

MaineHealth

MaineHealth Local Health Systems

Franklin Community
Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
Mid Coast-Parkview Health
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Waldo County General Hospital
Western Maine Health

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New England Rehabilitation
Hospital of Portland
St. Mary's Health System

Testimony of Sarah Calder, MaineHealth In Support of LD 821, “Resolve, To Improve Access to Neurobehavioral Services” Tuesday, March 21, 2023

Senator Baldacci, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in support of LD 821, “Resolve, To Improve Access to Neurobehavioral Services.”

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 22,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab.

As I have shared with this Committee before, on any given day, approximately 70 patients are stuck in MaineHealth hospitals awaiting access to an appropriate level of care. Some of those patients have significant behavioral challenges and complex medical needs that require short-term care until they can be stabilized in order to transition to a long-term care facility, like a neurobehavioral rehabilitation facility.

Unfortunately, I had many examples of patients with a traumatic brain injury who are living in our hospitals awaiting a neurobehavioral rehabilitation bed, but there’s one story in particular that I’d like to share. A trauma patient was admitted to Maine Medical Center after a car accident in January, and was medically cleared for discharge to a neurobehavioral bed on March 5. On March 6, the patient’s insurance declined to continue providing coverage of the patient’s hospital stay as the patient no longer meets acute inpatient level of care. Like the many other patient stories I could have shared (many of whom having been living in the hospital for months), our social work team has not been able to secure a neurobehavioral rehabilitation bed for this patient.

Keeping a patient in a hospital who no longer needs acute care not is patient-centered care – acute care hospitals are not designed, equipped, or staffed to best deal with the needs of patients who require long-term or rehabilitative care. Additionally, if we aren’t able to turn over beds to care

for acutely ill patients, it leads to long wait times in our Emergency Departments – or even diversion.

The 129th Legislature supported similar legislation and directed the Department to develop a plan to provide 16 new neurobehavioral beds in the State. It is unclear if that plan was developed or presented to this Committee. With that said, I urge you to support this legislation to ensure that the beds are finally developed and our system of care is better equipped to provide the appropriate care to individuals with brain injury and behavioral health care needs.

Thank you and I would be happy to answer any questions you may have.