

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36

Date: (Filing No. H- )

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
125TH LEGISLATURE  
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 711, L.D. 967, Bill, “An Act To Cut the Cost of Behavioral Health Care in Hospital Emergency Rooms and To Enhance Access to Peer Support and Community-based Services”

Amend the bill by striking out the title and substituting the following:

**'Resolve, To Study the Cost of Providing Behavioral Health Care and Substance Abuse Services'**

Amend the bill by striking out everything after the title and inserting the following:

**Sec. 1. Review of emergency department usage. Resolved:** That the Department of Health and Human Services, referred to in this resolve as "the department," shall consult with agencies and entities that possess relevant data regarding usage of hospital services and shall determine, on an annual basis, the number and percentage of persons who present at hospital emergency departments with behavioral health or substance abuse issues and the number and percentage of persons who present at hospital emergency departments for only behavioral health or substance abuse issues and the number and percentage of those persons who could be served through more appropriate community-based services; and be it further

**Sec. 2. Work with stakeholders. Resolved:** That the department shall work with a broad group of stakeholders to determine the reasons that persons present at hospital emergency departments for only behavioral health or substance abuse issues, the barriers to care that prevent them from seeking care from more appropriate community-based services and the estimated potential cost savings associated with shifting care from hospital emergency departments to community-based services; and be it further

**Sec. 3. Review best practice models. Resolved:** That the department shall review best practice models for training emergency department personnel, for triage to determine appropriate care settings and, when appropriate, for diverting care to community-based services for persons who present for only behavioral health or substance abuse issues. The department shall pay special attention to consumer

**COMMITTEE AMENDMENT**

1 preference; peer support services; sharing of assessments, information and records among  
2 community-based services and hospitals; licensing, regulatory and contractual changes  
3 required for diversion to community-based services; and innovations to address the  
4 requirements of the federal Emergency Medical Treatment and Active Labor Act; and be  
5 it further

6 **Sec. 4. Report; recommendations. Resolved:** That, by March 1, 2012, the  
7 department shall report to the Joint Standing Committee on Health and Human Services  
8 recommendations for augmented community-based services, including peer support  
9 services, in at least 2 different best practice models for service delivery that could be  
10 funded by the cost savings identified in section 2 resulting from diversion from hospital  
11 emergency departments of cases better served through community-based services.'

12 **SUMMARY**

13 This amendment replaces the bill, which is a concept draft. It requires the  
14 Department of Health and Human Services to review the use of hospital emergency  
15 departments by persons requiring only behavioral health and substance abuse services.  
16 The amendment requires the department to identify care that could be delivered in  
17 community-based settings, to review models for triage and diversion, to estimate  
18 potential cost savings and to report recommendations by March 1, 2012 to the Joint  
19 Standing Committee on Health and Human Services.