



Senator Sanborn, Representative Tepler, and Members of the Health Coverage, Insurance, and Financial Services Committee, my name is Betsy Sweet and I am offering testimony in **support** of LD 1196 on behalf of the **Behavioral Health Community Collaborative**. The collaborative is a coalition of eight nonprofit community behavioral health organizations committed to providing compassionate care across Maine. Each year we serve 80,000+ clients and employ more than 3,000 behavioral health professionals.

I am sure you have heard it said that we, in this country, do not have a health care system – we have a sick care system. That is, our system is designed to care of people only after they become sick – often so severely sick that their treatments are expensive, and often they have waited too long for it to be effective. Thus, the vast majority of our resources are spent at the most expensive and most ineffective time. Most people do not seek primary care treatment because they do not have insurance or are so underinsured that they cannot pay out of pocket deductibles for anything but the most dire and urgent care. Our system has become skewed towards emergency rooms, urgent care, and the most expensive care. We must turn this proverbial ship around – and begin to invest in a health care system that focuses on health and prevention – this is true for both physical and mental health.

Primary care and behavioral health need to be better supported as they are the front lines of screening, assessment, and treatment of life-threatening conditions. Investing in primary care now is the most effective way to improve health outcomes and will pay for itself and decrease overall costs. A seamless integration of primary care and behavioral health systems are critical to healthy communities as measured by greater patient satisfaction, less hospital stays and expensive ER visits and lower mortality.

LD 1196 is an incredibly smart – and reasonable – way to require insurers to begin to shift their health care spending from the back end to the front end. It provides both carrots and sticks. Because, while every study shows the efficacy of providing help early on for prevention and primary care in both physical and mental health, it has not happened. That is why we need this bill.

Behavioral health treatment faces the same issues as primary care, but with the addition that there is a consumer/patient stigma for many in seeking behavioral health care. The societal barriers are big enough to keep people away until there is a crisis – but the poor coverage for mental health services by most insurers erects that barrier even further. This is at a time when we see untreated mental health issues play out in our school, workplaces, emergency rooms

and even our corrections system. Imagine if we incentivized early intervention and support – how many of those expenses and the unnecessary human suffering we could avoid. It's this kind of innovative solution that can move us forward in what seems like a perpetually stuck and broken system. It is beyond time for Maine to prioritize primary and behavioral health care and the Behavioral Health Community Collaborative asks that you support this bill.

Thank you for your consideration and I am happy to answer any questions.