



**Testimony of Sarah Calder, MaineHealth
In Support of LD 1304, “Resolve, to Establish the Task Force to Study
Barriers to Achieving Behavioral Health Integration and Parity”
Tuesday, April 11, 2023**

Senator Bailey, Representative Perry, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in support of LD 1304, “Resolve, to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity.”

As part of our vision of “Working Together so Our Communities are the Healthiest in America,” MaineHealth provides a range of behavioral health services throughout our footprint. These range from community based outpatient therapy, medication management, substance use treatment and care management to inpatient treatment in four community hospitals and Spring Harbor Hospital. We have also integrated more than 75 behavioral health clinicians in over 70 primary care and specialty medical care practices across the MaineHealth system, and were able to serve over 15,000 people last year using this integrated care model.

As you may know, the pandemic exacerbated a pre-existing crisis in Maine’s behavioral health system, often referred to as “the shadow pandemic.” We are experiencing the effects of this crisis acutely in our Emergency Departments, though they are in no way equipped to meet the needs of children and adolescents with behavioral health needs. Just last year alone, 435 children and adolescents languished in MaineHealth Emergency Departments for an average of 5.5 days awaiting appropriate services.

It is an unfortunate reality that MaineCare is the largest payor of behavioral health services, and because the reimbursement rates have been chronically low, many community-based services maintain long wait lists or are simply non-existent. Without the lower level of care available in the community, people with behavioral health needs, particularly children, languish in our Emergency Departments for days and weeks, or are “stuck” in our in-patient hospitals, like Spring Harbor, because the next appropriate lower level of care (for example, residential services) is not available.

And when services are covered by commercial insurance, there are often significant barriers imposed that limit or delay access to care, like credentialing delays, prior authorization burdens, and higher co-pays. For these reasons, we strongly support the intent of the legislation before you today. At a time when the need has never been greater, we need to work collaboratively to remove administrative barriers and increase access to care.

Thank you for your time and I would be happy to answer any questions you may have.