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LD 821 Resolve, to Improve Access to Neurobehavioral Services
Testimony in Support
March 21, 2023

Northern Light Health
Acadia Hospital
A.R. Gould Hospital
Beacon Health
Blue Hill Hospital
C.A. Dean Hospital
Eastern Maine Medical Center
Home Care & Hospice
Inland Hospital
Maine Coast Hospital
Mayo Hospital
Mercy Hospital
Northern Light Health Foundation
Northern Light Laboratory
Northern Light Pharmacy
Sebasticook Valley Hospital

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.

This bill addresses a familiar challenge before this committee regarding the need to create capacity in the community to care for patients with unique needs who are unfortunately "living" in hospitals for extended periods of time. Before I share with you the challenges experienced by traumatic brain injured patients in need of discharge placement I want to put this issue into context. In the blink of an eye individuals living healthy productive lives find themselves changed forever. It may be a severe fall, motor vehicle accident, snowmobile accident or an incident resulting in lack of oxygen enough to cause injury to the brain. Although not exclusively, these patients also tend to be a younger adult population.

As I worked with colleagues to craft my testimony I also heard of the professional heartache and frustration experienced by caregivers as they work to find the necessary brain injury residential services in the community. These patients have completed the acute care phase of their injury and are in need of community specialized neurobehavioral services so they can achieve maximum recovery potential. In most cases there is no capacity in the community to provide the care these patients need. In general Northern Light Health hospitals care for 7-10 long stay brain trauma patients each year.

Trauma to the brain leaves these patients with poor judgement, difficulty with impulse control, memory challenges and they often have mobility challenges. Unfortunately it is common to have these patients "live" in the hospital for months and occasionally a year. These patients often require 1:1 staff support to maintain safety pending discharge placement. Our brain injured patients are living in hospitals that care for acute medically complex patient populations. This can create a hectic environment at times and is challenging for the brain injured patient.

Care managers shared with me the challenges they encounter as they seek community based residential treatment options for our brain injured patients.

- This population is generally a younger adult population which is a barrier to discharging to a geriatric skilled nursing facility
- The brain injury results in challenging behaviors that are best managed by staff trained in brain injury recovery
- For many patients out of state placement provides access to the neurobehavioral services that they need but many of the patients have MaineCare insurance which is often a barrier to out of state placement.

In 2019 the legislature passed LD 408 “A Resolve to Require the Department of Health and Human Services to Develop a Plan for Neurobehavioral Beds”. The department was directed to provide up to 16 new neurobehavioral beds in the state to serve individuals with brain injury and accompanying significant behavioral health challenges who need short term treatment before transitioning to a permanent care environment. I don’t know why the beds were not created as planned or if they were demand continues to exceed availability of these beds.

This bill directs the department to provide by September 1, 2024, 16 neurobehavioral beds in one or more neurobehavioral centers to serve individuals with significant behavioral challenges and complex medical needs who need evaluation and short-term treatment before transitioning to a long-term care environment either in the community or in a long-term care facility.

We are in full support of this resolve. Thank you.

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND NINETEEN

H.P. 317 - L.D. 408

**Resolve, To Require the Department of Health and Human Services To
Develop a Plan for Neurobehavioral Beds**

Sec. 1. Department of Health and Human Services to develop a plan for neurobehavioral beds. Resolved: That the Department of Health and Human Services shall develop a plan to provide up to 16 new neurobehavioral beds in the State to serve individuals with brain injury and accompanying significant behavioral challenges who need short-term treatment for no longer than one year before transitioning to a long-term care environment. These individuals must be unable to be served appropriately in the community or in a nursing facility lacking specialized neurobehavioral services but must not need hospitalization. The department shall submit a report with the plan, together with any necessary legislation, to the Joint Standing Committee on Health and Human Services no later than January 30, 2020. The committee is authorized to report out a bill based on the report to the Second Regular Session of the 129th Legislature.