such as:
 - **Medicare negotiation**: Allows the government to negotiate prices for certain Part B and Part D prescription drugs.
 - **Part D redesign**: Caps member out-of-pocket (OOP) costs at \$2,000 and increases plan liability .
 - **Vaccine provisions**: Eliminates all cost sharing, including the deductible, for vaccines in Part D that are recommended by the Advisory Committee on Immunization Practices (ACIP).
 - **Insulin provisions**: Excludes insulin from the deductible and establishes a monthly OOP cap for insulins.
 - **Affordable Care Act subsidy enhancements**: Extends the public health emergency (PHE) premium subsidies until 2025.



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**d. State of Maine Health Plan,
Pharmacy Update, Anthem –
Judy Paslaski and Aja Tufts
Godbout**

Highlights and discussion noted below:

- Performance Overview: Performance Overview from reporting period 1/1/2023 to 3/31/2023 show a total cost of \$18.5M and a total plan paid of \$17.7M. The plan paid, per member, per month, \$225.46 and there was a prescription count of 62,420.
- Specialty Overview: The change in specialty as a percent of total plan paid shows a specialty plan paid of 55% with the specialty plan paid per member per month reporting at \$124.02.
- Specialty Trend, Utilization and Cost: Specialty trend highlights show 23 more specialty utilizers, 122 more specialty scripts and that Autoimmune Disease State accounts for close to half of specialty spend.
- KPI Summary – State of Maine – Q1 2023 vs. Q2 2022: During this reporting period there were 620 more prescriptions dispensed, 301 more eligible members utilizing flat and net plan paid per member per month, \$188.22.
- Top Retail Chains: The top retail chains include Walgreens with 5,087 utilizing members, Hannaford Food and Drug with 4,472 utilizing members and CVS with 2,044 utilizing members.

Clinical Overview:

- Top Therapeutic Classes: The top therapeutic classes by plan paid per member per month include inflammatory disease with 1,672 utilizing members, diabetes with 1,735 utilizing members, and neoplastic disease with 228 utilizing members. Top therapeutic classes by prescription count include cardiovascular disease with 4,927 utilizing members, behavioral health – antidepressants with 4,568 utilizing members, and behavioral health – other with 2,226 utilizing members.
- Top Drug Entities: Top drug entities include Stelara with a prescription count of 68, Humira(CF) Pen with a prescription count of 148. And Trulicity with a prescription count of 432.
- Diabetes: Top drug entities include Trulicity with a utilizer count of 269, Ozempic with a utilizer count of 219, and Rybelsus with a utilizer count of 47.
- Glucagon-Like Peptide-1 (GLP-1): There was an increased utilizer count for GLP-1 drugs in Q1 of 2023, with 677 individuals using the drug for diabetes and 77 using the drug for obesity.



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- Glucagon-Like Peptide-1 (GLP-1) Plan Paid: There was an increase plan paid for GLP-1 drugs with \$1.6M plan paid for diabetes and \$348k plan paid for obesity.
- Obesity Rate Increase: Obesity rates have increased from 22.9% in 1988-1994 to 41.1% in 2015-2018.
- Weight Reduction Spend Increase Anticipated: Weight reduction increased from number 16 in the Q1, 2022 to number 10 in the Q1, 2023. Overall Glucagon-Like Peptide-1 utilization has increased from \$10.25 in the Q1, 2022 to \$20.87 in the Q1, 2023 for MedImpacts' commercial book of business.

e. State of Maine Health Plan, Medical Update, Anthem - Stefanie Pike

Highlights and discussion noted below:

- Financials and Demographics: Membership and paid amount by relationship shows percent of membership for employees is 56% and the percent of the paid amount at 67%.
- Enrollment: Total account memberships are down -0.9% with 26k members. The average member age is also down by -0.4%. The employee average age is 49.8.
- Total Population Health: The total population health shows 41.3% of members were considered healthy while 6.5% of members were considered at risk.
- Medical Spend: For the month of March, 2023, medical spend is up 10% from January 2023 with total population claims at \$15.9M
- Executive Summary (Medical): The current period per member per month trend saw high-cost claimants increase by 2.3% as well as non-high-cost claimants at 2.8% and a spend of \$173.7M.
- Insights on Medical Trend: Per member per month spend increased 3% this current period. This was driven by a 3% increase in non-high-cost claimant spend and a -61% decrease in COVID-19 spend.
- Place of Service: Place of service shows inpatient was at 20% of spend, outpatient was at 42% of spend, emergency was at 8% of spend and professional was at 29% of spend.
- Non-High-Cost Claimant Top Health Condition Categories: The non-high-cost claimant top conditions are Health Status with 19,893 claimants, Musculoskeletal with 8,792 claimants, and Ill-Defined Conditions, with 10,081 claimants.



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- Chronic Lifestyle Conditions: Chronic lifestyle conditions show 40% of members had a chronic condition. These members accounted for 63% of the total spend. The top rising chronic condition by prevalence was Asthma.
- High-Cost Claimants (Medical): High-cost claimants can have a large impact on overall spend. High-cost claimants represented 2.4% of members and 44.3% of spend.
- Behavioral Health: Behavioral health accounted for 5% of spend and 21% of membership. Per member per month increased by 6%.
- Behavioral Health Comorbidities: Currently 28.4% of members with a behavioral health diagnosis have at least one other chronic condition. Patients with medical and behavioral condition co-morbidity cost 2 to 5 times more and are less compliant with key condition management actions.
- Primary Care Provider: There was 73% of members who had a primary care provider visit, of that 68% were male and 76% were female.
- Preventative Care: There are 9,238 women and 8,225 men, 18+ years of age that are eligible for preventative screenings which play a key role in the wellbeing of your population.
- Engagement: Member engagement shows 0.8% of members utilizing traditional engagement, 1.8% utilizing care coordinators and 92.7% utilizing comprehensive care.
- Top In-Network Facility Providers: The top in-network facility providers include Maine Medical Center (Paid Amount: \$10.2M), MaineGeneral Medical Center (Paid Amount: \$5.9M) and Northern Light (Paid Amount: \$5.4M).
- Top Emergency Department Providers By Paid Amount: The top emergency department providers by paid amount are MaineGeneral Medical Center with 1,225 visits, Maine Medical Center with 658 visits and Eastern Maine Medical Center with 236 visits.

VI. EDUCATION

**a. Aware Recovery – Adam
Carey**

Highlights and discussion noted below:

- Aware Recovery: Founded in 2011, Aware Recovery provides a long-term solution for those suffering from substance abuse disorder - in the comfort, privacy, and security of their own home.
- Impact of Addiction in the Workplace: The impact of addiction in the workplace can cause several issues, including:



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- Worker and Workplace Safety Endangered
- Increased Absenteeism and Tardiness
- Loss of Productivity
- Increased Staff Turnover
- Decreased Staff Retention
- Increased Liability and Risk Management
- Disruption due to Extended Leaves of Absence
- Gaps in the Addiction Treatment Continuum: There are an estimated 21.2M people in need of addiction treatment assistance and only 11% of those who need treatment get it. Of that 11%, 42% of those who enroll will complete it and 85% will relapse within a year. Barriers that prevent people from seeking treatment include the mindset that they are unable to take time away from their daily work, life, and family. There's concern about the stigma and potentially losing their job. There are concerns that the program they enter might not meet their needs and that they will not be able to sustain sobriety once they re-enter the community.
- Aware Overview: In-home addiction treatment includes a 52-week evidence-based curriculum as well as an individualized care team. Aware also offers a mobile care team and continent access to care.
- In Home Withdrawal Management Services: In home withdrawal management services typically las between 3 days and 2 weeks where you receive one-on-one private care and would not have to engage in groups or clinic. Aware transforms the home into a multidisciplinary treatment center with outside medical/clinical specialists, psychotherapists, family therapists, care coordination and recovery advisors.
- Leading at Home with Unparalleled Outcomes: Reductions one year post treatment includes a 54% reduction in inpatient admits, a 35% reduction in emergency room admits and a 64% reduction in partial hospitalization program days.
- Benefits to Employers and Employees: Employers should see no extended leaves or absences, reduced safety concerns and a reduced loss of productivity. They should also see an increase in retention, compliance as well as cost and time savings.

VII. SEMI-ANNUAL UPDATES

a.

Highlights and discussion noted below:



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	<ul style="list-style-type: none"> There were no items brought to the commission. 	
VIII. OTHER BUSINESS		
a. State Employee Health Commission Sub-Committee Vacancies -	<p>Highlights and discussion noted below:</p> <ul style="list-style-type: none"> There are several vacancies on committees that need to be filled Chris Russel is a new member of the State Employee Health Commission committee from the Maine Turnpike Authority. 	
b. Open Discussion	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> There were no items brought to the commission. 	
IX. REQUEST MOTION TO ADJOURN		
c. X. Adjourn Meeting (12:04 pm)		<i>Kevin Dionne</i> made a motion to adjourn; <i>Peter Marcellino</i> seconded the motion. Motion passed.

2023 meeting schedule available at www.maine.gov/bhr/oe