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January 24, 2024

Senator Joseph Baldacci, Chair  
Representative Michele Meyer, Chair  
Members, Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

Re: LD 2083 – *Resolve, to Establish the Stakeholder Group to Ensure Timely Access to Medication Management Across the State.*

Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information related to LD 2083, *Resolve, To Establish the Stakeholder Group to Ensure Timely Access to Medication Management Across the State.* This bill is duplicative of work already underway, and therefore the Department opposes its passage.

This resolve establishes the Stakeholder Group to Ensure Timely Access to Medication Management Across the State to determine current use of and problem areas in medication management in the State. It requires the stakeholder group to submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the 132nd Legislature in 2025.

It also prohibits the Department of Health and Human Services from implementing any negative rate changes for any provider or category of provider for medication management for behavioral health services until:

1. The stakeholder group determines current use of and problem areas in medication management in the State; and
2. The department presents data to the joint standing committee of the Legislature having jurisdiction over health and human services matters documenting current use of medication management services, wait lists, and predictions for unmet needs over the next 5 years.

This bill conflicts with and the process established by the Department and the Legislature for determining reimbursement for services established in MRSA §3173-J. MaineCare is already obligated to conduct a rate determination process that includes stakeholder input prior to the rule promulgation process to make any changes to reimbursement models or amounts beyond annual cost of living adjustments for services where it has determined reimbursement through a rate study, which includes medication management services.

The Department has clarified multiple times that it has no plans to reduce current Medication Management rates. The Department does not plan to revisit the current rate methodology until the rebasing scheduled for implementation in January 2028. In the meantime, the rates are subject to annual cost of living adjustments.

To be clear, the behavioral health rate study implemented for most behavioral health services effective January 1, 2023 recommended differentiating rates between physicians, physician assistants, and nurse practitioners for medication management. The Department did not implement that recommendation as it would have resulted in a reduction to reimbursement for services provided by physician assistants and nurse practitioners, which would have violated American Rescue Plan Act Section 9817 maintenance of effort requirements in place to fund efforts to strengthen and support home and community-based services, including behavioral health services. MaineCare's current plan is to continue providing the existing medication management rate with an annual COLA until the next time we undertake a rate determination for Section 65: Behavioral Health Services, a process which will involve stakeholder meetings and public comment.

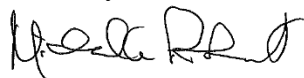
The Office of Behavioral Health (OBH) is responsible for ensuring that there is a mental health care continuum in the State that meets the Standards set forth by the AMHI Consent Decree, of which timely access to Medication Management is included. Current data indicates that timely access to Medication Management Services continues to be a challenge across the state. To address the systemic capacity and access issues related to Medication Management, OBH conducted a comprehensive process inclusive of extensive stakeholder engagement to assess the situation and put forth recommendations to improve access and capacity of Medication Management Services.

OBH conducted listening sessions with nine medication management providers with a view to supporting long-term, sustainable change and the expansion of services. OBH has developed both long- and short-term recommendations and will be working in collaboration with other departments and offices such as OMS on next steps.

The Department believes this bill is unnecessary and duplicative of work already underway.

If you have any questions, please feel free to contact me.

Sincerely,



Michelle Probert

Director

Office of MaineCare Services

Maine Department of Health and Human Services