

# MAINE ASSOCIATION OF PSYCHIATRIC PHYSICIANS

Testimony by the Maine Association of Psychiatric Physicians  
January 13, 2010  
on

LD 1671

An Act Making Supplemental Appropriations and Allocations for the Expenditure of State Government, General Funds, and Changing Certain Provisions...for Fiscal Years Ending June 30, 2010 and June 30, 2011

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Senator Diamond, Representative Cain, and members of the Appropriations Committee; Senator Brannigan, Representative Perry, and members of the Health and Human Services Committee, thank you for hearing our testimony today. I represent The Maine Association of Psychiatric Physicians, the professional organization for psychiatrists in this state. As doctors on the front lines of patient care, we are extremely concerned about the impact that these drastic budget cuts will have on Maine's most vulnerable citizens. We understand that the budget has to be balanced, but we urge you to take the necessary time and get the necessary input to make the least harmful cuts possible.

We foresee even greater harm and expense from the unintended consequences of these cuts.

We strongly urge you to appoint a Blue Ribbon Panel to make rational, informed decisions on mental health spending, rather than the slash and burn cuts that are currently proposed. We feel that you need to have the guidance of many voices, from consumers to emergency room, primary care and psychiatric physicians, and other groups who are directly involved. We urge you to get more information so that you will be guided by data about what is working in Maine and what is not, as well as by information about what is working in other states, before you make your final budget allocations.

As doctors, we are frightened and horrified by the prospect of jails, emergency rooms and homeless shelters overflowing with people, our patients, who can no longer get the care they need. Given how quickly these decisions have had to be made, we fear the unintended costs and consequences have not been fully evaluated.

If people are ill and need help, but they have reached the budget limits for care, where will they go? Some place less expensive than an outpatient clinic? That seems doubtful to us. To an emergency room where the hospital will have to "eat" the cost of a sixth inpatient stay? Or, when all else fails, to jail?

These cuts are worse than penny-wise and pound foolish. They are potentially dangerous, and definitely wasteful of the money that will be spent on inefficient care and increased burden on other services, such as the police.

From our study of the proposed cuts, it appears that the loss of federal matching funds triples the overall loss of funding in many cases. It seems unwise to waste an opportunity to receive matching funds that could help so many of Maine's citizens.

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We also wonder if the unequal cuts to mental health care compared to general medical care are counter to parity laws and will put Maine at risk for yet more expensive trouble in court in the future.

These cuts are going to magnify the difficulties Maine has in recruiting and retaining primary care and psychiatric physicians. Part of the problem with these budget decisions is that there has already been too little practical input from those of us in the front lines of medical care.

That is why we ask you to re-consider elimination of the psychiatrist medical director positions for Children and Adolescents and for the Office of Adult Mental Health Services. Public safety is at risk if there is no one to review critical incidents, or to monitor decisions made by contracted agencies.

Right now, only the severe and persistent mentally ill population benefits from this clinical oversight. MAPP strongly urges that rather than eliminate these medical director positions, that they be expanded to cover all Maine citizens receiving mental health services through state funding, including those on MaineCare. The positions would more than pay for themselves in increased coordination of services across DHHS lines, increased public safety, and increased clinical awareness on the part of contracted agencies or services.

MAPP also urges this Legislature to fund a mechanism, within or outside of DHHS, that will monitor the quality of services that DHHS purchases. This mechanism should provide transparent quality data to the public so that the Legislature and the public (and DHHS!) can be assured that the massive amount of money that DHHS spends on health care and mental health care is being spent well. For example, Maine spends about \$8 million on case management services from APS. We hope that you have been able to track the value of that expenditure, because we have found the matter difficult to penetrate.

The Blue Ribbon Panel can advise on system-wide issues, and internally, the state mental Health Medical Directors can keep relevant, pertinent, practical clinical matters in front of DHHS administrators on a day-to-day basis as future decisions are being made.

These protections would ensure a more clinically relevant public safety net for mental health care in this state, and ensure that increased transparency and communication with relevant stakeholders happened on a regular basis, rather than relying on expensive crisis management. MAPP is convinced that it would also save money by preventing duplication of services, by making sure that each patient received the appropriate intensity of care rather than having rigid rules apply (such as the 18 outpatient visit rule), and by improving flow of patients from one level of care to another.

You may think that day-to-day clinical input to DHHS is not necessary, but from MAPP's point of view, it is crucial. Consider this: there is a line item in this current budget proposal that plans to "save" approximately \$1 million from decreased use of antipsychotic medication. Unfortunately, to our knowledge, no physician or other clinical input occurred before this decision was made. Even the chair of the state's Drug Utilization Review board had no knowledge of this change prior to finding it in this budget. We wonder, how is the Legislature supposed to make informed decisions if the available clinical expertise that has been established to guide these decisions is circumvented?

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To summarize, the Maine Association of Psychiatric Physicians urges you to do your best to protect your constituents by making sure that the money that is being spent on mental health care is being spent in an informed manner. There are hidden but real costs in this proposed budget, not only in terms of human suffering, but also in terms of real dollars wasted from unintended consequences and from loss of matching funds.

We urge you to call forth a Blue Ribbon Panel to make rational, informed decisions with medical, clinical and consumer input. With the guidance of this panel, Maine can look at the bigger picture and actually come out with a better system than we have now. We also urge you to preserve and expand the child and adult psychiatry medical director positions to insure that informed, clinical input is not eliminated from DHHS.

And finally, if you see that even with the best minds working to solve this financial dilemma, that the cuts are too harmful for Maine's citizens to bear, we urge you to consider raising fees or taxes. It is the humane and right thing to do.

The psychiatrists of the Maine Association of Psychiatric Physicians welcome questions or further discussion with legislators as you do the hard work that is necessary to protect the citizens of the great state of Maine during these hard times. Thank you.

Sincerely submitted,

Janis B. Petzel, M.D., President

Maine Association of Psychiatric Physicians