



STATE OF MAINE  
GOVERNOR'S OFFICE OF POLICY INNOVATION AND THE FUTURE  
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To: Maine hospital clinical and policy leadership, substance use treatment providers, and pharmacy communities

The Maine Opioid Response Clinical Advisory Committee consists of approximately 30 leaders in substance use disorder prevention, treatment and harm reduction in Maine including both prescribers and pharmacists. As part of our efforts, we have been working on developing clinical and policy recommendations related to the management of patients with substance use disorders, particularly as they encounter barriers within the existing health care delivery system.

Despite the increased prevalence of opioid overdoses caused by nonpharmaceutical fentanyl, not all healthcare facilities or providers of laboratory services in Maine employ toxicology testing that includes an assay for fentanyl. This is a critical public health and safety issue as it limits the ability of medical professionals to provide optimal patient care to both adult and pediatric patients who may be exposed to fentanyl in their environment. The purpose of this statement is to provide recommendations for ensuring that fentanyl toxicology testing is universally available in all Maine hospitals.

These recommendations are intended to enhance care and should not replace a provider's own clinical judgement. If you have any questions, please do not hesitate to contact us.

Sincerely,  
Maine Opioid Response Clinical Advisory Committee

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## Maine Opioid Response Clinical Advisory Committee: Proposed Position on Fentanyl Toxicology Testing

Maine continues to experience an epidemic of opioid misuse and fatal drug overdose. During 2022, there were 10,110 drug overdoses in Maine, 716 of which were fatal.<sup>1</sup> Nonpharmaceutical fentanyl was the most frequent cause of death mentioned on the death certificate of 507 (79%) of overdose decedents.<sup>1</sup> Beyond the impact on adults, there were 7 child ingestions of fentanyl, all of which were due to the presence of illicit fentanyl in the child's home.<sup>2</sup> Despite the increased prevalence of fentanyl and related complications, not all healthcare facilities or providers of laboratory services in Maine currently employ toxicology testing that includes an assay for fentanyl.<sup>3</sup> This limits the ability of medical professionals to provide optimal care to patients and to fulfill their role as mandated reporters of possible child abuse or neglect due to caregiver substance use and/or substance exposure in the home.

In addition to the lack of adequate toxicology testing available, provider knowledge of ordering and interpreting toxicology testing is often limited, specifically as it pertains to testing for opiates/opioids. While the terms are often used interchangeably, opiates are derivatives of the opium poppy (e.g., morphine, codeine) whereas opioids refer to a broad class of drugs with opium-like effects (e.g., hydrocodone, methadone). Most urine drug screens are designed to detect opiates (e.g., morphine, codeine) and do not detect semi-synthetic (e.g., oxycodone) and synthetic (e.g., fentanyl) opioids unless these assays have been specifically added to the screen. California recognized the importance of this issue and became the first state to mandate toxicology testing for fentanyl in 2022. The law requires a general acute care hospital to include a urine drug screening for fentanyl if a person is treated at the hospital and the hospital conducts urine drug screening to assist in diagnosing the patient's condition.<sup>4</sup>

To improve the health and wellbeing of the people of Maine in the setting of an opioid epidemic, we propose that all hospitals commit to the following:

- Ensure an assay for fentanyl testing is available so optimal care can be provided to patients and to ensure the safety and wellbeing of children in the home,
- Remove opioid drug screens that do not include fentanyl from order sets/electronic medical records so that providers do not inadvertently order the wrong test,
- Ensure an assay for fentanyl is available in meconium/umbilical cord toxicology testing designed to detect substance exposure during pregnancy,
- Ensure that confirmatory testing (e.g., GCMS/LCMS) is available so that positive assay results can be confirmed as needed,
- Encourage its medical staff to obtain training in toxicology testing as part of their required opioid training. Toxicology CME is available from a variety of sources including the Maine SUD Learning Community, MaineHealth, ASAM, and the Medical Review Officer Certification Council,<sup>5</sup>
- Encourage the federal government to expedite approval of a CLIA-waived point of care fentanyl toxicology test.

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<sup>1</sup> [https://mainedrugdata.org/wp-content/uploads/2023/01/2022-12-ME\\_Monthly\\_OD\\_Report\\_final.pdf](https://mainedrugdata.org/wp-content/uploads/2023/01/2022-12-ME_Monthly_OD_Report_final.pdf)

<sup>2</sup> Maine Child Death and Serious Injury Review Panel Annual Report 2022, <https://legislature.maine.gov/doc/10018>

<sup>3</sup> While no FDA approved point of care fentanyl testing exists, rapid FDA-approved fentanyl assay testing is available.

<sup>4</sup> California Senate Bill No. 864, Chapter 169, <https://legiscan.com/CA/text/SB864/2021>

<sup>5</sup> <https://mesudlearningcommunity.org/resources/video-resources/?playlist=f0448f5&video=31069bc>; <https://rise.articulate.com/share/SX67va9aUY5WRgFJzUmZFvNclpr9AMqF#/>; <https://elearning.asam.org/products/the-role-of-opioid-metabolic-pathways-in-interpreting-urine-drug-testing-results>; <https://www.mrocc.org/getcertified.cfm>