



MAINE'S LEADING
VOICE FOR HEALTHCARE

COMMENTS OF THE MAINE HOSPITAL ASSOCIATION

In Opposition To

LD 1439 – *An Act to Promote Family-centered Interventions for Substance Use Disorder Treatment*

May 9, 2023

Senator Baldacci, Representatives Meyer and members of the Health and Human Services Committee, my name is Jeffrey Austin and I'm submitting this testimony in opposition to LD 1439 on behalf of the Maine Hospital Association. The Maine Hospital Association (MHA) represents all 36 community-governed hospitals including 33 non-profit general acute care hospitals, 2 private psychiatric hospitals, and 1 acute rehabilitation hospital.

I apologize for not speaking during the public hearing. I was present and thought our perspective was accurately presented by MaineHealth.

However, I was concerned by a comment toward the end of the hearing that characterized the bill as attempting to “engage” interested families in the care of their loved one.

We support engaging families in the care of their loved ones. However, this legislation goes far beyond engaging families.

This bill authorizes families to essentially order a medical exam of their loved one. Interventions are coercive by nature. A person who is an inpatient is in a vulnerable situation. Combining the two raises a number of concerns for us.

Where appropriate, we engage with families, but we do not take medical direction from families outside of a few narrow situations.

Lines 22-25 of the bill contain the operative terms in the bill. They read:

*“When an authorized person [defined as friend or family member] requests an intervention for a person in need of treatment who is hospitalized, **the hospital shall offer** an intervention or treatment program services while the person in need of treatment is a patient in the hospital or awaiting treatment in an emergency department.”*

The wording of the bill is vague, it does not say to whom the offer is made. Is it to the authorized person or to the patient. Before we conduct any exam or service for a patient, we receive consent from the patient, not the family. To whom is the offer being made in this bill?

Our interpretation is that the legislation requires the offer be made to the authorized person/family. That must be clarified.

Lines 26-31 go on to explain the service.

*“The hospital shall also organize an intervention meeting facilitated by a licensed substance use disorder professional with experience in facilitating interventions. **The intervention must include the person in need of treatment, authorized person, a peer recovery coach and family members or friends of the person in need of treatment.** The licensed substance use disorder professional may meet with the authorized person and family members or friends of the person in need of treatment about how to make the intervention successful.”*

We don't currently offer this service. We frequently don't employ licensed substance use professionals with experience in interventions.

Who is paying for this service? Medicaid, Medicare and commercial insurance doesn't reimburse for this service to our knowledge.

Furthermore, the patient must be allowed to consent to all services and the patient decides who is involved in the care. This legislation appears to override patient consent, in conflict with federal law and hospital regulations.

The bill goes on in this fashion several more times.

We are able to provide families with information and can suggest options. But, this bill mandates that we do things that we don't normally do, that are not funded and for which patient consent is essential.

We recognize the frustration with patient consent issues. These cases involve individuals whose decisionmaking is compromised by their disease. However, the right to consent remains.

If this kind of bill were to ever move forward, the issue of patient consent would need to be confronted directly. Otherwise, all we can do is suggest services to patients and families when they leave the hospital.