



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 1304

**" Resolve, to Establish the Task Force to Study Barriers to
Achieving Behavioral Health Integration and Parity"**

Sponsored by Representative Perry

April 11, 2023

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Good afternoon Senator Bailey, Representative Perry and members of the Committee on Health Coverage, Insurance and Financial Services. My name is Malory Shaughnessy, I am a resident of Westbrook and the Executive Director of the Alliance for Addiction and Mental Health Services.

With over 35 members, the Alliance is the statewide association for Maine's licensed safety net community based mental health and substance use treatment agencies. Our member agencies employ nearly 6,000 Maine people, who in 2022 provided treatment and services to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of policies and practices that serve to enhance the quality and effectiveness of our behavioral health care system.

I am here on behalf of the Alliance to speak strongly in support of this legislation, LD 1304, Resolve, to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity. This legislation would establish a task force to study the barriers imposed by insurers (both public and private payors) to the delivery of mental health services that impact both patients and treatment providers. The task force would also study how these insurance barriers affect the integration of primary and behavioral healthcare.

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 healthcare in the same manner because of additional criteria of how patients may qualify to receive coverage for services, as well as added levels of authorizations involved in mental healthcare versus primary healthcare.

The goal of this legislation would be to reduce costs and broaden access to behavioral health services and integrated care. This is extremely timely as we continue to see increased demand for these services post pandemic.

According to a recent Kaiser Family Foundation and CNN survey, concerns about mental health and substance use remain elevated three years after the onset of the COVID-19 pandemic, with 90% of U.S. adults believing that the country is facing a mental health crisis. The pandemic has affected the public's mental health and well-being in a variety of ways, including through isolation and loneliness, job loss and financial instability, and illness and grief.

Additionally, drug overdose deaths have sharply increased – largely due to fentanyl – and after a brief period of decline, suicide deaths are once again on the rise. As the end of the declaration of the public health emergency nears – on May 11, 2023 – many people continue to grapple with worsened mental health and well-being and many face barriers to care.

In Maine, and at the Alliance, we have seen several agencies close down services they once offered, and reduce access to others because of workforce shortages, and staff loss due to burnout. Some of the burnout is fallout from the pandemic, but another reason that is often cited for staff burnout is the growing administrative burden of paperwork and reporting that edges out the time to actually perform the therapeutic services clinicians are there to provide. When one has to spend more time filing paperwork than providing care, it can take a toll.

In Maine, we have the MaineCare carve-out, the additional review and authorization process conducted by KEPRO that is only required for behavioral health services. The extra authorization steps place an undue burden on agencies providing care in Maine's safety net for mental health and substance use services. The commercial insurance carve-outs for behavioral health billing and credentialing also place an undue burden on providers and create barriers to integrated care.

Many behavioral health providers in Maine refuse to accept MaineCare in part due to this added administrative burden, leaving our community-based agencies as the main providers of care as a safety net for those struggling with mental health and substance use challenges.

The task force created by this legislation will study these barriers imposed by insurers and experienced by providers; and develop a plan to address and remove barriers to improve access to behavioral health treatment and parity.

I would be happy to answer any questions you have for me and to bring any other information you need for the work session on this bill.