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TESTIMONY IN FAVOR OF LD 328 AN ACT TO IMPROVE MENTAL HEALTH IN MAINE

Joint Standing Committee on Health and Human Services
Cross Building 209
Date: January 30, 2024

Representative Meyer, Senator Baldacci and distinguished members of the Health and Human Services Committee, my name is Henry Skinner, MD and I am President of the Maine Association of Psychiatric Physicians (MAPP). I also serve as Secretary of the Maine Council of Child and Adolescent Psychiatrists (MCCAP). Clinically, my roles include Medical Director at Tri-County Mental Health Services and at the Aroostook Mental Health Center as well as at Family Psychiatry of Maine in Yarmouth. Through these organizations, I serve Mainers of all ages in every county except York.

First of all, MAPP is in full support of the original portion of the bill requiring MaineCare to reimburse agencies for Assertive Community Treatment (ACT) according to the evidence-based methodology. The challenges of the current methodology is a significant factor in why long-established social service agencies are struggling to provide this highly cost-effective service.

The main thrust of this testimony relates to amendment language I have offered to strengthen the Progressive Treatment Program (PTP) statute, Section 3873-A. The PTP has the potential to be a very substantial support to those Mainers whose mental illness impairs their awareness of their symptoms and behavior, often with tragic consequences for themselves or others. In the last session, this Committee successfully supported enactment of enhancements to the access to the PTP by applicants from ACT teams, law enforcement, guardians and medical providers. The (hopefully) last step in developing the PTP to its full potential involves clarifying the process around the so-called Green Paper. This document is submitted to a judicial officer by a member of an individual's treatment team when that individual is not adhering to the court-mandated treatment plan. The Green Paper is supposed to enable law enforcement to transport the individual to an emergency room in expectation of admission to any psychiatric hospital.

Unfortunately there are widely varying interpretations of the current statute regarding the duration of effect of the Green Paper. While the AAG has opined that it is essentially valid indefinitely, most hospital legal departments are only supporting 24-hour validity. Obviously little



can be done to return an individual to treatment plan adherence in that amount of time. I believe that the mechanism by which the PTP statute (3873-A) refers to the Emergency Procedure (aka "Blue Paper" statute, section 3863) causes this confusion. Furthermore, the Blue Paper statute language does not receive that reference effectively. The intention of the language I have offered is to correct this reference so that the same procedures and judicial endorsement timeframes apply to both Green and Blue Papers. Harmonizing the process in accordance with the well known Blue Paper procedures will decrease confusion and improve patient outcomes.

I have offered language to further clarify the financial responsibility for Emergency Room or Inpatient care of persons under a Green Paper, in order to remove financial obstacles to the necessary care occurring in either State or non-State hospitals.

Lastly, it may be prudent to clarify the language in the Protective Custody statute (Section 3862, paragraph 1) to specify that a completed, judicially endorsed Green Paper constitutes evidence of probable cause for protective custody.

Thank you for your thoughtful consideration of this matter. Maine's psychiatrists urge an "ought to pass" vote on LD 328 as amended including both ACT and PTP sections.

