



HOUSE OF REPRESENTATIVES

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*Testimony of Representative Melanie Sachs in opposition to LD 720,
An Act to Implement Certain Recommendations of the Commission to Examine
Reestablishing Parole
Before the Joint Standing Committee on Judiciary*

Senator Carney, Representative Moonen and esteemed members of the Joint Standing Committee on Judiciary, my name is Melanie Sachs and I am honored represent the community of Freeport in the Maine Legislature I am before you today in opposition to LD 720, "*An Act to Implement Certain Recommendations of the Commission to Examine Reestablishing Parole*"

Just last week, your colleagues in the Criminal Justice and Public Safety Committee held a public hearing on my bill LD 1863, "*An Act to Facilitate the Provision of Medically Appropriate Levels of Care for Clients of Correctional Facilities*" which offers changes to the exact same statute that is being considered here- Title 34, regarding terminally ill or medically incapacitated residents LD 1863 is similar to a bill that was offered in the 130st Legislature, sponsored by the Honorable Victoria Morales She withdrew that bill after being told by the department they would incorporate her proposed bill into their policy revisions in January 2022

They did not

They instead testified against LD 1863, but then hastily inserted this phrase proposing a statute revision and sent the language for LD 720 to the sponsor last week

LD 720, the bill before you, does not actually make any substantial changes to their current practice There is nothing in their current policy, MDOC policy 27 2, which would not allow their medical officer to consider a worsening condition, as the evaluation of medical necessity rests solely, both currently and in their proposed language, with the Department's Director of Medical Care

LD 1863, by contrast, proposes statutory changes to Title 34-A to give clear direction to help guide policy and utilization using best practices

LD 1863 proposes to:

A. Direct the commissioner to develop procedures to provide information to staff, clients and clients' friends and family regarding services available under this subsection, including, but not limited to, assisted living, nursing care, hospice and home health care services. New systems are being developed to help residents become aware of their eligibility for early release. This bill strengthens communication to residents, families, and staff about this option.

B. Require utilization of the objective standard used by MaineCare and licensed long term care facilities, both here in Maine and nationally, to determine whether a person qualifies for long term care. Currently, medical necessity is determined only by the Department's Director of Medical Care. LD 1863 requires that residents have the standard Long-term Care Advisory Assessment which all Maine people need in order to assess clinical eligibility for nursing home placement. The assessment clinically determines "if the person is eligible for possible facility admission, or in-home services funded through MaineCare or state funded home-based care programs. Individuals choosing to enter a nursing facility must have this type of assessment to comply with the State statutes unless entering under skilled care." Every resident and or their family member should have the ability to request the required Long-term Care Advisory Assessment to determine clinical eligibility.

C. Require that if this clinical necessity is met, the commissioner shall ensure that each client receives the services determined to be needed and is placed in a facility appropriate for the level of care required within 30 working days of a request. This can mean transfer within the correctional facility or in the community, but the facility should be licensed to meet that level of care. Volunteers providing supportive care and visitation is not true hospice care, for example, nor is a nurse just checking in on a resident weekly who actually needs and meets clinical necessity for nursing home. Programs and facilities should be licensed to assure an adequate level of care.

D. Require the Department to collect data and report weekly on the number of clients using services under this subsection including applications for medical evaluations and applications for placement, acceptance or denial for services, type and number of placements, and associated demographic data, including, but not limited to race, gender and age. The data must be annualized and must be included in the department's full annual report to the Legislature. This data requirement would not only align with many of the statistics already gathered by the Department, but also provide evidence to what the Department has acknowledged is a growing trend of aging inmates.

LD 1863 proposes to evaluate utilization of the program through data collection, making access easy for folks to request it or proactively offering it to those who qualify, and standards for medical determination and clinical assessment that are widely used. It does not change the application procedure, nor the safety assessment necessary for successful applications.

The reason I was asked to sponsor LD 1863 by my constituent is that I am a licensed clinical social worker with over two decades of experience in healthcare, policy and community-based services. This includes my work as a homecare and hospice supervisor for five rural counties in Northern and Downeast Maine. I have also provided palliative care services as a hospital social worker and have extensive experience with both dementia screenings and nursing home

placements that required clinical level of care assessments I am not here to burn down a system, but to propose sensible changes to make it work better, with four clear objectives better accessibility, standardization, utilization, and data collection

LD 1863 is scheduled for a work session this week I respectfully ask this committee to vote Ought Not To Pass for LD 720 to allow CJPS to do its work and fully evaluate this policy in a holistic way