

Dr. Dylan McKenney, Associate Medical Director for Pediatric Behavioral Services

Proposed FY 2022-23 Biennial Budget

February 18, 2021

Senators Breen and Claxton, Representatives Pierce and Meyer, and members of the Appropriations and Health & Human Services Committees, my name is Dylan McKenney, I am a Child and Adolescent Psychiatrist at St. Mary's Regional Medical Center.

I am here today to express opposition to one item in the biennial budget.

St. Mary's Background. St. Mary's is a non-profit, 233 bed community hospital in Lewiston. The hospital provides a variety of inpatient services including inpatient psychiatric care.

As the medical director for the Pediatric Behavioral Unit at St Mary's my staff and I treat 500-600 children and teens per year in our program. Last year we treated kids from 200 different municipalities. Over 60% of these kids are on Medicaid. Virtually all of them were admitted from emergency departments, either our own or that of another hospital. This is a state-wide, public service.

St. Mary's gets an enhanced rate for this service. A rate which has not changed since it was implemented, well before I joined St Mary's in 2014.

Budget Cut. On page A-266 there is a proposal to cut our current reimbursement rate for inpatient psychiatric services by 30%. This cut would mean an estimated loss of \$1.5 million per year for my unit.

St. Mary's simply does not have the resources to absorb this cut. If it was to go through, St. Mary's would likely be forced to eliminate my program. That

means the 500-600 children and teenagers we treat each year would need to find care elsewhere or go without.

Some of you heard testimony last week regarding the problem of youths who wait for days or even weeks in emergency departments hoping to find care. This is a problem that has been getting worse throughout my career. It is a horror that many families have to endure in our state in order to receive inpatient psychiatric care and other services. Losing our unit would make the problem much worse for the whole state.

Suicide was on the rise among Maine kids before the pandemic. Now, it's like nothing I ever imagined I would see. But the care my staff and I provide saves lives. We treat depression and we teach kids to handle their emotions in safe and healthy ways. I'm proud to say that to my knowledge not one of the high suicide risk youths we have treated in my 7 years at St. Mary's has subsequently died by suicide.

I can personally assure you that the enhanced rate St. Mary's gets for this service is money well spent.

Patients in Need. Attached to my testimony are profiles of some of the young people that I am treating today. These are cases that inspire both compassion and hope. Please read these stories. They exemplify the types of kids we serve. Kids that will have a much harder time finding treatment if our budget is cut by more than 30% and we have to close.

Conclusion. St. Mary's is a 340B hospital and the cut you discussed yesterday also impacts our budget. Our operating margins are always thin, but they are really bad now as a result of the pandemic. As I said earlier, we don't have the resources to absorb this kind of cut.

I am asking you please to oppose this cut to the enhanced rate that allows us to provide inpatient psychiatric services to Maine children.

Thank you for considering my testimony.

Case examples (identifying information has been altered)

Jennifer is a 17 year old high school senior who lives with her mother and wants to be an art teacher. She struggled with depression earlier in her life and during the past several months she lost hope completely. She had been seeing a therapist and taking a medication for depression, but her mood kept getting worse. Two weeks ago she began having suicidal thoughts but didn't want to burden her mother by telling her. Following an argument with her mother, Jennifer took an overdose of her sleeping medication. Her mother discovered her in time to save her life. She was stabilized at Maine Medical Center, then transferred to St. Mary's for psychiatric care. Jennifer is doing well today with treatment. She regrets attempting suicide and is beginning to feel more hopeful about her future.

Richard is a 13 year old boy who had a behavior change last May and suddenly stopped eating. He started getting psychiatric treatment then and has struggled with many changes in symptoms including hallucinations and paranoia. A week ago he started to get worse and 2 days ago came to the emergency department at St. Mary's with delusions, confusion, and hearing voices telling him to kill himself. I have diagnosed him with schizophrenia and I am treating him with medications that will help restore him to his usual self. We will arrange close follow-up care with community mental health services for when he is well enough to leave the hospital.

Ellen is a 14 year old girl who was taken into the custody of child welfare last summer when her mother relapsed into opiate use. She has been struggling with suicidal thinking since then and has been cutting herself on her arms and legs when she feels overwhelmed. We have treated her four times in the past year when her thoughts of suicide have overcome her ability to cope. She is working with a good therapist in the community and is making slow progress toward being able to manage her emotions without self-harm or suicidal thoughts. Hospital care has helped her make it through the hardest times.