

**4/6/2023**

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 writing to describe my strong support for LD 1304. I am a licensed psychologist of over 15 years, the last eight of which have been in Maine. I have worked in the Primary Care Behavioral Health model and trained family medicine residents since 2010. Many of our graduates have gone on to live and work in Maine as primary care providers in rural settings.

Prior to the pandemic, private practices and community mental health centers maintained long waitlists and the pandemic has exacerbated this problem. Anecdotally, one agency in Augusta indicates their wait list is approximately one year, which severely limits the availability of care for those in need of initial encounters, crisis services, psychiatric diagnosis and treatment, and specialty mental health care. Unfortunately, this problem is not limited to one agency or practice and, nationally and locally, the challenge of diagnosis and treatment of mental illness is met by primary care, rather than psychiatry. One of the features of integrated primary care behavioral health is that behavioral providers care exclusively for the patients of the primary care clinic in which they practice, and my practice is no exception. The clinical value of this model is manifold, and includes coordination of behavioral health care, including service delivery, within the primary care setting to which most patients turn when community mental health fails to meet their need.

As a clinical educator, I train both physicians and doctoral psychology students to work together in an interdisciplinary setting for the good of Maine's patient community. However, the sustainability of this model is hamstrung by loss in revenue due to differences and deficiencies in reimbursement for aligned and complementary services. This often results in multiple co-pays for the patient and billing "surprises," and often forces the clinic to write off services due to the patient's inability to pay. From rules preventing reimbursement for two different encounters per day, to providers in the community moving to a "cash-only" model of care out of exasperation related to billing, I have seen how our laws limit critical access to those pursuing mental health care in Maine. We are trying to meet the needs of our community while also trying to keep the lights on; something has to change.

In closing, I urge Representative Perry, Senator Bailey and the esteemed members of the committee to support LD 1304. The last three years have been remarkably hard and Mainers are hurting; this bill will go a long way in search of solutions. Regardless of this bill's outcome during the current session, these issues exist, they can be devastating to families and communities in Maine, and they are not going away.

I regret that I was not able to present my testimony in person, but should this committee or its members require further information or perspective from a content expert, I encourage you to reach out and I would be happy to assist.

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