

# MaineHealth

## 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  
Waldo County General Hospital  
Western Maine Health

## Part of the MaineHealth Family

MaineHealth Accountable  
Care Organization

## MaineHealth Affiliates

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

Senator Breen, Representative Pierce, Senator Claxton, Representative Meyer and dedicated members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services, I am Katie Fullam Harris of MaineHealth, and I am here to support portions of the Governor's proposed supplemental budget and provide information about other areas of need that are not addressed.

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 23,000 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.

## Pandemic Response

During the pandemic, MaineHealth's care teams:

- Provided inpatient care to over 3,600 patients with Covid-19
- Administered over 517,000 doses of vaccine
- Processed over 1 million tests for Covid-19 at NorDx, our lab
- Provided unprecedented levels of support for our communities through testing and vaccine clinics, telehealth treatment expansion and expansion of inpatient mental health services.

To do so, MaineHealth:

- Added 94 hospital beds to support the high volume of patients supported in our hospitals.
- Delayed thousands of surgeries and procedures.
- Added over 1,000 positions to accommodate the increased volume.
- Increased our minimum wage to \$17/hour as part of a \$72 million mid-year market adjustments to all but executives and physicians

And we are very proud to be ranked 13th on the prestigious Forbes 2022 America's Best Large Employers list, and all of our eligible hospitals received Leapfrog "A" quality ratings.

## Financial Challenges

The important role that MaineHealth has played in meeting the needs of our communities during this time has come at a cost. The revenue losses that we

have sustained as a result of Covid have been substantial. These losses are the result of a number of factors, including:

The labor shortage. We have nearly 3,000 open positions, including nearly 1,000 nursing positions, and we incurred over \$20 million in traveler nurses and other key positions in the month of January alone. Average Length of Stay. The average length of stay has increased by over 20% during the pandemic, to approximately seven days. This puts significant pressure on hospitals that are primarily paid a set fee for each inpatient stay.

Patients without a Safe Disposition. Every day, we have approximately 150 patients stuck in inpatient beds awaiting discharge to nursing facilities, group homes or other appropriate placements.

Delayed care. We have been forced to delay needed surgeries and other procedures multiple times during the pandemic. In mid-February, Maine Medical Center had delayed over 2500 procedures and surgeries due to the Omicron surge.

State and federal relief payments helped to offset losses through November, however the steps we took to address the omicron surge have been expensive. Today, we project that we will end FY '22, \$50 million behind budget due to the pandemic, so we are grateful for the Governor's proposed one-time support for hospitals in the supplemental budget. Meeting our budget allows MaineHealth to continue to make critical investments towards improving the health of our communities.

In addition, MaineHealth currently supports three nursing homes, which have provided critical support for patients during the pandemic. As you are aware, nursing homes – like all residential facilities - are under incredible stress due to pandemic costs and particularly the labor shortage. The direct care worker payments included in the budget should make an important difference in retaining and recruiting needed workers, and we further support the one-time supplemental payment for nursing facilities that is included in the budget proposal.

### **Behavioral Health**

In addition to the challenges noted, the pandemic exacerbated a pre-existing crisis in Maine's behavioral health system. As part of our mission to provide access to needed care for our communities, 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. Unfortunately, over the last two years, our Emergency Departments have also become a significant part of the behavioral health continuum, though they are in no way equipped to meet the needs of this population.

Over the last several years, and well before the pandemic, MaineHealth's legislative priorities included strong support for improving the community-based behavioral health system. As an integrated health care system, we experience the State's failure to invest adequately in these services through the

increasing challenges our patients face accessing needed services and ongoing losses sustained at Maine Behavioral Healthcare. Today, we are experiencing a full-blown crisis.

It is important to acknowledge that the Administration and the Legislature have recently made important investments in behavioral health services. And we are highly supportive of the proposed investments in the Governor's proposed Supplemental Budget, including:

- Support for a secure residential treatment center for adolescents
- A placeholder for a rate increase for psychiatric inpatient beds
- Adjustments for grant-supported behavioral health services
- Support for direct care workers.

But our experience as a health system that supports integrated care for our communities makes clear that much much more needs to be done.

- Every day, approximately 1/3 of the Emergency Department beds at MaineHealth's hospitals are filled with patients awaiting discharge to appropriate behavioral health services.
- In January, 2022, MaineHealth's EDs had 42 children and adolescents who waited more than 48 hours before being discharged or transferred to appropriate services. The average length of stay in the ED was 5.5 days.
- In January, 2022, MaineHealth's EDs had 125 adults who waited more than 48 hours for appropriate behavioral health services. The average length of stay was 3.9 days – and this excludes the two individuals who have now spent months at Maine Medical Center's ED.

And though not limited solely to patients with behavioral health needs, the instances of violence in our EDs have skyrocketed over the last several months. At Maine Medical Center alone, ED staff endured 42 documented incidents of abuse in the month of January alone. It shouldn't hurt to be a nurse. But that is exactly what is happening, in large part due to insufficient community resources for individuals with behavioral health needs.

Emergency Departments triage and stabilize people in need of acute care. They do not provide longer term treatment. They are designed to keep patients for hours, not days, weeks and months. And they are chaotic, often loud, and without the staffing means to bond with patients and support their longer term treatment needs. But the behavioral health crisis is forcing them to serve in a role for which they are not designed.

Patients awaiting discharge have needs that range from inpatient psychiatric beds to ACT services, inpatient detoxification beds, medication management, case management and, in increasing numbers, residential treatment and care. We have watched programs close. We subsidize our own ACT teams by nearly \$1 million a year due to inadequate rates. We have seen agencies close numerous residential beds. And the crisis systems for individuals with mental health needs and intellectual and developmental disabilities and autism are in crisis themselves. Today, we are seeing the inevitable impact of those reductions as patients do not have adequate resources to live safely and effectively in their communities.

## Our Ask

We have two specific asks of the Legislature to address the crisis Maine is experiencing as patients and families cannot access needed services:

1. Provide immediate financial support to maintain existing services. We hear daily about additional programs and beds that are at-risk of closure. Providers need immediate relief if they are to maintain access to current services. We strongly suggest prioritizing residential services, as their demise is having immediate and long-term impact on patients as they become unhoused, without access to services, and increasingly stuck in our EDs. We must stem the bleeding first.
2. Identify areas in which Maine does not have any services available to meet the needs of certain populations and direct the Department to develop plans to fill those gaps. For example, we do not have an inpatient unit for adults with IDD/autism. And we do not have secure residential treatment for adults or children who have a propensity for violence. These types of services are needed to decompress a system that gets severely backlogged when patients get stuck in inappropriate levels of care or settings.
3. For the longer term, we believe strongly that Maine should invest in a data-driven, collaborative planning process that looks at the State's demographics and identifies how much is needed of each level of care to support the behavioral health needs of our population in the future. This would build upon LD 1262, Senator Breen's bill from last Session that requires the Department to work with stakeholders to develop a statewide strategic plan to service the people of the State with behavioral health needs through their lifespans. The plan is to be submitted to the Legislature by December 7, 2022, so there is important work to be done. A robust data-driven strategic planning process should take a year to complete. We are unaware that the process has begun, and would very much like to take part when it does.

## Summary

The proposed budget includes important investments in needed health care services, including one-time support for hospitals and long-term care facilities. It also includes limited investments for behavioral health services. We support these investments and the Department's longer term plans to build an improved system for reviewing rates and ensuring their adequacy for the future. This will be critically important for all health services given the increased labor costs and inflationary factors that we are experiencing. And immediate help for behavioral health is needed in the short term as well. Programs are closing. Staff are getting hurt. Patients are getting hurt. We must put out the fire before we can start to rebuild the house.

Thank you for your attention and we look forward to working with you to better meet the needs of our vulnerable people with behavioral health needs.

1. LD 1470, which will require the Department to reimburse Southern Maine Health Care for the cost of care delivered to MaineCare patients who receive treatment in the new psychiatric beds in Sanford. The Department previously agreed to support a rate for these beds (see attachment), but has since recanted. This bill will require the Department to meet its commitment, helping to

address the tremendous backlog of patients stuck in emergency departments on a daily basis. SMHC loses an average of \$3,728 per inpatient MaineCare admission on these units.

2. LD 1147, will increase the rate for medication management services provided by nurse practitioners and physician assistants by 25%, and to increase the rate for psychiatrists by 10%. MBH has an average of 425 clients waiting for medication management, and the average time to be seen for this critically important psychiatric care is approximately six months. We lose \$142 per hour of medication management provided to patients.
3. LD 582, will increase the rate for ACT Team services – an evidence based model that supports individuals with high levels of need in the community. We lose \$22 per hour of ACT service.
4. LD 496 will increase the rate for outpatient therapy, a service that is instrumental in supporting patients struggling with mental illness or substance use. We lose \$31.20 per hour on outpatient therapy.



## Workforce Demands

In addition to behavioral health services, our local health systems are severely challenged by the workforce shortage. For example, Spring Harbor Hospital is unable to open all of its beds due to lack of available staff. Our teams work closely with community partners to enhance educational capacity to support the growing workforce needs for nurses, physicians and other health care professionals, and the State has an important role to play in these efforts as well.

We recently developed a three-year workforce strategy that relies upon partners such as the highly successful Jobs for Maine's Graduates program and the Community College system to help meet MaineHealth's future health workforce needs. We believe that public-private partnerships can be the most effective means to achieving our mutual goals, and we strongly support efforts to build ongoing programs within the community college system specifically to address the nursing shortage. In addition, there are several opportunities before you to help address this need. These include:

1. LD 119 to fund the nursing education loan repayment program;
2. LD 273 to maintain funding for the Doctors for Maine's Future Scholarship program;
3. LD 481 would create a bond to address workforce needs.

Finally, we recognize that your legislative jobs are particularly challenging this year. Thank you for your commitment to public service, and for all you do to support the health and prosperity of Maine people. As we look to Maine's future, we must ensure that we have a solid foundation of health services, including behavioral health, and the right investments to meet our workforce needs. These priorities are critical to ensuring a healthy and prosperous Maine in the years ahead. On behalf of the 1.1 million patients who reside in MaineHealth's service area, we strongly encourage you to support these investments, and look forward to talking with you, should you have any questions.

Sincerely,

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