



## **Testimony of Laura Cordes**

### **Neither for Nor Against LD 769 An Act Regarding Access to Behavioral Health Supports for Adults with Certain Disabilities.**

**Joint Standing Committee on Health and Human Services  
March 18, 2025**

Senator Ingwerson, Representative Meyer, and esteemed members of the Health and Human Services Committee. Thank you for the opportunity to offer testimony on LD 769 An Act Regarding Access to Behavioral Health Supports for Adults with Certain Disabilities.

My name is Laura Cordes. I serve as the Executive Director of the Maine Association for Community Service Providers (MACSP). MACSP represents nearly one hundred agencies that deliver person-centered educational, vocational, residential, and community supports, as well as specialized services and care to a diverse population of Maine children and adults who have either intellectual disabilities, autism spectrum disorder, or brain injuries, so that they may live full and meaningful lives in the community.

As an association of community-based providers, we are committed to delivering person-centered, individualized supports and care for adults with intellectual and developmental disabilities that prioritize individual dignity, autonomy, and safety. We are opposed to the use of restraints except for their approved and limited use in emergencies or within an individual's behavior management plan. To the best of our knowledge, there are less than 100 individuals with Department-approved individualized behavior management plans. An estimated 33 of these include the approved use of planned restraints when needed to protect the safety of the individual or others. These planned interventions are designed with trauma-informed approaches, ensuring safety and stability for individuals who require structured de-escalation strategies.

This bill removes the use of planned restraints in behavior management plans, allowing only emergency restraints in cases of imminent harm. For the small number of individuals with persistent and severe behaviors that require approved planned restraints as part of their support in these plans, the proposed restriction to emergency-only restraints removes a critical tool (including blocking, shielding, and redirection) that allows teams and support professionals to tailor interventions to each person's unique needs.

While we philosophically support the shift away from utilizing planned restraints and agree with removing safety devices from current and future behavioral support plans as outlined in Sec. 4. 34-B MRSA §5605, sub-§13-B, we are concerned about the removal of the current oversight committee and the unintended consequences of modifying existing behavioral support plans without fully exploring the practical application and impact of this new model for current and future individuals supported.

#### ***Changes in Oversight and Review Processes***

LD 769 eliminates the existing oversight committee that reviews and approves individual behavioral support plans, replacing it with review and approval by a licensed clinical psychologist designated by the department and a quarterly "support and safety committee" that reviews data on a broader scale. While reducing administrative burdens is valuable,

we are concerned about the long-term impact on member protections and collaboration among stakeholders. The current oversight process ensures that plans are developed with thorough professional review and accountability, inclusive of the person supported, their family, case manager, and team. Additional information is needed on how individuals' rights and safety will be safeguarded under the proposed, alongside how the current level of communication and collaboration will continue within this new system.

***Positive Changes in Safety Device Oversight***

We appreciate that LD 769 formalizes rules for safety devices, such as video monitoring and protective equipment, without requiring a behavioral plan. The new process allows for approval by a medical professional and the individual's personal planning team. This change reduces unnecessary delays while ensuring that individuals have access to the safety supports they need.

***Repeal of Residential House Rules Authority***

A notable provision in LD 769 repeals the authority of residential service providers to establish house rules for homes they own or operate. When discussed and created by the residents themselves, house rules help create structured, safe, and respectful living environments. This change was not discussed in previous stakeholder meetings, and it is unclear why this decision was made. We urge the committee to maintain providers' ability to develop and set reasonable house rules that protect all residents.

***Ensuring Consistency and Alignment with Existing Regulations***

It is essential that LD 769 align with existing MaineCare and federal HCBS regulations to prevent conflicting guidance for providers. In particular, rules governing behavioral interventions should be consistent across state agencies to ensure clarity and compliance. Additionally, when state and local requirements conflict, such as fire marshal and licensing standards, clear directives should be provided on which standards take precedence.

We appreciate the work done by the Department and stakeholder group inclusive of providers to consider changes and updates to the regulations. Unfortunately, the group was not brought back together to review or discuss this legislation at the end of the process with the Department and there are outstanding concerns and questions.

Collaboration with the Department and the staff responsible for implementing these policies and authorizing future behavioral plans is essential to ensure the smooth and effective implementation of changes that prioritize the well-being of the individuals our members serve and the support of skilled and compassionate staff.

We urge the committee to carefully consider the impact of eliminating planned restraints, the removal of the oversight committee, and the repeal of the house rules authority. Additionally, we ask for the opportunity to further review this legislation with the Department, to clarify and define the terms, and to identify a shared plan inclusive of the development of appropriate resources and timeline for any changes that would impact the care and support for individuals who our members serve with approved behavior plans.

Thank you for your time and consideration. We welcome any questions and would be happy to provide additional information.

Laura Cordes  
Executive Director  
[laura.cordes@meacsp.org](mailto:laura.cordes@meacsp.org)