

MaineHealth

Testimony of Sarah Calder, MaineHealth In Support of LD 2200, “Resolve, to Attract and Retain Behavioral Health Clinicians”

Tuesday, February 20, 2024

Senator Baldacci, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in support of LD 2200, “Resolve, to Attract and Retain Behavioral Health Clinicians.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare (MBH), is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and providing better access to behavioral healthcare through integration with primary care.

After more than a decade of neglect and chronic underfunding, coupled with skyrocketing demand, the behavioral health system won’t be rebuilt overnight. It will require bold action, which brings us to the bill before you today. LD 2200 makes an unprecedented investment in the behavioral health workforce to offset the growing financial burden of an advanced clinical degree. As just one example, according to the National Association of Social Workers, in 2019, master’s graduates had, on average, over \$46,591 in student loan debt and 76% of master’s graduates had student loan debt. But, according to the Bureau of Labor Statistics, a social worker’s median salary is just \$51,760.

The high cost of education coupled with relatively low salaries results in many skilled clinicians leaving organizations that primarily serve Medicaid patients for private practice where there is immediate potential for higher incomes and more control over the service being delivered. For this reason, many licensed mental health and substance use organizations that primarily serve Medicaid clients, including MaineHealth, are experiencing high turnover and multiple vacancies. For example, MaineHealth is currently recruiting for approximately 75 social workers and these positions are open, on average, for 191 days or over half a year before a candidate is hired. And, as we’ve shared with you before, the workforce shortage is directly impacting access to care. Between December 2022 and December 2023, we turned away 26% of the referrals that we received for outpatient psychiatry – or nearly 1,100 people – because we simply don’t have the capacity.

MaineHealth has attempted to address this workforce shortage with increased salaries, but without adequate reimbursement rates to cover these increased costs, the exodus to private practice continues. This legislation would have a substantial impact on this trend by requiring recipients to practice in community-based settings, which predominantly serve MaineCare patients, and, therefore, are largely reliant on MaineCare reimbursement rates and unable to compete with the higher salaries offered by

private practices. At MaineHealth, for example, we lose at least \$60,000 every year on each psychiatrist we employ due to inadequate reimbursement.

The workforce shortage and behavioral health crisis are significant, but not insurmountable. I urge you to support the legislation before you today, and look forward to working with you this Session to rebuild the continuum of care and close the gaps in the system.

Thank you and I would be happy to answer any questions you may have.