



LD 2223 Resolve, to Direct the Department of Health and Human Services to Amend Rules and Establish a Study Group Related to Funding and Reimbursement for Mental Health Crisis Resolution Services

**Testimony in Support
March 5, 2024**

Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee, my name is Lisa Harvey-McPherson RN. I am here today providing testimony on behalf of Northern Light Health and our member organizations speaking in support of this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with more than 10,000 employees statewide.

As I testified on another bill related to mental health crisis services, we often speak about the challenge of behavioral health patients arriving at hospital emergency departments in crisis, unable to access the crisis community services to stabilize them in the community. This is particularly challenging in rural communities. While we don't have a full inventory of service reduction we do see the impact of services that have been discontinued and other services curtailed and limited. Rate adjustments while important will generally fall short of the investment needed to build out capacity - either new capacity or restoring what is now gone. This bill calls for a study to design an annual cost reimbursement model rather than a per encounter basis model. The reimbursement model must be designed to fully cover staffing and operational costs for crisis resolution services to operate 24 hours per day, 7 days per week. We are in full support of this funding approach.

It is not clear if the department has a statewide inventory of crisis services, where services exist fully or partially and the geographic gaps in care. If this doesn't exist we recommend that this information be added to the study to form a baseline for analysis to measure expanded capacity to ensure statewide access to crisis resolution services.

Thank you for the opportunity to speak in support of this bill.

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