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Testimony of the Office of Child and Family Services
Maine Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In support of LD 84, *An Act to Improve the Coordination of Health Care for Minors in State Care*

Sponsor: Representative Graham
Hearing Date: February 5, 2025

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Bobbi Johnson, and I serve as the Director of the Office of Child and Family Services (OCFS) in the Maine Department of Health and Human Services. I am here today to testify in support of LD 84, *An Act to Improve the Coordination of Health Care for Minors in State Care.*

This bill would extend to employees of the Department of Health and Human Services permission to obtain confidential health care information for the purpose of coordinating health care for a minor in the Department's custody. More specifically, this bill would give OCFS staff the required statutory authority to access HealthInfoNet (HIN), Maine's statewide health information exchange system. Over the last few years OCFS has worked with the Department's Director of Healthcare Privacy and HIN to seek a path forward to providing a small group of OCFS staff (including the Medical Director, OCFS' Psychiatric Consultant, and nurses and case aides who work under the guidance of the Medical Director) with access to HIN and ultimately it was determined that statutory authority for such access would be required.

When a child enters the Department's custody the Department assumes responsibility for all aspects of their care. Unfortunately, there is often urgency in these situations and that means OCFS does not have the ability to obtain comprehensive information regarding the child's health history, including, diagnoses, prescriptions, immunizations, and previous medical providers, prior to taking custody. Instead OCFS caseworkers must research who the child's providers are and seek records and information from individual providers, a process that remains important regardless of whether or not this bill is enacted, but that takes time to complete. Often that equates to days or even weeks (depending on workload and responsiveness of providers) that pass without critically important health information available to the Department.

OCFS' plan for implementation of this bill if enacted is that access to HIN would be limited to OCFS' Medical Director and the team that work under the Medical Director's guidance. They would be able to access HIN and use information to guide frontline staff in seeking comprehensive records from providers, addressing immediate concerns, establishing a baseline of the child's current health status, and ensuring continuity of treatment and care. This work will not replace, but instead will supplement, the Foster Care Comprehensive Health Assessment (CHA) that children receive when they enter care under Section 23 of the MaineCare Benefits Manual.

Over the last year OCFS has worked to continue engaging with kinship and resource parents to hear about their successes and challenges and receive their input on how we can improve the system for children in care and the dedicated individuals who provide them with care. One of the things that OCFS has heard from many kinship and resource parents is that the lack of available health information when a child is placed in their home is troubling, and OCFS agrees. In order to safely and appropriately care for vulnerable children who have been traumatized by removal from their home, it is imperative that the Department and the resource parents understand what immediate needs the child might have, such as what prescriptions they are taking. This change will improve the Department's immediate access to that information which, when appropriate, the Caseworker can pass along to the resource parent and use to coordinate care in the immediate aftermath of a removal.

OCFS recently settled a lawsuit on behalf of children in care regarding the oversight and administration of psychotropic medications for children in care. OCFS strongly believes that one of the many benefits of access to HIN will be a better picture of each child's current and historical prescription information. This will help staff who are supporting decision making around the use of psychotropic medication for children in care. Access to HIN will assist the Department in efficiently accessing information that will assist in the care of children in our custody.

OCFS urges the Committee to support this important change as it will allow us to better care for children in the State's custody.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.

Good morning,

It would be important to point out that patients and families now do have access to their own records through online portals, like My Chart, for example. The department is actually responsible for caring for the children and usually this care is hindered by the difficulties in obtaining records, often having to piece together clues about previous providers and needs of the child. When previous providers are identified there is then the time consuming process of gathering records which can take weeks to months depending on the response from the providers. Using Health Information Exchanges as a resource for child welfare systems is a way to improve the coordination of care and oversight of the health care needs of the children in custody, who have higher rates of medical conditions and complex medical needs.
Health Info Net was created to help share health information and to improve patient care. This would allow for rapid access to information that is available and it is **not** only used by clinicians, there are community organizations and the Prescription Monitoring Program already using the system, as well as the CDC.
https://hinfonet.org/

I found examples from other states that have developed systems or created access paths for child welfare.
I have attached some documents for reference. In Maryland, Dr.Lichenstein is allowed access to their system known as CRISP- the document that describes his access is attached (found it online))

Article about Arkansas: https://www.techtarget.com/searchhealthit/feature/How-a-Statewide-HIE-Streamlines-Care-Coordination-for-Children-in-Foster-Care

I have a colleague in Cincinniati, Dr. Mary Greiner, who has created a program that allows the child welfare information to interface daily with the Cincinnati Children's Hospital system daily so that care both systems can be updated on the status of the child, and any health information that is needed can be updated in the Child Welfare system- such as appointments, provides, medications, etc. Here is a link to the website of the system as they do offer this to other states and it is very pricey.
https://www.cordatahealth.com/identity/child-welfare/

Arkansas:
https://www.techtarget.com/searchhealthit/feature/How-a-Statewide-HIE-Streamlines-Care-Coordination-for-Children-in-Foster-Care
Kentucky- attached

I reached out to other medical directors that I know through a group and heard back from a colleague in MI. Dr. Scheid is Medical Consultant to MI DHHS Children's services and she has access to the Medicaid claims related date (which we get as well here in Maine) and MI is in the process of expanding access to the HIN to include some individuals within child welfare to have access.

I may hear from a few more Child Welfare medical directors as I just reached out last night. I will gather that information if needed.

I am sorry to hear the Hospital Association is not in support of this.

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