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Mayo Hospital
Mercy Hospital
Northern Light Health Foundation
Northern Light Pharmacy
Sebasticook Valley Hospital

**LD 2009 An Act to Prevent Abandonment of Children and Adults with Disabilities in Hospitals
Testimony in Opposition
January 16, 2024**

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 opposition to 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 more than 10,000 employees statewide.

I want to begin by thanking Senator Stewart for raising the critical challenge of children with behavioral health needs and disabled individuals languishing in hospital emergency departments for weeks and months waiting to access residential services so they can be discharged. The challenge this bill presents is the proposed solution will do nothing to create the level of care needed for discharge. Northern Light Health, Maine Health and MHA testified at length last year on the crisis of children living in emergency departments and from our perspective nothing has changed.

I want to begin with how the child with behavioral health needs ends up in the emergency department. While limited crisis services exist, there are no statewide behavioral health crisis stabilization services in the community nor are there crisis stabilization beds for youth so when an incident occurs which often involves a behavioral health crisis 100% of the children are transported to the emergency department. The children are evaluated, and some are in need of acute inpatient care at a psychiatric hospital. The expanded inpatient pediatric wing that opened last week at Northern Light Acadia Hospital will help to decompress the emergency departments statewide, but it is not a fix-all solution. Sometimes the child is stable, medically cleared for discharge and returns home with the parents or guardian. Sometimes the child needs secure psychiatric residential treatment, and those children will be in the emergency department for weeks and months waiting to access secure psychiatric residential treatment at a facility out of state. Despite lengthy discussion in this committee and passing legislation (LD 181 Resolve, Requiring Progress Reports from the Department of Health and Human Services Regarding the Implementation of Secure Children's Psychiatric Residential Treatment Facility Services) this level of care still does not exist in Maine.

These are the children where abandonment becomes an issue. The Office of Child and Family Services is notified and many if not all of these children have MaineCare for insurance. The OCFS caseworkers are expected to work with the emergency department discharge team to facilitate discharge to the services needed. For us this is a critical need and each and every day there is a level of intensity for our team to discharge the child out of the emergency department. No child should live in an emergency department and be exposed on a 24/7 basis to all of the trauma, lifesaving interventions and occasionally death that occurs in an ED. The child is physically safe but living in a small windowless room with a mattress on the floor. Depending on the level of violence the facilities team may have to remove the sink and toilet so they can't be pulled off the wall and used as a weapon against our staff. The ED is not a therapeutic environment for these children.

So why aren't these children discharged home with services to await placement in residential care? The most common scenario is the child in the ED poses a level of risk and harm to other children in the home or to the parents/guardians. They simply cannot safely manage the behaviors. For other children there are no services available in the short term to meet their needs, this is often the challenge that resulted in the emergency room admission in the first place. From the emergency room perspective, the children are simply being housed in the emergency department, they are not receiving the appropriate behavioral health services and are living in an environment that they should not be exposed to. From the child's parent and caseworker perspective, the child is in a safe environment, waiting to access the level of care they need. Parents are supported by the caseworkers in their decision to not accept the child back home, parents have shown our social workers screen shots of communications from the caseworkers supporting them in the decision to keep the child in the ED awaiting discharge to out of state care. This is a source of extreme frustration for our staff.

This gets to the challenge of children that are abandoned in the emergency department. We do believe some of the children have been abandoned and we report this on a daily basis to Child Protective Services. Parents or guardians do not visit the child, refuse to attend meetings to discuss the child and discharge planning, do not answer the phone and in one example the parent notified the ED staff that they were going on vacation and would respond when they got back. Another parent advised the emergency department if the child was discharged they would relinquish their parental rights and force the state to take custody. All of these cases are reported, and yet the children remain in the custody of the parent. The reality is if this bill were to pass and the Child Protective Services began proceedings for these abandoned children, nothing would change. They would remain in the emergency department awaiting discharge to an out of state secure psychiatric residential treatment facility.

While the solution proposed in this bill is not the pathway forward, there is great urgency to finally address the crisis of children living in emergency departments. No child should be forced to live in the emergency department and the moral distress to our staff is very real. For children who are violent, our staff are often repeatedly assaulted by the child and some of our employees are looking to the criminal justice system to stop the repeated violence. We believe mandating by a date certain that the state to establish a crisis response system including crisis stabilization beds and establish a secure psychiatric residential treatment

facility in Maine will significantly reduce the incidences of children living in hospital emergency departments throughout the state.

Thank you for the opportunity to discuss this important topic once again with this committee.