

**4/11/2023**

Senator Donna Bailey  
Representative Anne Perry  
Committee on Health Coverage, Insurance and Financial Services State House  
Augusta ME 04332

*Re: LD 1304 Resolve, to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity*

Dear Representative Perry and Senator Bailey, and Representatives Brennan, Dhalac, and Madigan:

I am here to vocalize my strong support for LD 1304. As a licensed psychologist in Maine for the last ten years, I have worked as an Outpatient Behavioral Health provider and served as co-Chair of Maine Psychologists' Association reimbursement oversight committee. In my role as an educator many of my students have continued onto careers in behavioral health; students are often astonished by the obstacles to care and treatment in Maine, and many become inspired to come back to serve Maine in a mental health capacity. Unfortunately the reimbursement rates from most insurers in Maine for behavioral health are below a living wage, and I struggle with endorsing the pursuit of this as a career. Despite the increasing needs for providers in this area of health care.

Aside from the intrinsically challenging parts of my job as a psychologist, perhaps the only two harder parts are 1) having to turn away almost every patient that approaches my practice due to waitlists 2) having to listen to patients explain how difficult their insurance company is to deal with. Patients describe frequently their frustration for what they or their company is paying for their health insurance and yet are unable to find a mental health practitioner in their area, let alone one that accepts their insurance. For patients where we are not in-network with their insurance plan (often due to low reimbursement rates and the headache of pre-authorizations), the battle of being reimbursed a fair wage has become not worth the effort. So the majority of Mainers with insurances such as Aetna, Cigna, United Health Care, Mainecare, and others, have little to no access to behavioral health providers because providers have no incentive to accept the insurance. Insurers on the other hand, have every reason to provide an adequate number of behavioral health providers in every geographic area. By not doing so, they are discriminating against people seeking mental health treatment. These Mainers are forced to pay out of pocket, even with insurance, and rather than do this, will suffer in silence.

This has a ripple effect: it often results in an undue burden on primary care physicians to provide diagnosis and treatment of mental health conditions, without the time or supportive network for follow up. I have seen first hand the discrepancies between reimbursement in medical versus behavioral health treatment, among clinicians of equal education and background, forcing many behavioral health care providers to adopt a cash-only (out of pocket) system of treatment. The result of this unfortunately is a large ignoring of the populations that cannot pay for services.

Mental health parity is written into law, and yet the execution of this law has a long way to go. Establishing a task force to evaluate the current climate of insurance reimbursement issues and obstacles to access to treatment, will hopefully be a step toward improving access to care for Mainers, but also equitable treatment of behavioral health providers.

These are issues that have only gotten worse as a result of the pandemic and will not get better until attention is paid to these issues. We must work to lower barriers to care and streamline Mainers' access to behavioral health care, just as we have done with medical health care. As a step toward this, I urge Representative Perry, Senator Bailey and the esteemed members of the committee to support LD 1304.

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