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Maine Coast Hospital
Mayo Hospital
Mercy Hospital
Northern Light Health Foundation
Northern Light Laboratory
Northern Light Pharmacy
Sebasticook Valley Hospital

LD 225 An Act to Expand the Reimbursement to Hospitals for Days Awaiting Placement in Facilities

Testimony in Support February 16, 2023

Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee, my name is Lisa Harvey-McPherson RN. I am here today providing testimony on behalf of Northern Light Health and our member organizations speaking in support of this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with over 12,000 employees statewide.

The bill before you today is a recommendation from the Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers. Northern Light Health and hospital colleagues briefed the task force members on the challenge of children in need of behavioral health services living in our emergency departments for days weeks and months unable to access the care they need. Earlier this year this committee received the 2022 DHHS Children's Behavioral Health Services Annual Report. The report documents that between January and October of 2022 hospital emergency departments reported 861 youth seeking crisis services. The youth stayed in the emergency department for an average of 7 to 10 days. During calendar 2022 Northern Light Health had 184 long stay behavioral health youth in our emergency departments, our length of stay on average aligns with the state report but our range of days in the emergency department is 2 days up to 97 days.

We raised the issue of youth stuck in our emergency departments with the task force as our data documents that the youth are the largest emergency department population harming our staff. I have attached to my testimony a Northern Light Health graph provided to the task force that shows the most aggressive and disruptive patients we have in our emergency department are children between the age of 0 and 17 years. The graph also shows that the children repeatedly harm our staff as the data on the graph is filtered to patients with 5 or more disruptive behaviors against our staff. Children are stuck, angry and some become violent with dysregulated behaviors assaulting our staff.

This challenge is not a point in time during 2022, it is ongoing and in some cases disrupting care for an entire rural region of our state. During the past month a small

rural Northern Light Health hospital had 6 behavioral health youth stuck waiting for services. The hospital emergency department only has 9 patient bays for care, 6 occupied by children stuck waiting to access behavioral health services. Today the same emergency department still has 3 of the original 6. The 3 children have been in our emergency department for a range of 20-32 days so far. Staff have been told that one of the children may be in the emergency department up to a year waiting for the service the child needs. The children have caused significant physical damage to 4 of the patient care bays and repeatedly assaulted our staff. The challenge has been so significant that the emergency department has gone on diversion in the past few weeks, directing ambulances to other rural hospitals. In rural Maine ambulance diversions are a very long ride often transporting an older adult in need of acute inpatient care.

The challenges I describe occur in all of our emergency departments, large and small.

Our hospitals also experience significant numbers of people living in acute care beds while waiting for discharge to a nursing facility. We were trending 55 long stay nursing facility patients per day; this has now increased to 62 patients. Many of these patients are in our hospital beds for months or longer with the largest number of these patients at Northern Light Eastern Maine Medical Center. At the same time on any given day, we have individuals in our emergency departments waiting for admission to inpatient care, and gravely ill patients in small rural hospitals waiting for admission to Northern Light Eastern Maine Medical Center for specialty care.

For the long stay patients in our care we bill the insurance for the initial medical care provided. Once medically cleared for discharge there is no revenue stream for the long stay emergency department behavioral health youth or adults. On the inpatient side the legislature did pass language a few years ago allowing the hospital to bill MaineCare when a beneficiary is waiting for nursing home placement after the patient has been in our care for 10 days waiting for discharge. For our emergency departments the cost to our system begins at \$2 million dollars plus additional cost for security, 1:1 sitting supervision, staff injuries and staff coverage for those who are not able to work for a period of time and physical plant repair and equipment replacement when patients damage property. For our inpatient beds the cost is much higher as we are unable to turn the bed over to a new inpatient admission so cost and lost revenue become part of the calculation. As an example for a nursing facility patient in our acute care bed for 30 days means that 6 other acutely ill patients can not be admitted to that bed with an average length of stay of 5 days. Considering we have 62 nursing facility patients on any given day the lost revenue and impact to the patients needing inpatient care is significant.

The bill before you today doesn't resolve all of the challenges, but it is an important step forward to provide hospitals with days awaiting placement revenue for MaineCare beneficiaries and equally important it creates a more accurate line item in the MaineCare budget directly related to the long stay crisis in care.

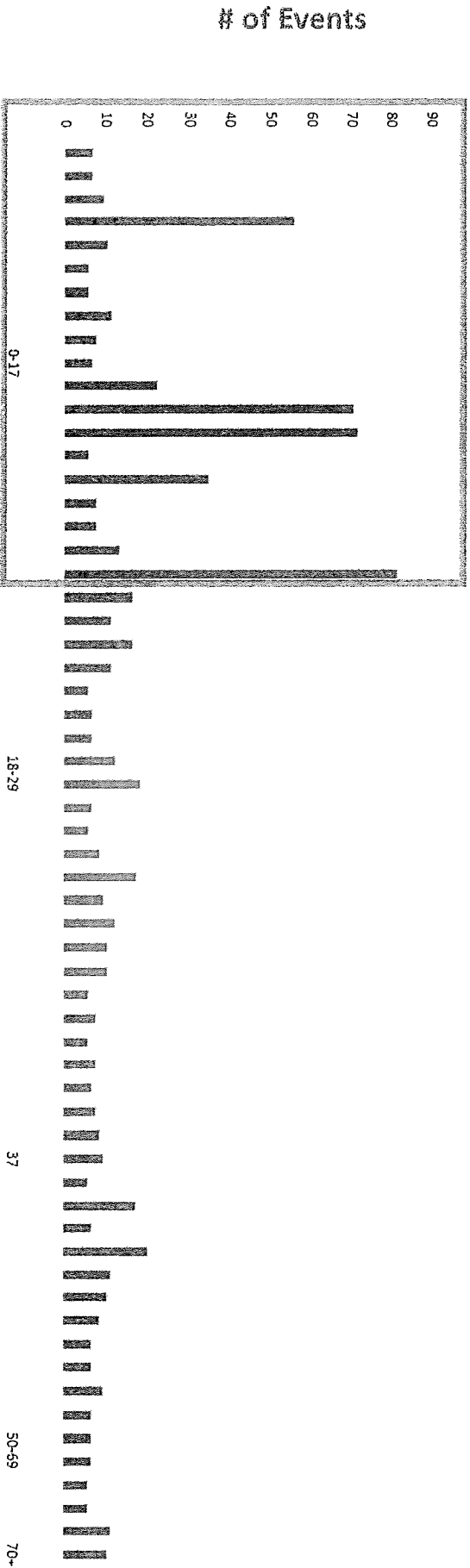
We ask that you support this important legislation.

Thank you.

All NLH Emergency Departments: Disruptive Behavior Events by an Aggressive Patient

of Aggressive Events by Individual Patients Age Group

Filtered to patients with more than 5 events each



Each Bar Represents an Individual Patient -- Grouped by Age Group

Key Points

- Age 0-17 highlighted by Orange square
- Fewer individual pediatric patients but with a higher likelihood of repeat events