



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 LD 1196 An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health

Sponsored by Rep. San Zager presented April 15, 2021

Good morning Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee On Health Coverage, Insurance and Financial Services. I am Malory Shaughnessy, a resident of Westbrook, and the Executive Director of the Alliance for Addiction and Mental Health Services. Please accept this testimony on behalf of the Alliance **as informational and neither for nor against LD 1196.**

As is evidenced by our many times before this and other committees, **we wholeheartedly share the goal of increasing spending on basic and preventive behavioral health services.** Research shows us that there are tremendous benefits to investing in the behavioral health services that help prevent and/or manage recovery with mental illness, both in human and monetary terms.

We know that mental health is a huge issue in Maine, with 1 in 4 Mainers affected by mental illness before we even encountered the pandemic.

We also know that the Maine Shared Community Health Needs Assessment in 2019¹ found all 16 counties of Maine ranking mental health and substance use as top contenders for health priorities. And in 2021 during the pandemic, Maine ranked in the top 6 states with the highest prevalence of mental health disorders².

Sadly, more money is spent per person for behavioral health in Maine in the deep end of the pool, when someone has ended up in our emergency rooms or jails, when the problems have escalated to impact every aspect of the person's life, disrupting family, friends, and the community.

Our understanding of this legislation, is that it has the intent to seek to "front load" funding in behavioral health to put more resources into the basics of assessment and early treatment in a preventive way based on percentage targets of spending. However, it speaks to just "behavioral health care" spending in a way that does not mandate that the target expenditures go towards front end services and not hospital stays or more intensive services. **In that way we feel it misses the mark.**

We also have concerns in the phrasing that health plans "shall meet the targets ... without increasing spending on total health expenditures." We believe that increased expenditures on behavioral health are warranted and needed.

We like the amendment to create a two-phase "staggered" implementation that calls for the Maine Quality Forum to measure Behavioral Health spending like it's been doing for Primary Care since 2019. This would yield much needed information.

Thank you for the opportunity to share our thoughts and concerns. I am happy to address any questions you have now or at the work session.

¹ <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/2019-State-Report.pdf>

² <https://www.mhanational.org/issues/2021/mental-health-america-prevalence-data>

*With 35 members, the **Alliance** is the state association for Maine's community based mental health and substance use treatment providers. 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. All Mainers should have full access to the continuum of recovery-oriented systems of care for mental illness and substance use disorder – from prevention through treatment and into peer recovery support.*