



Stephens Memorial Hospital
MaineHealth

Testimony of Mary Beth DiFilippo
Stephens Memorial Hospital and Franklin Memorial Hospital
In Strong Opposition to LD 1639, “Act to Address Unsafe Staffing of Nurses and
Improve Patient Care”
Thursday, May 4, 2023

Senator Tipping, Representative Roeder, and distinguished members of the Joint Standing Committee on Labor and Housing, I am Mary Beth DiFilippo, Regional Chief Nursing Officer for the MaineHealth Mountain Region, which includes Stephens Memorial Hospital, a critical access hospital in Norway, and Franklin Memorial Hospital in Farmington. As a nurse with over thirty years of experience, I am opposed to LD 1639 because mandated nurse staffing ratios are not good for patients, communities or our nurses in the state of Maine.

The implementation of mandated nurse to patient ratios won't change the fact that there is a severe nursing shortage in Maine and across the country. With just a 2% unemployment rate, there are no nurses sitting on the sidelines in Maine waiting for a ratio law to entice them to the bedside. What LD 1639 will do, however, is force us to restrict access for patients needing health care, making it harder for them to find a hospital bed.

With hospital services closing in our area, our average daily census at Stephens Memorial has increased over 43% percent since FY 2019. If LD 1639 were to pass, it would unnecessarily force rural hospitals, like Stephens, to cap access to care. Our emergency room nurses, for example, would have to limit the number of patients they could care for, creating long waits and crowded waiting rooms, and even, delays in care.

To that end, I want to address one critical topic that has not been mentioned today. Our Emergency Departments are on the front lines of the crisis in Maine's behavioral health system – even though they are not designed or staffed to meet the needs of behavioral health patients. Last year 435 children and adolescents languished in MaineHealth Emergency Departments for an average of 5.5 days awaiting appropriate services, including for services that don't exist in the state. The statewide number is even more sobering – 861 children languished on average for 7 to 10 days in Emergency Departments across the state, depending on the level of care they needed. If you have been to a hospital Emergency Department lately take a moment to think about what it was like – it's loud, bright, maybe you were in a bed in the hallway, if you were “lucky” enough to be in a room, it likely didn't have any windows, and there was probably a shared bathroom in the hall. Imagine being a child and living there for a week or a month – or even many months – without access to school, your friends, exercise, or fresh air. This shouldn't be acceptable.

Due to an almost total lack of behavioral health services in the area, Franklin Memorial has experienced this crisis acutely in our Emergency Department. We have had to turn unused office space into an overflow area for behavioral health patients in the Emergency Department and, at one point last year, the overflow area was used just for children in crisis.

Would the legislation before you today solve this crisis? No. And it has the potential to make it worse by mandating arbitrary ratios in our psychiatric hospitals. Our psychiatric hospitals are challenged with the same nursing shortage that providers across the country are experiencing and without additional nurses, they will be forced to close beds, further limiting access to psychiatric care in Maine. This will result in more children languishing in our hospital Emergency Departments for days, weeks, or even months.

If we are forced to close beds, more patients will board in our Emergency Departments, and we will have no choice but to go on diversion---turning away ambulances with sick patients because we must adhere to strict unnecessary ratios. This will put an even greater strain on our fragile EMS system, which is already failing to meet the needs of our communities. And patients may be forced to travel, sometimes quite a distance in the rural parts of our state, to hopefully be seen at another emergency room—which itself may not have capacity to treat them if the ratio bill passes. It's important to note that even when an Emergency Department goes on diversion, we are still required by federal law to treat any patient who comes through our doors. We can't control the volume of patients in the Emergency Department, and that makes it impossible for us to comply with this bill. Even California recognized that and allows Emergency Departments to exceed the ratios.

In closing, our efforts need to be on increasing the number of nursing graduates in Maine, protecting our care team members from violence, and rebuilding our behavioral health system. Those are real solutions that would help us address the shortage of nurses in our state.

I am proud to be a nurse and recognize that our nurses need more support, but passage of LD 1639 will not be good for our nurses or for the people of Maine, most especially in the rural parts of our state.

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