

Testimony in Favor of LD 1737:

Good afternoon, my name is Dr. Patrick Connolly, and I am a family physician at Martin's Point Health Care in Portland. In addition, I am the current president of the Maine Academy of Family Physicians. I come to testify today not on my own behalf, but for my colleagues in the mental health community. I urge you to increase funding for mental health medication management services for the following reasons.

First, lack of adequate funding has fostered a real shortage of mental care services in our communities. Even in a large city such as Portland where I practice, it is very hard to find a provider willing to provide mental health services at current MaineCare rates. Existing providers such as Maine Behavioral Health or McGeachey Hall can have waiting lists stretching into months. Facilities that were providing medication management, such as Spurwink, have been forced to close treatment centers due to inadequate reimbursement. My own teenage daughter went to one of these clinics when she was struggling with depression. Her treatment made a huge difference for her. It is a shame that others are left wanting for care.

Second, as a family physician, I take care of mental health issues such as depression, anxiety, substance abuse and ADHD every day. It is a large part of what we do. However, there is a limit to what we are trained for or feel comfortable doing. Many patients need numerous visits and require complicated medication regimens in order to stabilize their mental illnesses. As family doctors, we often are forced to take care of patients who cannot get care elsewhere, but who need more intensive mental health care than we can provide. This creates an undue burden on my colleagues and suboptimal care for these patients. If my patient has a heart attack, it's easy to find them a cardiologist. But if they are severely depressed, I am often left without any recourse but to treat it myself. A lot of substance abuse is attributable to untreated mental illnesses. Adequate mental health care will lead to more lives saved from opiate addiction.

Third, the reason it is so much easier to find a cardiologist in a crisis rather than a mental health provider boils down to reimbursement. Our payment model favors high tech interventions, over cognitive services. In my own practice, I can make more money freezing warts with liquid nitrogen than treating someone's depression. We need to change this system that values what we do to people rather than how we take care of them.

Treating mental illness is vitally important and cost effective, and it also one of the most rewarding things I do in family medicine. Patients get better, smiles return and lives are restored. We need to place more value on patient's lives than on their warts. I urge you to support LD 1737. Thank you for your consideration

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