



Alliance for Addiction and Mental Health Services, Maine
The unified voice for Maine's community behavioral health providers

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Testimony Neither for Nor Against of

An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care – LD 2196

March 5, 2026

Good morning, Senator Ingwersen, Representative Meyer, and honorable members of the Committee on Health and Human Services. My name is Adam Bloom-Paicopolos. I am a resident of Wells and am proud to serve as the Executive Director of the Alliance for Addiction and Mental Health Services, Maine (the Alliance). The Alliance is the statewide association representing 35 of Maine's community-based behavioral health agencies who provide mental health and substance use services to over 120,000 children, adults, and families annually. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak neither for nor against LD 2126, "An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care."

I appreciate Representative Gattine for bringing LD 2126 forward for discussion and to the Office of Affordable Healthcare for engaging in meaningful conversations around several components of this bill with us. That said, while the Alliance supports certain sections of this legislation, there are other sections that leave us with significant concerns.

Section C-3 of this bill represents a long overdue step towards improved parity for behavioral health with physical health. For decades, behavioral health services have not been covered or reimbursed the same as their physical health counterparts.ⁱ This longstanding trend, only recently addressed by the Federal government, has resulted in behavioral health providers receiving insufficient reimbursement from commercial insurance and network inadequacies that have made accessing mental health and substance use disorder services difficult.ⁱⁱ

By establishing a minimum payment floor for healthcare plans of 110% of Medicare for covered behavioral health services, Section C-3 will help expand access to care for Mainers with commercial insurance and ensure that smaller providers who lack negotiation purchasing power can receive reimbursement closer to the cost of delivering care. That said, we believe that to truly work towards achieving parity in behavioral health, this floor should be raised closer to 150% of Medicare as many mid-size to larger providers already exceed this floor that is still too low to cover the full costs of care.

Our concerns with this bill are related to Section A-6 that would set a 200% of Medicare floor for hospital services. We are significantly concerned with the reportedly over \$1 billion in cuts to hospitals that this section would represent. As many of you know, many of Maine's hospitals operate robust community behavioral health programs that are critical pieces of our continuum of care. We fear that with

the financial losses associated with this cap, these services that are so critical to the families and communities we serve will be the first to go.

We do not believe that behavioral health parity must come at the expense of another part of our healthcare system. Unlike government-run programs like Medicare and Medicaid that do need to maintain a somewhat balanced budget, commercial insurance carriers have no such requirement. Further, the estimated cost of this bill's proposed behavioral health and primary care floor is significantly lower than the estimated total savings achieved by the 200% hospital cap.

Lastly, it is not lost on me that a core aim of this legislation is to lower insurance premiums for Mainers. With that said, having dedicated a career to health policy and spending several years providing competitive strategy and market intelligence consulting services to health insurance companies across the nation, I know that savings rarely go back into meaningful premium reductions. With no levers to guarantee that savings must pass onto consumers, when savings are achieved, they too often go into other investments, products, or shareholder value.

In conclusion, we greatly support and appreciate the behavioral health parity section of this legislation and believe it can be achieved without the hospital price cap section that we cannot support due to the risk it has of destabilizing our continuum of care.

Thank you for the opportunity to provide testimony this afternoon. I would be happy to answer any questions, and should the Committee continue its deliberations on this bill, I would welcome the opportunity to provide additional information or to serve as a resource.

Respectfully,



Adam Bloom-Paicopolos, MPP
Executive Director

ⁱ Equity in Mental Health and Substance Use Disorder Coverage. The Kennedy Forum. <https://www.thekennedyforum.org/focus-areas/coverage-parity/>

ⁱⁱ What is Mental Health Parity? National Alliance on Mental Illness. <https://www.nami.org/living-with-a-mental-health-condition/understanding-health-insurance/what-is-mental-health-parity/>