

February 28, 2020

LD 1946 - An Act to Improve Access to Mental and Behavioral Health Services by Providing Care in Clinical Reproductive and Sexual Health Care Settings

Dear Senator Gratwick, Representative Hymanson and esteemed members of the Joint Standing Committee on Health and Human Services,

I am Julie Schirmer and as Vice Chair of the Board of Directors of the National Association of Social Workers (NASW) Maine Chapter I am offering NASW Maine's support for LD 1946 - An Act to Improve Access to Mental and Behavioral Health Services by Providing Care in Clinical Reproductive and Sexual Health Care Settings. NASW Maine Chapter is an organization with over 800 members. There are 5,000 licensed social workers in Maine, many of whom work in primary care settings. I have been one of them, with a 30+ year history of counseling, teaching and consulting about Behavioral Health and Primary Care Integration in local, national and international settings.

Over the years, I have seen the many benefits to patients, providers, and teams that have integrated behavioral health into primary care settings, including increased screening, improved treatment adherence, increased access to care, improved team moral and competency in their ability to provide the right care at the right time for patients. I have seen the lives of patients transformed when they are better able to manage the repercussions of trauma such as homelessness, abuse and neglect.

By providing start up funds, DHHS can develop a sustainable behavioral health and medical integrated system of care in clinical reproductive and sexual health the settings. The ICER report (ICER, 2015) illustrates the positive impact of behavioral health and primary care integration on symptom reduction, functioning and finances, using data from the state of Maine. The many behavioral health and primary care integrated systems in Maine demonstrate the sustainability of the model.

Providing financial support to clinical reproductive and sexual health care settings addresses several key issues. Clinical reproductive and sexual health centers have been under increasing financial pressures with reductions in federal funds (Portland Press Herald, 2/25 and 2/20/2020). Additionally, many women choose to get their primary medical care in these centers. According to Planned Parenthood of New England testimony at an earlier public hearing about this bill, this population has high rates of mental health, substance use and social conditions that negatively impact their health.

Women of reproductive age are particularly vulnerable and are particularly ready, emotionally, physiologically and developmentally, to deal with the adverse conditions of their childhoods. We need to support them at this time, providing them with the confidence and skills to better manage their past and rebuild their lives and the lives of their children for a better future.

When mental and behavioral health services are immediately accessible, patients are more likely to access them. This funding will have a meaningful and lasting impact on the health and well-being of our women and families.

We urge you to support LD 1946.

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