

MaineHealth

**Testimony of Katie Fullam Harris
MaineHealth
Regarding Behavioral Health Sections of LD 221
The Governor’s Proposed Biennial Budget
Before the Joint Standing Committees on Appropriations & Financial
Affairs and Health and Human Services
February 18, 2021**

Senator Breen, Representative Pierce, Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committees of Appropriations and Financial Services and Health and Human Services, I am Katie Fullam Harris of MaineHealth, and I am here to testify on those sections of the proposed budget that address behavioral health services in Maine.

MaineHealth is Maine’s largest integrated non-profit health care system that provides a full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Our scope of services range from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab.

As part of its vision of “Working Together so Our Communities are the Healthiest in America,” MaineHealth provides a wide range of behavioral health services throughout its footprint. These include inpatient services at Spring Harbor Hospital, Southern Maine Health Care, Maine Medical Center and Pen Bay Medical Center to hospital and community based ambulatory services and integrated behavioral health clinicians in all of our primary care practices.

During the pandemic, MaineHealth’s primary behavioral health provider, Maine Behavioral Healthcare, has been instrumental in providing treatment for individuals with a range of behavioral health needs, from children with autism to children and adults with mental illness and adults with substance use disorder.

The chart below illustrates the dramatic shift that has occurred to ensure that safe provision of behavioral health services for patients:

Type of Visit	Week of March 1, 2020	Percentage of Total	Week of February 7, 2021	Percentage of Total
In Person Visit	4,603	95.6%	1,173	21.4%
Video Visit	62	1%	3,392	61.9%
Audio Visit	148	3%	912	16.7%
Total	4813		5477	

This shift has saved lives in the short term, and it is proving to be a very effective means of engaging and treating many patients. We appreciate the Department's support for telehealth, as we see this modality, including telephonic services, as critical to better meeting the needs of Maine's population in the future, and particularly given the transportation issues that many patients experience

Every day, Maine people who rely upon governmental payors experience a behavioral health system that is increasingly challenged. MaineCare is the predominant payor, and it has not changed rates for many critical services in a decade or more. Providers are being forced to shutter services that are necessary to keep people safe in their communities, and hospital emergency departments are forced to hold patients with behavioral health needs who cannot access appropriate levels of care. During the crisis of the pandemic, people with behavioral health needs are facing a crisis of access. The increase in overdose deaths and suicides we are experiencing is an outcome.

MaineHealth recognizes that the State is facing a challenging economy and therefore budget. We also respect the Department's effort to create a more rational framework for building Medicaid rates. However, by its own admission, that work will not begin to be implemented for at least two more years (Pg. 14 of 150, MaineCare Comprehensive Rate System Evaluation Interim Report, Jan. 20, 2021). At that point, it will have been 13 years since many behavioral health rates were increased. The Consumer Price Index rose 19% between 2010-2020, and medical inflation rose even faster than that. Given the number of services that have recently closed, we can only foresee far greater problems in the future.

For example, the difference between MaineCare reimbursement and the cost of delivering the following services is:

- \$21.97 per day of ACT Team service
- \$31.20 per hour of Outpatient Therapy
- \$141.98 per hour of Outpatient Psychiatry

It is clear why these are the very services that are being forced to close. The budget fails to address these community services that are foundational to a functioning mental health system, and we encourage these committees to make short term investments to stabilize the system while the Department finishes its work developing a new MaineCare rate setting system.

It is also worth noting that while Department is pursuing a standardized Medicaid payment methodology; we strongly disagree with their recent decision to base all behavioral health service payments on Medicaid and standardized rates. While many of these reductions are occurring through contract changes, the specific cuts that we will speak to today are examples of specialized programs that serve at-risk populations – including uninsured patients - and for which the predominant payor is MaineCare. Reductions to these programs will necessarily result in loss of services for our most vulnerable populations. For example, MBH recently ended a very successful ACT-like

program for patients with specific diagnoses, as the Department determined that it would no longer fund the specialized rate necessary to support the program. Anecdotally, we are now hearing that the patients who lost that service are using the emergency department more frequently again. We encourage the Department to recognize that there are specialized populations and services for which rate flexibility is necessary to provide the service. Behavioral health does not conform to a one-size-fits all approach, and it is important for the State to maintain flexibility in its payment structures to support all in need.

The specific behavioral health cuts that are of concern in the proposed budget include a reduction to outpatient services provided by Acadia and Spring Harbor, and a cut to rates that supports two specialized inpatient units at St. Mary's and Northern Maine Medical Center.

The first reduction will significantly affect specialized services provided to children with autism as part of our Center of Autism Excellence at Spring Harbor Hospital. These services are not otherwise available in Maine, and they ensure that children with severe autism have access to state of the art treatment. The State's reduction will create challenges as we have made an investment in expanding the program's capacity to meet the needs of children and families throughout Southern Maine.

The second cut would reduce rates that support critically needed inpatient beds at St. Mary's and Northern Maine Medical Center. The MaineHealth hospitals that are providing inpatient behavioral health care lose money on those services. In fact, we recently opened state of the art units in Sanford, and we are losing money on each MaineCare client from the start. We would suggest that a more appropriate change would be an increase in rates for inpatient units right now and particularly as we face challenges with capacity.

I will close on a positive note. The budget includes a new program that will help to fill a gap in community mental health services. Community based Intensive Outpatient Services have proven very effective in the treatment of substance use disorder and those with co-occurring substance use and mental health diagnoses, and we support their inclusion in the continuum of outpatient mental health services as well.

Thank you for the opportunity to comment, and I would be happy to answer questions.