Testimony for LD 1631: Resolve, to Implement the Recommendations of the Stakeholder Group to Address Child Stay Times in Hospital Emergency Departments

Thank you to Senator Henry Ingwersen, Representative Michele Meyer, and the Health and Human Services Committee for allowing us to share our written testimony. I am Brianne Drury, MD, a pediatric resident physician from Portland, Maine. I write on behalf of the Maine Chapter of the American Academy of Pediatrics which represents a network of pediatricians across the state of Maine and promotes policies that support the health and well-being of Maine's children. We stand in support of LD 1639. Reduction of lengthy stay times in Emergency Departments and time to psychiatric treatment for children with mental health care needs will lead to improved health outcomes and reduction of healthcare costs long-term.

As a pediatrician, I am passionate about building a strong foundation for children to support their growth and allow them to reach their full potential as our future legislators, doctors, teachers, and more. When children in mental health crisis struggle to connect with appropriate treatment, this makes their ability to grow and thrive more difficult. With the well-known rising rates of psychiatric diagnoses, particularly in our adolescent and young adult populations, it is imperative that intervention takes place as early as possible[1].

According to a research study across 40 children's hospitals completed by the American Academy of Pediatrics, there were over 100,000 boarding encounters between 2017 and 2023 – this is about 420 encounters of boarding pediatric psychiatric patients in emergency departments per year, per hospital[2]. This study showed a sustained increase in the number of children affected over time and an increase in length of stay, particularly for children who had increased medical or psychiatric complexity[2,3].

The difference in treatment between sitting idly in an emergency department room and a psychiatric facility is stark. For many children in this situation, they are in a small room with nothing but a TV and are not allowed to use their cell phone, go for a walk, or even utilize books or pencils. Some emergency departments have padded windowless rooms where children with mental health needs languish for days on end. These are not environments designed for or therapeutic for children. Caring for children in mental health crisis in the Emergency Department is labor intense, including requiring supervision by a dedicated staff member 24 hours a day. Sometimes there is no psychiatrist available, and the emergency department staff is not equipped with the resources nor the training to provide the treatment that patients in mental health crisis so desperately need. This, to me, is heartbreaking and a great disservice to our children. In contrast, a psychiatric facility is equipped with safe furniture, they have programming such as group therapy or arts and crafts, daily schedules, and children are allowed to freely walk around the units, sometimes also with the ability to go outside. There is dedicated staff, who are experts in caring for children with psychiatric diagnoses. The emergency department is like purgatory for these children rather than a clear path to treatment.

While you cannot visualize it with the naked eye or take a blood test, these are emergencies. They are life-threatening. We would not let someone with a stroke or a heart attack linger for days in the emergency department without prompt treatment, so why do we allow this for our children experiencing mental health crises?

LD 1639 is a critical first step toward the betterment of access to appropriate psychiatric care for children in mental health crisis. Reducing the boarding length of stay in Emergency Departments for patients with need for intensive psychiatric treatment reduces overall hospital census and Emergency Department census, allowing for greater access to care for those with other diagnoses. In turn, it would also reduce time to treatment of these psychiatric emergencies, increasing quality of care. Please join Maine's pediatricians in supporting this bill and helping children get the vital treatments they need.

References:

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2. Snow KD, Mansbach JM, Cortina C, et al. Pediatric Mental Health Boarding: 2017 to 2023. *Pediatrics*. 2025;155(3):2017. doi:10.1542/PEDS.2024-068283/200986
3. Smith JL, De Nadai AS, Petrila J, Storch EA. Factors Associated with Length of Stay in Emergency Departments for Pediatric Patients with Psychiatric Problems. *Pediatr Emerg Care*. 2019;35(10):716. doi:10.1097/PEC.0000000000001651