Senator Baldacci, Representative Meyer and 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 strong support of LD 907, “An Act to Meet the Needs of Individuals with Severe Behavioral Health Diagnoses.”

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 22,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services 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.

This session you have heard a number of bills that seek to address gaps in Maine’s behavioral health system, in particular the dearth of services available to children and adolescents. These bills were introduced based on the shortfalls we experience as providers, but, more importantly and tragically, based on the experiences of the patients and their families who are not able to access the appropriate services they need to live productive lives in the community.

As you heard earlier, to ensure individuals have timely access to appropriate care, providers need adequate resources to safely provide care. There are times when an individual’s needs can be very challenging and additional supports may be needed – beyond what is provided for in the MaineCare Benefits Manual. In those instances, the Department should have the ability and flexibility to respond to a provider’s reasonable request for additional supports, like additional staffing. LD 907 seeks to provide that flexibility.

And this is not a new solution. In fact, it is our understanding that in the past, the Department had access to funding that allowed for this flexibility. It is unclear why this practice appears to have ended.

In addition to the providers you will hear from today, we have also made requests to the Department for additional supports and our requests have been denied. For example, Spring Harbor Hospital recently cared for an
adolescent who was hospitalized for almost two years. We made multiple requests to the Department for additional staffing supports for residential care providers and for in-home supports, so that we could safely discharge the adolescent, but our requests were repeatedly denied.

Without adequate resources, providers are often left with no option but to discharge a patient because they can’t safely accommodate their behaviors – these are the patients who are discharged and then end up in our Emergency Departments as a last resort. The legislation before you today is one solution that will help to avoid that situation.

Thank you for your time and consideration and I would be happy to answer any questions you may have.