

MaineHealth Local Health Systems

Franklin Community
Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
Mid Coast-Parkview Health
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

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MaineGeneral Health
New England Rehabilitation
Hospital of Portland
St. Mary's Health System

Testimony of Mark Parker, MD in Opposition to LD 1001, “An Act to Ensure Parents’ Access to Their Minor and Adult Children with Special Needs” Monday, April 5, 2021

Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Dr. Mark Parker, Vice President of Quality and Safety at Maine Medical Center, and I am here to testify in opposition to LD 1001, “An Act To Ensure Parents’ Access to Their Minor and Adult Children with Special Needs.” I am a kidney specialist of over 25 years and a hospital patient safety officer who has guided management of our visitor protocols during the COVID-19 pandemic. I am also a parent of an adult son with a learning disability – I thoroughly appreciate the position of advocates for this bill.

MaineHealth is Maine’s largest integrated non-profit health care system. We provide a full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Every day, MaineHealth’s over 23,000 employees are committed to fulfilling our vision of “working together so our communities are the healthiest in America.”

Our clinicians are dedicated to fostering a patient-centered care environment in which patients and their families are fully engaged and empowered to take ownership of their health. Our care team members are focused on providing care to our patients that accelerates recovery. We recognize that family support can be critical to improved health outcomes, and in cases where patients have special needs, it is critically important to involve family and caregivers and recognize the vital support that they provide. Our approach is aligned with providing this access and support whenever is safe and feasible.

During the pandemic, hospitals have been required to meet U.S. Centers for Disease Control and Prevention (CDC) guidelines related to patient and care team member safety. For example, our care team members received specialized training regarding the proper use of personal protective equipment (PPE), including Power Air Purifying Respirators (PAPRs) and N95 masks. It is important to note that you must be properly trained and fitted for these forms of protective equipment.

With this in mind, we have worked diligently to facilitate visitors for patients with special needs since the start of the pandemic. In the limited

number of unique circumstances in which the presence of family will not facilitate care and may hinder workflow, or could endanger the safety of the patient, visitor, care team, and community, we have facilitated other means of communication for the patient and family including Zoom and telephone. We have also made available family resources, including spiritual care teams.

I would like to share one story with you. I recently cared for a patient with developmental disabilities who was severely ill and also COVID-19 positive. While critically ill, on life-support, and deeply sedated, he had no meaningful awareness of his surroundings. He was cared for in our COVID-19 Intensive Care Unit, which has a tight workflow due to the amount of equipment that is used to care for these patients and the necessary PPE, like PAPRs, that is critical to ensure the safety of our care teams. In this situation, the risk of allowing a visitor in the patient's room outweighed the benefits. The visitor would have needed specialized PPE that they were not trained to use and might have physically impeded care in a restricted environment, placing all involved at risk.

Let me be clear. These decisions are not made lightly or by one person. At MaineHealth, we employ consensus decision making that involves the clinical care team, including the patient's physicians and nurses, and hospital administrators with clinical experience. In this case, I had the unique perspective of being both the patient's provider and a hospital administrator.

The legislation before you today will strip clinical and administrative teams of the latitude to make this decision in which we balance patient benefit and risk to the patient, visitor, care team, and community. It would also place us in a most difficult position in which we are stuck between adhering to U.S. CDC guidelines and licensing regulations and State law. I would also note that today we are considering this legislation with COVID-19 in mind, but we must also consider that hospitals may treat other highly contagious diseases in the future, including, for example, Ebola.

I urge this Committee vote Ought Not to Pass on LD 1001. Thank you for your time and consideration and I would be happy to answer any questions.