HOUSE OF REPRESENTATIVES
2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: MAINE RELAY 711

Colleen M. Madigan
13 Gilman Street
Waterville, ME 04901
Phone: (207) 692-7143
colleen.madigan@legislature.maine.gov

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Testimony of Rep. Colleen Madigan introducing

LD 840, An Act to Support Individuals with Personality Disorder or Emotional Dysregulation by Requiring Reimbursement Under the MaineCare Program

Before the Joint Standing Committee on Health and Human Services

Good afternoon Senator Baldacci, Representative Meyer and colleagues on the Health and Human Services Committee. My name is Colleen Madigan and I live in Waterville and represent House District 64. I am here today to present LD 840, An Act to Support Individuals with Personality Disorder or Emotional Dysregulation by Requiring Reimbursement Under the MaineCare Program.

This bill asks for recognition of a model that is effective in treating personality disorder or problems with emotion dysregulation. So first, I am going to give you a quick lesson on these disorders. There are different kinds of personality disorders, but this bill is really only about those where emotion dysregulation is a problem. Think of it this way: people who struggle with this have a difficult time managing their emotions. It can lead to self-harming behavior, suicidal behavior and gestures, problems in relationships with family and friends and difficulty in employment. It can often lead to a person using a lot of behavioral health services, numerous ER visits, crisis services and multiple inpatient hospitalizations. Agencies and providers can face difficulty in serving these clients in the traditional way.

Maine Health was serving these types of clients in a manner similar to an ACT Team and it was classified in that way according MaineCare. But, patients with these diagnoses do not meet the admission criteria for ACT teams, but that ended. However, what these teams do is more than an ACT Team and they do offer a model that has extensive research behind it. Dialectical Behavior Therapy (DBT) has been researched for decades. There is plenty of evidence that it works. The model most definitely supports using a multidisciplinary team to treat clients with histories of multiple hospitalizations, suicide attempts and self-harming behavior. In fact, some of the earliest research in DBT presented a model where a team worked together, using group therapy and individual therapy and 24-hour coverage for behavior coaching. In my experience, the model presented here today adheres most closely to the original evidence based model for DBT, but includes other valuable services like psychiatry and psychiatric nursing. In treating individuals

with this symptom profile, having everyone on the same team and able to consult and discuss interventions in real time is a bonus.

I am going to let Maine Health explain their program and model in more detail. But, I want to make clear that they have designed this model based on decades of research and evidence. I think developing a rate for this model is a good idea and would provide better treatment outcomes for individuals with these challenges. Please remember that those outcomes would include a decrease in hospitalizations, ER visits and crisis services. Those services are far more expensive than this model.