

# MaineHealth

## **Testimony of Sarah Calder, MaineHealth In Support of LD 177 “Resolve, to Improve Access to Bariatric Care” Thursday, February 7, 2019**

### **MaineHealth Member Organizations:**

Franklin Community Health  
Network

LincolnHealth

MaineHealth Care At Home

Maine Behavioral Healthcare

Memorial Hospital

Maine Medical Center

NorDx

Pen Bay Medical Center

Southern Maine Health Care

Synernet

Waldo County General Hospital

Western Maine Health

### **Part of the MaineHealth Family:**

MaineHealth Accountable Care  
Organization

### **MaineHealth Affiliates:**

MaineGeneral Health

Mid Coast-Parkview Health

New England Rehabilitation  
Hospital of Portland

St. Mary's Health System

Senator Gratwick, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Director of Government Affairs at MaineHealth, and I am here to testify in support of LD 177, “Resolve, to Improve Access to Bariatric Care.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Every day MaineHealth’s local health systems are challenged with discharging patients to the next appropriate level of care. One such population is bariatric patients. When a bariatric patient is medically cleared for discharge, but continued non-hospital care is necessary, a skilled rehab or long-term care facility cannot accept the patient until specialized equipment has been ordered and received to ensure appropriate care can be provided. Facilities also need to be sure that their staff are trained in the safe care of bariatric patients and that they are adequately compensated for the increased staffing and equipment required to care for these patients. For these reasons, a bariatric patient is often held in the hospital for weeks or even months until the special equipment has been received and adequate staffing is secured.

Since its inception in 2014, Maine Medical Center’s (MMC) Long Stay Intervention Workgroup has tracked 51 bariatric patients at MMC. Of those patients, 41 have weighed more than 350 pounds and their average length of stay was 57 days, for a combined length of stay of 2,294 days. 1,544 of these days were avoidable.

One specific example was a patient who was admitted to the hospital with a leg infection that required antibiotics and skin grafting. The patient weighed 500 pounds at admission. Long-term care was necessary at discharge and the patient ultimately stayed in the hospital for 527 days while a long-term care bed was arranged. This example is one of many.

We applaud the sponsor, Rep. Anne Perry, for bringing LD 177 forward. This legislation seeks to create 16 new specialized bariatric care beds coupled with an adequate reimbursement rate to help ensure that bariatric patients are able to move to the appropriate level of care more quickly than they are now and potentially reduce the length of stay in the hospital, which is incredibly costly to both hospitals and the State of Maine. These specialized beds would already have the

necessary equipment, thereby avoiding the delay that comes with ordering equipment and an appropriate reimbursement rate could cover the increased staffing and specialized training required.

MaineHealth would, however, ask the Committee to consider expanding the bill to ensure that the department be required to expedite the process for providing adequate funding and equipment for any patient who meets the criteria. We fear that limiting this legislation to 16 beds might result in similar problems once those beds are filled. Additionally, we ask that you consider changing the definition of eligible patients from those with “a body mass index (BMI) greater than 40” to “a weight greater than 350 pounds.” For example, a male who is 5’1” and weighs 210 pounds has a BMI of 40, but is not necessarily a patient who would need “bariatric care.” Finally, it is critical that patients across the state have the ability to transition from hospital level care in a timely way, so we request that bariatric beds be distributed throughout the state to ensure patients have access to care regardless of where they reside.

For those reasons, I urge the Committee to amend the legislation to reflect a weight greater than 350 pounds and vote Ought to Pass on LD 177, “Resolve, to Improve Access to Bariatric Care.” Thank you and I would be happy to answer any questions you may have.