

# MaineHealth

## Talking points In Opposition to LD 1715, An Act to Ensure Rural Patient Populations Receive Safe and Effective Health Care

### **Summary (from the text of the LD 1715)**

The purpose of this bill is to ensure that patient populations located in rural areas of the State receive safe and effective health care by placing certain reporting and approval requirements on an acute care or critical access hospital that is considering closure or terminating or reducing services. Any such hospital would need to provide at least 6 months' notice to the joint standing committee of the Legislature having jurisdiction over health and human services matters prior to the planned date of closure of the hospital or the termination or reduction of services. The hospital would also need to provide a study to the committee conducted by an independent 3rd party describing the impact of the closure or the termination or reduction of services on the patient population. Any closure or any termination or reduction of services would require approval prior to taking effect.

- **LD 1715 would interfere with decisions directly related to care quality and patient safety.** Whether and to what extent a hospital should provide a service is a critical factor in maintaining care quality and safety.
  - For many procedures, maintaining adequate volume is essential to making sure provider teams are able to function at the top of their capacity.
  - In many cases where demand for services is exceedingly low, the determining factor regarding whether or not to maintain a service is not financial, but rather patient safety.
  - Under this bill, a hospital would not have the ability to appropriately alter a program that has become dangerously unsustainable from a volume perspective to ensure patient safety.
- **LD 1715 attempts to force hospitals to continue offering services without providing the financial support hospitals so desperately need to continue to provide safe, high quality and affordable health care to Mainers.**
  - In a time of declining inpatient volume, reimbursement challenges, increasing uncompensated care and a deteriorating payer mix, hospitals throughout our state, both big and small, are struggling to remain viable.



- When LincolnHealth made the decision to transition its Boothbay Harbor emergency department into an urgent care center, that process was initiated by physicians on the ground who said they worried that the very low volumes in Boothbay – often one or fewer patients a night – would hurt quality.
  - Likewise, SMHC Sanford Medical Center had been caring for an average of 12-14 inpatients a day, and some days they had had fewer than 10 inpatients. This very low inpatient volume led to a community involved decision to provide all SMHC inpatient care in Biddeford.
- **There is a larger trend in healthcare that has complex procedures migrating to major medical centers where new technologies can be leveraged by highly specialized providers.** Medicine constantly evolves and sometimes that means a given hospital is no longer the appropriate place to receive a given procedure.
  - In fact, in 2015, 20 of Maine’s 33 hospitals performed fewer than two inpatient surgeries per day, while over 70 percent of inpatient surgeries were performed at five hospitals in the state of Maine.
  - We, at MaineHealth, are dedicated to providing the best possible care as close to home as possible and we have a strong commitment to our community hospitals.
    - Our Cancer Care network is an example, where specialists from Maine Medical Center and even Dana Farber are leveraged, but people often get their infusions at the local hospital.
  - The flexibility to determine where is the safest, most appropriate place to provide care is essential to our ability to provide the best possible care.