

MaineHealth

**Testimony of Kelly Barton, MaineHealth
In Strong Support of LD 2083, “Resolve, to Establish the Stakeholder Group
to Ensure Timely Access to Medication Management Across the State”
Wednesday, January 24, 2024**

Senator Baldacci, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Kelly Barton, President of Maine Behavioral Healthcare, and I am here to testify in strong support of LD 2083, “Resolve, to Establish the Stakeholder Group to Ensure Timely Access to Medication Management Across the State.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare (MBH), is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care.

My colleagues and I have stood before this Committee countless times talking about how the continuum of behavioral health services is in crisis and the result is patients languishing in hospital Emergency Departments and inpatient hospital beds for days, weeks, and even months. If I were to show you a pyramid of behavioral health services, the bottom of the pyramid – where we should be investing the most resources to address needs before they become acute and require inpatient hospitalization – would be medication management services, otherwise known as outpatient psychiatry. This is the very foundation of the services necessary to support individuals with behavioral health needs in their communities and keep them out of hospital Emergency Departments.

MaineHealth’s CEO, Andy Mueller, recently spoke to business leaders and shared that MaineHealth lost \$17 million last year, and if we wanted to break-even, we could simply eliminate our behavioral health services. But we’re not that type of health system. We live our vision. And there is no greater proof of that than in our commitment to expanding and preserving access to behavioral health services.

As other agencies have been forced to reduce or terminate their medication management services due to chronic underfunding, MBH has increased its supply of providers and developed innovative treatment models to help meet the growing community need. We are now the largest provider of outpatient psychiatry in the state, but our commitment to preserving this service has come at a significant loss – \$4.4 million just last year alone. In fact, we estimate that the current MaineCare reimbursement rate is 50% lower than the actual cost of providing care.

And the community need has only continued to grow. At this point, the demand for service far outweighs MBH’s ability to deliver care to all patients referred to its program. Last month, we

denied 36% of the referrals we received for outpatient psychiatry because we simply don't have capacity.

To help illustrate what happens when people don't have access to this foundational service, I'd like to share the story of one of our patients. A patient in his 30s recently presented to the Emergency Department at Maine Medical Center. He had just moved to Maine and had a primary care provider, but the provider was only able to temporarily cover the patient's mental health care needs, which included significant bipolar disorder and alcohol use disorder. When the patient arrived at our Emergency Department, he had progressed to a manic episode and had a relapse on alcohol. He had a history of being treatment resistant and requiring an unusual combination of medications at higher dose medications. Additionally, the patient required frequent visits to check on progress and monitor for medication side effects – treatment that his primary care provider was not able to manage. This patient decompensated to a point where he was in a motor vehicle accident, was at risk of losing his job, and he was not able to get his medications to treat his illness. Unfortunately, this patient's story is not unique as access to outpatient psychiatry disappears.

When the Department of Health and Human Services announced that it would enact systematic and data-informed rate reform, we had concerns – services were closing, and immediate relief was needed – but we were generally supportive. After decades of chronic underfunding and pleading with the Legislature for support, we believed that this could be the answer to the problem. For many services this has proven true. MaineCare has proposed through rate reform, a reimbursement cut for medication management services provided by nurse practitioners. We are facing a severe shortage of psychiatrists in the US and in Maine, and nurse practitioners are playing a critical role in filling the gap. A cut to the rate for nurse practitioners will decimate what little medication management services are left in the state. And while they did propose a rate increase for psychiatrists, the overall net for MBH would be the same – we'd still lose approximately \$4.3 million annually. And yes, it's important to address the fact that the cost to employ psychiatrists and nurse practitioners is not equal, but the overall cost of providing the service must be accounted for.

The legislation before you today prevents MaineCare from enacting this cut until a stakeholder group can meet and the data can be presented to this Committee. Given the growing need amid decreasing access, we urge you to vote support this legislation and we look forward to supporting the work of the stakeholder group.

Thank you and I would be happy to answer any questions that you may have.