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April 9, 2025

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 1239 – *“An Act to Require Data Collection on and Reporting of Psychiatric Hospital Resources and Transparency in Denials of Emergency Involuntary Admissions to Psychiatric Hospitals”*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information in opposition of LD 1239, *“An Act to Require Data Collection on and Reporting of Psychiatric Hospital Resources and Transparency in Denials of Emergency Involuntary Admissions to Psychiatric Hospitals.”*

This bill requires the Department to prepare a biennial report that describes the system of community support services in each of the mental health service regions and statewide. The report must include both existing service resources and deficiencies in the system of services, including:

1. An analysis of existing service resources and system deficiencies, specifically identifying any deficiency that contributed to a denial of a referral as reported to the Department under section 3863, subsection 3, paragraph D, subparagraph (4) and section 3863, subsection 3-A; and
2. Recommendations on resources and supports that are needed to address identified deficiencies and that would enable a facility to accept an individual who would otherwise be denied admission.

The report must also include an assessment of the roles and responsibilities of mental health agencies, human services agencies, health agencies and involved state departments and must suggest ways in which these agencies and departments can better cooperate to improve the service system for people with chronic mental illness.

OBH opposes this bill as much of this work is already being performed. Further, the nuances of referral acceptance or denial are not fully considered. Though psychiatric hospitals do not provide detailed written explanations for referral decisions, a justification is documented. Most often, a referral denial is the result of circumstances outside of the Department’s control, such as the need for a private bed when a hospital only has shared rooms available, a patient with

medical conditions or medical needs that a psychiatric hospital is not equipped to manage, certain mobility challenges, risk of violence, voluntary versus involuntary admission, level of care required, and similar extenuating circumstances. Essentially, psychiatric hospitals require more consideration of their milieu than a standard med surge hospital.

OBH could perform a system scan of what exists and what may be needed, but it would not have a real impact, particularly a direct impact, on the intent or topic of this bill. Community resources, or the lack thereof, are not factored into admission practices generally nor to any extent as the above considerations are. The Office also notes that similar work is currently underway through collaboration between the Maine CDC and the Maine Hospital Association on the Apprise System. All hospitals, not just psychiatric hospitals, report on bed availability for public health emergency bed capacity, which would include these facilities. Where this system of reporting is already in process, the bill would duplicate work currently being performed. It should be noted, however, that open beds are not always an accurate indicator of availability, particularly in psychiatric settings opposed to medical settings.

OBH agrees with the testimony of DDPC and RPC, and namely that this is an area that does not require additional action as the hospitals already communicate reasons for admission referral denials with referral sources, and that the objectives of this bill are arguably unnecessary. The existing work through Maine CDC and the Maine Hospital Association could be leveraged for any additional reporting needs and existing community mental health services and resources will continue to address other relevant needs.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

Sarah Squirrell

Sarah Squirrell
Director
Office of Behavioral Health
Maine Department of Health and Human Services