Testimony of Sarah Calder, MaineHealth
In Support of LD 619, “An Act to Ensure Coordination of Care for MaineCare Members”
Thursday, March 16, 2023

Senator Baldacci, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in support of LD 619, “An Act to Ensure Coordination of Care for MaineCare Members.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s 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.

As you know, the pandemic exacerbated a pre-existing crisis in Maine’s behavioral health system and we are grateful for this Committee’s support of the investments included in the Governor’s proposed budget to create a significantly improved floor for MaineCare rates. Due to chronic underfunding of community-based services and inflationary costs, Maine Behavioral Healthcare (MBH) lost $16.9 million in FY 2022 after including $3.9 million in federal and state relief dollars. This is simply not sustainable.

The legislation before you today addresses many services that receive no reimbursement today, but are critically important to ensuring our clients receive the appropriate care they need to recover and live productive lives in the community. We are very supportive of each component of LD 619, but I will focus my testimony today on one specific component – Peer Support (Section 5).

Peer Support is integral to the support we provide our clients as Peer Support Specialists know the challenges of our clients better than most because of their own lived experience. Our Peer Support Specialists practice Intentional Peer Support and support clients in connecting to wellness and recovery opportunities in the community and accessing other community support services when appropriate. Attached to my testimony,
you will see the many ways that Peers are integrated into the services we provide, including in our Emergency Departments to support patients with Substance Use Disorder.

Currently, only two sections of MaineCare - Behavioral Health Home Services and Opioid Health Home Services - offer a small allowance to fund Peer Support through the per member, per month reimbursement structure. To provide Peer Support to clients not served by these two sections of MaineCare, we are completely reliant on grant funding, which is time-limited, often specific is scope and reach, and is not a sustainable funding source.

But other states are leading the way and reimburse for Peer Support Services through their Medicaid programs. In 1999, Georgia was the first state to bill Medicaid for peer services. Since then, many states have expanded peer support services, including Indiana and Oregon.

Research demonstrates that Peer Support facilitates recovery and can reduce health care costs, and it is for that reason that I urge the Committee to vote Ought to Pass on LD 619.

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