

# MaineHealth

## 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

Honorable Members of the Joint Standing Committee on Health and Human Services

Cross Building, Room 209  
Wednesday, March 27, 2019

Senator Gratwick, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services:

On behalf of MaineHealth, I am writing in opposition to LD 717, "An Act to Provide Comprehensive Mental Health Treatment Reform."

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. As part of our mission of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth, which includes Maine Behavioral Healthcare, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

While we appreciate and share the goal of this legislation, we believe LD 717 is redundant to the work that we do every day in our emergency departments and our hospital admission areas. For example, we have established our emergency department to inpatient flow processes to ensure safe patient flow and the transition from the emergency department as quickly as possible. With that said, MaineHealth has significant concerns with the creation of a single point of entry for high-risk patients. We believe this would make the current challenge worse, as hospitals would be forced to shift psychiatric patients to a single entry assessment point. Such a model would result in disjointed care and will put individuals in an acute state of crisis at greater risk from a safety perspective and, ultimately, would add to the cost within the state system. When a patient presents to the emergency department, we conduct a crisis assessment and then provide psychiatric services. With outpatient services such as therapy, medication management, partial hospital programs, assertive community treatment, or medication assisted treatment patients are often discharged. We can also coordinate the transfer to a crisis stabilization or inpatient bed if needed.

The second goal of this legislation is also duplicative. Medical necessity criteria for admission to inpatient care are defined by payors and the US Centers for Medicare and Medicaid Services. Additionally, patients are oftentimes in the emergency department for extended periods due to the lack of appropriate community placement options, such as secure, intensive adolescent residential treatment for youth who do not require or benefit from inpatient care or patients with adult developmental disorders that are not manageable in their homes or group homes. In these cases, the treatment needed (i.e., inpatient or Intensive Outpatient Program (IOP) for Adult Developmental Disorders) does not exist

within the state. Placing an individual like this in an acute behavioral health inpatient unit is neither therapeutic, nor safe for the person or other patients in this highly stimulating acute unit.

Similarly, we already communicate plans post discharge to the providers of the next level of care, which is best practice and is also required by the Joint Commission. In addition, we make follow-up calls to individuals post discharge from the emergency department.

For those reasons, I urge the Committee to vote Ought Not to Pass on LD 717, "An Act to Provide Comprehensive Mental Health Treatment Reform."

As always, please let me know if you need additional information or if you have any questions.

Thank you,

Mary Jane Krebs  
President, Spring Harbor Hospital