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Dear Senator Ingwersen, Representative Meyer, and honorable members of the Committee on Health and Human Services,

My name is Emma Freeman. I grew up in Scarborough and am a pediatric resident physician based in Portland. My co-resident Calvin Schaffer of Cape Elizabeth and I are writing today on behalf of the Maine Chapter of the American Academy of Pediatrics to express our support for LD 2065 "An Act to Provide One-time Funds to Support the Construction of a Psychiatric Residential Treatment Facility for At-risk Youth."

LD 2065 seeks to provide one-time funds to support the construction of a psychiatric residential treatment facility for at-risk youth under 21 years of age. This will increase access to necessary psychiatric care for children, adolescents, and young adults who have been unable to receive life-saving treatment in their home state.

In Maine, more than 12,000 youths have serious thoughts of suicide each year. In 2024, more than 1,900 youths visited an emergency department for suicidal thoughts or attempts. Patients with a multitude of psychiatric concerns, including suicide attempts, are often deemed unsafe to leave the hospital and are recommended to await placement in an inpatient psychiatric facility. Recent data shows that the average days spent on waitlists for behavioral health care can range from 135-372 days. This results in patients boarding in the emergency department or being admitted to the pediatrics unit, which are not equipped to provide adequate care to such patients, while awaiting placement. Unfortunately, due to the lack of inpatient psychiatric care in Maine, patients are often awaiting placement at an out-of-state facility. From 2018 to 2024, up to 85 Maine youths were living in out-of-state residential facilities.

As pediatric physicians in Maine, we have seen the impacts of these prolonged admissions on the healthcare system, providers, and the patients themselves. In my personal experience, without these facilities in Maine, we have had to leave the state to receive adequate training in caring for this population, which is becoming increasingly needed. I have seen multiple patients require weeks to months of inpatient hospital admission while awaiting placement in a residential facility. Our emergency departments and pediatric units do not have the resources, training, or staff to appropriately care for patients requiring intensive psychiatric care. This has resulted in accidental and non-accidental harm to staff, use of restraints in patients with unsafe behaviors, delayed effective care for these patients, and in providers often being pulled away from other patients, whose recovery is also significantly disrupted by frequent behavioral concerns on the unit. This is counterproductive to the treatment and recovery of all our pediatric patients. An established residential psychiatric facility would reduce the strain on our healthcare systems, allow families to be near their children as

they receive care, and most importantly be the best way to help these children and adolescents get the care that they need as quickly as possible.

Supporting LD 2065 means supporting access to necessary healthcare for all of Maine's youth. Thank you for your consideration.

Sincerely,

Emma Freeman, MD

Member, Maine Chapter of the American Academy of Pediatrics

Calvin Schaffer, MD

Board Member, Maine Chapter of the American Academy of Pediatrics

References:

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