

Re: LD 209 An Act to Make Supplemental Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2025

Dear Senator Rotundo, Representative Gattine, Senator Ingwersen, Representative Meyer, Members of the Joint Standing Committee on Appropriations and Financial Affairs and Member of the Joint Standing Committee on Health and Human Services,

My name is Heather Jackson, and I am firstly, a lifelong rural Mainer, and secondly, a licensed clinical social worker with twenty-five years of experience practicing in Maine. I worked for a Midcoast-area community mental health agency for twenty years before moving into private practice five years ago. I created the Midcoast Maine Therapy Providers listserv five years ago, in order to connect mental health providers with those in need, as well as for the providers to support each other while doing the work of serving those with mental health needs. There are currently 262 Maine-based mental health providers who are members of the listserv.

I am writing in support of LD 209, the Governor's supplemental budget proposal for state fiscal year 2025. The funding of Mainecare services is a crucial need to ensure the physical and mental wellbeing of so many of my fellow Mainers. I know many who will suffer greatly if their Mainecare coverages are limited and/or ended.

I imagine that many of you may have heard of the Adverse Childhood Experiences scale. It measures the amount of abuse, neglect and other hardships encountered during one's childhood, and it has been well corroborated that the higher the score, the higher risk of health problems in adulthood. As we know, Mainecare is an insurance that covers those in Maine who are most likely to have very high ACE scores. Mainecare covers those who are the most vulnerable, and the most disadvantaged.

In my years of practice, those with Mainecare coverage have often been the most complex of cases, due to the significant trauma and abuse experienced when young. For providers, the acceptance of Mainecare clients on one's caseloads also means lower reimbursement rates and a heavy paperwork load, in comparison to private insurance coverages. In other words, taking clients with Mainecare onto one's caseload already feels burdensome to many. While running my listserv, for example, I often see referrals for those with Mainecare take much longer to find providers willing to accept them into care. I am greatly concerned that, if the supplemental budget is not passed, and the capping of Mainecare payments begins to happen, then many providers will avoid taking any new Mainecare clients onto their caseloads. During a recent supervision group, one of my colleagues was already speaking of avoiding taking any Mainecare clients, due to concerns about future funding.

On my own current caseload, over 55% of my clients have Mainecare as either their primary or secondary coverage. I also work with several parents whose children receive Mainecare coverage as their primary health insurance. True to social work ethics and values, I am deeply committed to providing care for those most vulnerable in our society. I am, though, concerned about not only my clients' wellbeing, but my own financial security if such a significant portion of my caseload is no longer able to afford their care.

The primary diagnoses of those on my caseload whom have Mainecare coverage include Schizoaffective Disorder, Schizophrenia, Bipolar I and II Disorders, Post-traumatic Stress Disorder, and Major Depression, Moderate to Severe.

Among many of the situations, I worry for the client I see who has only Mainecare coverage, and who has been fighting a malignant cancer for many years. This client has been able to seek specialized care in Boston, which has extended their life far beyond the initial expectations. What happens if Mainecare stops paying for that care? For several years, this client has donated hundreds of hours of their time to community causes each year. They are a very valuable part of the Waldo county community, especially – what a huge loss to everyone there if this person were to die sooner than later.

I worry for those I work with who struggle with intense, recurring depression, and who's work with me helps them to stay out of the hospital (i.e., much higher cost of care). Many of these clients initially began working with me post-hospitalization, with the goals being to help them create lives that feel worth living, and to be able to function more fully in their lives while avoiding any need to return to psychiatric care.

I worry for those people who are seriously mentally ill in our communities, and who also have significant health issues (i.e., comorbidities are typically very high). I have several such people on my caseload currently. If providers become even less likely to be willing to provide care, due to reimbursement concerns, what will that mean for these fellow Mainers? The mental health workforce shortage is already a significant concern for Maine – a decrease or end to Mainecare coverage will only deepen it, particularly when many providers decide to avoid caring for clients who have that coverage.

As a lifelong Mainer, and as a United States citizen, I am proud and very glad to know that my tax dollars go toward helping to create a safety net for those less fortunate than myself. I greatly understand that we all do better when we are all doing better. My hope is that you all understand this, as well, and will fully support LD 209. For those who have voted "No" several times already, please reconsider. Let's help take care of each other here in Maine.

Very sincerely yours,

Heather Jackson, LCSW