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25+ Years of *Independent Practice* as Healthcare Providers for the People of Maine

24 February 2023

Senator Peggy Rotondo

Senator Joe Baldacci

Representative Melanie Sachs

Representative Michelle Meyer

Members of the Appropriations and Financial Affairs Committee and Committee on Health
And Human Services

Dear Chairman Rotondo, Chairman Baldacci, Chairman Sachs and Chairman Meyer,

I am writing on behalf of the Maine Nurse Practitioner Association in opposition to the initiative under the section "MEDICAL CARE PAYMENTS TO PROVIDERS-0147 on page A-370 that *Provides additional funding necessary to implement recommended rates from rate studies for MaineCare Benefits Manual, Chapter III, Section 13, Targeted Case Management Services, Section 17, Allowances for Community Support Services, Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations, Section 65, Behavioral Health Services and Section 92, Behavioral Health Home Service* in LD 258 "An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds from the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2023, June 30, 2024 and June 30, 2025.

It is unequivocal that the Section 65 Behavioral Health Services rate adjustments in LD258 and promulgated in the Burns and Associates rate studies will result in irrevocable devastation to the availability of mental health treatment services in the state of Maine.

The recommended rates adopted by DHHS for Section 65 are based on a foundation of fundamentally flawed data and are stunning in their breadth: a 32% decrease in rates for nurse practitioners and physician assistants providing medication management for adult Maine citizens. The proposed 40% decrease in rates for nurse practitioners and physician assistants providing medication management for children in Maine is beyond alarming. Psychiatric medication management services for adults are already inadequate and children in need of psychiatric treatment have significantly restricted access throughout our state. It goes without

saying that these proposed rate reductions will close practices throughout the state and impose a significantly and deleterious effect on access to care, which is already profoundly inadequate.

The cuts as stipulated in the rate study are not sustainable for virtually any program or agency in our state which means that ultimately tens of thousands of people will be without access to mental health treatment. Singling out a dedicated and experienced group of psychiatric providers for a 32 % decrease in MaineCare reimbursement funds is shortsighted at best and demonstrates a complete lack of understanding, or perhaps complete disregard, as to the provision of mental health services by nurse practitioners and physician assistants and the extent to which access to mental health and substance abuse treatment has been expanded in our state by their excellent practice.

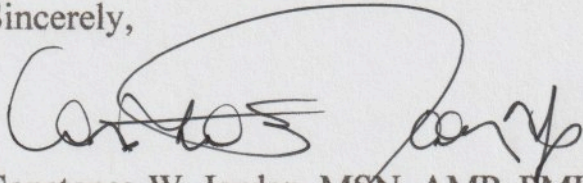
It is essential to address the stunningly ill-informed statements made by Stephen Pawlowski, representing Burns and Associates, during a public meeting on 9.21.22 at which time he stated that they “recommend a return to rates differentiated based upon whether or not it’s delivered by a physician or not. The rationale there, I think at least from a rate setter’s perspective, is relatively intuitive. Which is, physicians earn a lot more. In particular we are building this off a psychiatrist wage—so 350,000 per year—which a PA and NP simply aren’t earning. So, if our goal is to align rates with reimbursements—the gap between what a psychiatrist earns and what an extender (at this point Mr. Pawlowski helpfully explained the term extender to indicate “a provider who can help you with your healthcare needs in addition to or in place of a medical doctor”) earns is so dramatic that it makes sense to us that there be different rates based upon whether or not the services being delivered by a physician or not.”

Mental health treatment provided by nurse practitioners is not a result of a shortage of our physician colleagues. Nurse practitioners are licensed independent healthcare providers in the state of Maine and work in as many settings as do our physician colleagues; in some settings share patient panels or have their own patient panels or practice independently in their own practices. Nurse practitioners are not “extenders” nor are we “mid-level providers” which denotes that there is somehow a higher level provider and therefore also a lower-level provider, which is not the case. It would appear that Mr. Pawlowski and his colleagues at Burns and Associates are quite uninformed as to how medical and psychiatric treatment is provided and by whom throughout the state of Maine as well as everywhere else in this country. Salaries paid to nurse practitioners are currently on a par with our physician colleagues as regards reimbursement rates and should remain there; nurse practitioners are providing commensurate treatment, commensurate access to care and there is absolutely no factual basis for anything less than commensurate reimbursement.

Suggesting otherwise, as Burns et al stated in the executive summary of the rate reports that nurse practitioners earn “about half of what psychiatrists earn” is entirely without merit, has no factual basis and is not based upon current nurse practitioner reimbursement rates, especially in states where nurse practitioners have independent practice authority.

There is absolutely no evidence that would support the appropriateness of a 32 % and 40% rate reduction in reimbursement for nurse practitioners.

Sincerely,

A handwritten signature in black ink, appearing to read 'Constance W. Jordan', with a large, sweeping loop at the end.

Constance W. Jordan, MSN, AMP, PMHNP
President, Maine Nurse Practitioner Association