



**Testimony of Sarah Calder, MaineHealth
In Opposition to LD 1000, “An Act to Require Correctional Facilities and Substance
Use Disorder Treatment Facilities to Release Prisoners and Patients to a
Responsible Adult”
April 28, 2025**

Senator Beebe-Center, Representative Hasenfus, and distinguished members of the Joint Standing Committee on Criminal Justice and Public Safety, I am Sarah Calder, Senior Government Affairs Director for MaineHealth, and I am here to testify in opposition to LD 1000, “An Act to Require Correctional Facilities and Substance Use Disorder Treatment Facilities to Release Prisoners and Patients to a Responsible Adult.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes MaineHealth Behavioral Health, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, as well as residential treatment, and providing better access to behavioral healthcare through integration with primary care.

MHBH serves as the leader of MaineHealth’s effort to address the substance use epidemic. I am proud to say that in Fiscal Year 2024, we served 2,240 patients with opioid use disorder. Our multi-faceted approach involves prevention, education, and treatment across the entire MaineHealth footprint, including intensive treatment and intermediate and ongoing maintenance level treatment in primary and specialty care practices located in each of our local health services areas.

LD 1000 requires a substance use disorder treatment facility to discharge a patient to a “responsible” adult as determined by the facility. It is important to note that many of our patients legally maintain their own decision-making authority, and requiring patients to be discharged to a “responsible” adult may infringe on their autonomy and right to make decisions about their own care and recovery. Additionally, it would be very challenging ethically and legally to keep patients in a medical facility against their will if a “responsible” adult is not available.

I would also note that it will be exceedingly difficult to determine what constitutes a “responsible” adult without using significant moral judgement. This language is subjective and there is no clear or fair way to determine what constitutes a responsible adult. There is also a risk that the “responsible” adult may not always act in the best interest of the patient, which could lead to situations where patients are discharged into environments that are not conducive to their recovery, or where they may face abuse or neglect. Moreover, ensuring that a patient is discharged to a “responsible” adult may involve sharing sensitive information about the patient's condition and treatment with third parties. This could raise privacy concerns and potentially violate the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Lastly, the

requirement may reinforce stigma and discrimination against individuals with substance use disorders, implying that they are incapable of managing their own lives without supervision.

For these reasons, we urge you to oppose this legislation, and I would be happy to answer any questions that you may have.