

# MaineHealth

**Testimony of Sarah Calder, MaineHealth  
In Support of LD 2237, “An Act to Strengthen Public Safety, Health and  
Well-being by Expanding Services and Coordinating Violence Prevention  
Resources”  
Monday, March 4, 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 2237, “An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources.”

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.

We thank the Speaker for submitting this important legislation. While individuals with mental illness are more likely to be the victims than perpetrators of violence, we know that when the appropriate mental health services are not accessible, violence can be an outcome. Maine needs a full continuum of behavioral health services to better meet the needs of its population. This bill seeks to address two important services that are not adequately accessible in Maine.

Individuals with high intensity mental health needs continue to fall through Maine’s cracks. Despite rate reform for many services, significant gaps still exist in the behavioral health system. These gaps look like months-long wait lists, service closures, and patients languishing in hospital Emergency Departments and inpatient hospital beds for days, weeks, and even months. After more than a decade of chronic underfunding, rate reform has begun to stabilize what few services remain, but significant gaps still persist. It will take bold and significant action by the Legislature and the Department to rebuild and grow the behavioral health system to meet the increasing needs of Maine’s population.

The legislation before you today makes several significant investments in the behavioral health system, including crisis services, which are a critical component of the continuum. Both providers in hospital Emergency Departments and residential care providers will tell you that we are in desperate need of additional crisis stabilization beds to care for individuals experiencing a mental health emergency. These beds provide immediate, short-term treatment in a less restrictive setting than a hospital and offer a more appropriate alternative to the Emergency Department. And families will tell you that we need a more responsive and effective mobile

crisis system. Unfortunately, without an adequate crisis response system, families are forced to use hospital Emergency Departments, which can stabilize a short-term acute crisis, but which fail to provide the ongoing treatment that patients need to recover.

Additionally, we strongly support the investment this bill makes in medication management. As we have shared with this Committee before, medication management services, otherwise known as outpatient psychiatry, are the very foundation of the services necessary to support individuals with mental health needs in their communities to prevent the need for higher levels of care, including hospital Emergency Departments.

MBH is the largest provider of outpatient psychiatry in the state, but the demand for services far outweighs MBH's ability to deliver care to all patients referred to its program. Last year (December 2022-December 2023), we turned away 26% of the referrals that we received – or nearly 1,100 people – because we simply did not have the capacity to meet the needs of our communities.

And our commitment to preserving this foundational service has come at a significant loss – \$4.4 million just last year alone. A 25% rate increase was provided in the biennial budget passed in July of 2021, but even with that rate increase, we estimate that the current MaineCare reimbursement rate is 50% lower than the actual cost of providing care. We lose at least \$60,000 a year on each psychiatrist we employ. In testimony submitted on LD 2083, the Office of MaineCare Services stated that it would not revisit the current reimbursement rate for medication management until the rebasing scheduled for implementation in January 2028, but that the rate will be subject to cost-of-living adjustments. Providers cannot continue to sustain services at the current reimbursement rate, let alone expand services to better meet the needs of our communities. We cannot afford to wait another 4 years for a revised rate review. It is for that reason that we support the investment included in LD 2237, and we would ask that the Committee amend the language to require the Department implement the increased reimbursement rate for psychiatrists that was identified in the most recent rate review.

When individuals don't have timely access to this foundational service, there are real consequences. It's not just numbers on a waitlist. These are real people with real challenges. Our providers shared with me countless heartbreaking stories of their patients who waited for months to access outpatient psychiatry – patients who attempted suicide, patients whose aggressive behaviors prevent them from safely staying at home, patients who cycled in and out of hospital Emergency Departments. And you will likely hear many more stories today. This is not acceptable. We cannot continue to fail our most vulnerable.

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