



Alliance for Addiction and Mental Health Services, Maine

The unified voice for Maine's community behavioral health providers

Malory Otteson Shaughnessy, Executive Director

Testimony in Support of LD 1792

“Resolve, to Establish the Rural Health Services Task Force”

Sponsored by President Jackson

May 8, 2023

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Good afternoon, Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committees. My name is Malory Shaughnessy, and I am the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine’s community-based mental health and substance use treatment providers, providing services to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in support of LD 1792, “Resolve, to Establish the Rural Health Services Task Force.” This resolve establishes the Rural Health Services Task Force to study rural health care delivery in the State.

COVID-19 exposed the cracks in the foundation of America’s rural community health system. These cracks include increased risk of facility closures, loss of services, low investment in public health, maldistribution of health professionals, and payment policies ill-suited to low-volume rural providers. To deal with these issues, we need to study what all of the underlying causes are. As we can all agree, these issues existed before COVID-19. But the pandemic laid them bare. The Alliance applauds Senate President Jackson for bringing this proposal forward.

I would ask the committee however to add an amendment to change the wording of this line "One member who is a provider of behavioral health services in a rural part of the State" to "One member from a statewide organization that represents providers of behavioral health services."

Effective planning and regionalization require local and state-level input on the distribution of rural populations, needs, and services. States can play an important role in encouraging regional health planning.

According to the Maine Rural Health Research Center, “rural America has an exceptional history of resilience, innovation, and collaboration. Recovery from COVID-19 requires new strategies to rebuild the crumbling rural health foundation. The four cornerstones – payment and delivery system reform, community engagement, local health planning, and regionalization – can provide the base for strong and vibrant health systems serving rural America. Tools and resources are needed to support rural communities in taking responsibility for their health systems ... We further recommend that states explore opportunities to create regional planning systems to improve the delivery of essential and specialty services in rural areas.”¹

I urge committee members to support the proposal with the amendment referenced above.

¹ John A. Gale MS, University of Southern Maine, Maine Rural Health Research Center. Rebuilding the Foundation of Rural Community Health after COVID-19. https://digitalcommons.usm.maine.edu/health_system_reform/12/