



**Maine Medical
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

In Support Of

**LD 721- Resolve, to Support the Full Implementation of Certified Community
Behavioral Health Clinics in the State**

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Wednesday, April 9th, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Jane Branch, and I am a third-year medical student in Portland, Maine. I am submitting this testimony in strong support of LD 721- Resolve, to Support the Full Implementation of Certified Community Behavioral Health Clinics in the State.

The Maine Medical Association (MMA) is a professional organization representing over 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services to ensure the availability of quality osteopathic health care to the people of this State.

The MMA and MOA's legislative committees have joined to advocate with one voice. We have all determined that we should testify in support of LD 721.

As a medical student in Maine, I have had the opportunity to work with communities across the state, from Portland to Lewiston, and as far down east as Lubec. In every rotation, particularly at rural sites, I have witnessed firsthand the immense strain that the shortage of behavioral health resources places on local emergency departments and hospitals.

I will never forget the child I cared for in the emergency department (ED) who spent over 90 days in a windowless locked unit, waiting for placement in an out-of-state facility. That child, so young and vulnerable, deserved far better than to be left in such a bleak situation, simply because there was no room in a nearby facility, let alone in his own neighborhood. I also remember the adult patient who visited the emergency department three times in one month, a situation that could have been avoided with access to the outpatient care she needed to stabilize her condition.

These situations are not isolated. Without adequate support for patients' long-term mental health needs, the cost of healthcare continues to rise. According to national data from 2017, the average cost per mental health-related ED visit is \$520.¹ Notably, Medicaid and Medicare account for 41.5% and 23.2% of these visits, respectively.² The shortage of facilities and healthcare workers capable of addressing the community's mental health needs exacerbates this issue.

LD721 would enable the implementation of Certified Community Behavioral Health Clinics across the state, providing the necessary infrastructure to address the growing behavioral health crisis. This bill would help reduce the reliance on emergency services, thereby lowering healthcare costs and improving patient outcomes by ensuring individuals have access to the outpatient care they need.

In conclusion, the full implementation of Certified Community Behavioral Health Clinics is a crucial step toward addressing the behavioral health crisis in Maine. By providing accessible, comprehensive, and long-term care, this initiative will not only improve the quality of life for patients but also alleviate the burden on emergency departments and hospitals, ultimately leading to a healthier, more resilient state. I urge you to support LD721 and help create a future where mental health services are available to all Mainers, regardless of location or financial status.

Thank you for your time and consideration. We hope you support LD 721

Sincerely,
Jane Branch

¹ Karaca Z (AHRQ), Moore BJ (IBM Watson Health). Costs of Emergency Department Visits for Mental and Substance Use Disorders in the United States, 2017. HCUP Statistical Brief #257. May 2020. Agency for Healthcare Research and Quality, Rockville, MD.
www.hcup-us.ahrq.gov/reports/statbriefs/sb257-ED-Costs-Mental-Substance-Use-Disorders-2017.pdf.

² Peters ZJ, Santo L, Davis D, DeFrances CJ. Emergency Department Visits Related to Mental Health Disorders Among Adults, by Race and Hispanic Ethnicity: United States, 2018-2020. Natl Health Stat Report. 2023 Mar;(181):1-9. PMID: 36939656.