March 18, 2025

Dear Chair, Senator Ingwersen and Chair Representative Meyer and members of the Health and Human Service Committee:

- 1. I support LD 769, as amended. Even without the amendment, this bill would end the planned use of restraints for adults. Of course, we need to find a way to do this for children, too. That is why I support the amendment, which would have the **children's program form a study group** to research ways to prevent and stop the use of restraints on children. We are aware of children who have died as a result of restraints. One five-year-old child, **Logan Marr**, died because she was duct-taped to a chair.
- 2. Living with a disability classifies us as vulnerable. I already have many odds against me, so I am in favor of LD 769 because it removes restraints—one less form of abusive, devaluing treatment. I live in Portland, Maine, but if doctors had their way, I would have been killed at birth. I was born with brain damage and labeled with the nasty R-word. Growing up, there were no laws that allowed me to attend school, so I was segregated—seen as less than human. Restraints only perpetuate further abuse by those who threaten my freedom, denying me control over my own life. As a result, we lack protection under Maine's criminal restraint law (Title 17-A, §302) and live in fear while receiving services.
- 3. **Federal audit**: The Maine Department of Health and Human Services (DHHS) has a history of failing to protect people with disabilities. According to a federal audit, DHHS (1) failed to investigate the deaths of all 133 people with developmental disabilities who died between January 2013 and June 2015 while under the care of community-based providers across the state. As a result, they **failed to report suspicious deaths to law enforcement** agencies to determine if crimes had been committed (2). If you choose ought not to pass then restraints continue that results in death, then we will not be protected.
- 4. Federal Medicaid Home and Community-Based Services (HCBS) funds require that people receiving services be free from abuse, neglect, exploitation, and other critical incidents. A federal report on Maine found that, "Participants involved in reported incidents indicated they don't know what the resolution is and some fear retribution" (3). Self-advocates fear speaking up against their abusers because they believe their abusers will retaliate—or that they will lose their home or services.
- 5. **Statistics**: A 2020 study on the use of restraints in Medicaid HCBS 1915(c) waivers found that "an overwhelming majority of waivers permitted the use of restraint (78.4%) and restrictive interventions (75.7%)" **(4)**. In addition **to physical and psychological risks, these techniques also limit freedom, dignity, and personal choice.** One of the key critiques of restraints is the **humiliation** it causes the person subjected to them (Ferleger, 2008). By definition, restrictive interventions involve the loss of personal freedom and rights.
- 6. In **April 2021 for the first time victims and families** told their stories to DHHS of the trauma from restraints. But those who oppose this bill believe they are

helping us by restraining us against our will. But they are permanently damaging people—traumatizing and scarring us for life—while creating an ongoing cycle of abuse. As a victim of restraints, do you really think I wanted to be restrained? That I said, "Thank you, I feel much better now" to my abuser? When people are restrained and treated abusively, they internalize the belief that they are bad and continue to suffer.

- 7. By telling you my experience with restraints I relive my abuse, but it's worth it that you may thereby pass this bill. When I was institutionalized, I was treated like an animal—locked in padded cells, food slid under the door, completely isolated. The worst event was when four men grabbed me, each taking one of my limbs, pinning me down, and injecting me with a sedative. They claimed I deserved it and that it was in my best interest. The worst part? I didn't even know what I had done wrong. I learned that I must be a bad person. I started to abuse myself—blood everywhere. This is what restraint does. It teaches people that they are bad and leads to more harm. If we prevent restraints, we stop this cycle of abuse.
- 8. DHHS provided work sessions to all **stakeholders for 2 years presenting alternatives**. Those who are opposed to LD 769 are afraid. Even though they have the power to improve the quality of life for people they forget they have this ability to change the way they perceive a person. They can stop this poor judgment. The multiple programs nationwide of best practices were presented to this group but some of those who are opposed are unwilling to learn because they are fearful of change and deny that there is a least restrictive treatment.
- 9. **Proof there is life without restraints from those who "care" for us.** In 2018, an article titled *Proving Restraint-Free Approach Provides Safer Treatment for Individuals with a Variety of Disabilities* (5) highlighted the success of the Grafton Integrated Health Network. By using comfort rather than control, Grafton reduced its use of restraint by 99% and eliminated seclusion entirely.
- 10. By passing LD 769, you help put an end to this most restrictive treatment, change attitudes and provide a freedom from abuse. DHHS can ensure that agencies implement the programs already available to them, create a transition plan, utilize crisis and respite services, train staff to foster a safer, healthier environment and especially provide education to inform self-advocates and families their rights of safety and protection from abuse. This will improve the quality of life for all.

Sincerely, Margaret Cardoza

- 1. https://wgme.com/news/local/federal-audit-dhhs-failed-to-investigate-deaths-suspected-abuse-of-disabled-adults
- 2. https://oig.hhs.gov/oas/reports/region1/11600001.pdf Daniel R. Levinson Inspector General August 2017 A-01-16-00001
- 3. https://www.medicaid.gov/medicaid/home-community-based-services/downloads/ME-hw-summary-rpt.pdf
- 4. https://www.c-q-l.org/wp-content/uploads/2020/02/CQL-2018-Friedman-Crabb-States-continue-to-overwhelmingly-allow-restraint-and-seclusion.pdf
- 5. https://www.grafton.org/new-journal-article-proves-restraint-free-approach-provides-safer-treatment-for-individuals-with-a-variety-of-disabilities/