



HOUSE OF REPRESENTATIVES

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Testimony of Rep. Anne Perry introducing

LD 1304, Resolve, to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Good afternoon Senator Bailey and members of the Committee on Health Coverage, Insurance and Financial Services. I am Rep. Anne Perry, and I represent ten communities in Washington County. I am here to introduce LD 1304, “Resolve, to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity.”

The goal of this legislation is to reduce costs and to improve and broaden access to behavioral health services and integrated care. Research has clearly shown that people with untreated mental health issues have overall healthcare costs nearly twice as high as those who are considered mentally well. Mental health issues that are not addressed usually result in increased provider visits with poor resolution.

According to the Federal 2008 Mental Health Parity and Addiction Equity Act, and the Affordable Care Act, most health plans are required to provide physical and mental health benefits equally, yet insurers are still not covering mental health care because of unreasonable criteria of how patients may qualify to receive coverage for services. A behavioral health office visit is five times more likely to be out-of-network than a primary care appointment. Some insurers have limited panels, which makes it difficult for people to find behavioral health services. In Maine, there are only .27 clinical, counseling or school psychologists for every 1,000 people, which is 22% below the national average. Inadequate networks cause patients to have to wait long periods to receive treatment, travel great distances to see an in-network provider and/or pay higher costs to see out-of-network providers.

Behavioral and physical health have traditionally been treated differently by private and public payers, including differing billing and credentialing requirements, also known as carve-outs. The MaineCare carve-out/review/authorization process conducted by KEPRO is only required for behavioral health services. The extra authorization steps place an undue burden on behavioral health practices. The commercial insurance carve-outs for behavioral health billing and credentialing also place an undue burden on behavioral health practices and create barriers to integrated care.

District 9: Grand Lake Stream, Passamaquoddy Indian Township, Baileyville, Baring Plantation, Meddybemps, Calais, Robbinston, Perry, Passamaquoddy Pleasant Point and Eastport

It is time to take a comprehensive look at behavioral health as it relates to healthcare coverage and the cost savings that can occur as a result of a better integrated approach.

Thank you. I will try to answer any questions you may have.