

Good afternoon Senator Baldacci, Representative Meyer and the distinguished members of the Joint Select Committee on Health and Human Services. My name is Richard Malaby and I am before you today in support of LD 821, Resolve, To Improve Access to Neurobehavioral Services. This legislation could, if funded, create up to 16 beds for short term admission (1 year or less) for persons who meet nursing facility eligibility who need neurobehavioral health services. Individuals who have behavioral issues and have either a brain injury, dementia, intellectual disabilities or autism would be eligible for these beds.

This Resolve has a long and storied history. In 2015, I submitted LD 155, a concept draft, An Act to Expand Housing Opportunities for Patients with Complex Medical Conditions. The committee and stakeholders took that bill and created a Resolve, a Commission to Study Difficult to Place Patients, which was passed with a modest fiscal note. That Commission met during the fall of 2015 and the winter and spring of 2016. The Commission issued several RFIs (Request for information) which were conducted by OADS. The most significant finding of those RFIs was the dire need for short term beds for neurobehavioral services across a variety of populations: people with brain injury, dementia, intellectual disabilities or autism. These beds would serve individuals with significant behavioral issues who do not require hospitalization but are not currently being appropriately served in facilities that lack specialized neurobehavioral services.

Consequently, I drafted LD 1314, Resolve, To Improve Access to Neurobehavioral Services in 2017. That bill was passed unanimously by the committee, and went under the hammer but died on the table. Other than the dates for compliance, the language of that bill from 6 years ago is identical to the language of LD 821 before you today.

During the 129th Legislature Representative Warren proposed that DHHS develop a plan for 16 neurobehavioral beds. That legislation, LD 408 was passed and charged the Department with drafting a plan for said beds, with the necessary legislation to be submitted to the legislature by January 30, 2020. It is my understanding that the Department did not submit a plan. The Department did submit a letter to the Committee which effectively outlines the myriad of challenges confronting the creation of a Neurobehavioral Treatment Center.

The challenges that the Department must address are well known:

1. a dearth of resources with the necessary clinical expertise (neuropsychology, neuropsychiatry and behavioral psychology)
2. inadequate reimbursement rates that permit the level of staffing envisioned
3. an INTC may require a secure setting which violates the spirit of the least restrictive environment, as in the Home and Community Based Settings rule
4. concern re: affordable housing locations
5. concern re: an adequate employee pool
6. lack of state investment in new construction
7. provider assumes all risk for reimbursement during initial phases of admission process due to cost settled payment structure

The Neurobehavioral services this bill could provide would educate, assist and rehabilitate these individuals in order that they could attain and sustain the highest function and self-sufficiency before transitioning to a permanent or long-term care environment. Those individuals who are eligible for these services are the most difficult of the “difficult to place patients”. Their needs are pronounced and their impact on others is significant. Our obligation to these individuals and to our hospitals and long term care facilities who currently serve them is clear and compelling. We need these short term specialized beds. And due to aging, accidents, disease and the pandemic demand for these services continues to rise.

I am not so simple that I think waving a magic wand will ensure passage of this bill, nor will it overcome the challenges cited above. But I must remind you that we are currently spending between \$300,000-\$400,000 per member for our out of state placements for these services in Florida. And those people would more likely heal if they were home in Maine where they can readily access familiar family supports on a more regular basis.

Furthermore, I would contend that a Neurobehavioral Rehabilitation Center would represent a significant medical competitive advantage for Maine. It is my aspirational hope that the creation of such a center in Maine could over time become a leader nationally and serve to attract the medical talent necessary to staff such a facility.

Finally, if you are truly supportive of the intent of this bill, make it part of the budget.