



Maine Hospital Association

MAINE'S LEADING
VOICE FOR HEALTHCARE

Testimony of the Maine Hospital Association

LD 791 - An Act Regarding Children With Behavioral Health Needs Awaiting Placement In Residential Care Facilities

March 24, 2025

Senator Ingwersen, Representative Meyer and members of the Health and Human Services Committee, my name is Jeffrey Austin and I am presenting testimony in support of LD 791 on behalf of the Maine Hospital Association.

This legislation addresses some of the issues that were raised during the summer work group (LD 2009) that we spoke to you about at the beginning of the session.

The bill deals with just five of these issues:

1. Reimbursement for Hospital Care Provided to Children MaineCare (Sections 1 & 3).

Right now, there are kids covered by MaineCare who are receiving care at hospitals and yet MaineCare does not reimburse us for that care. One of the biggest financial challenges faced by hospitals is that we don't get paid for all the care we provide.

When kids are stuck for weeks or even months in a hospital because there are no residential placements available, hospitals continue to provide care to that child. Much of the care is not medical in nature, but is the kind of care the child would receive in a residential facility. We should get paid for this care and sections 1 & 3 of this bill require such payment.

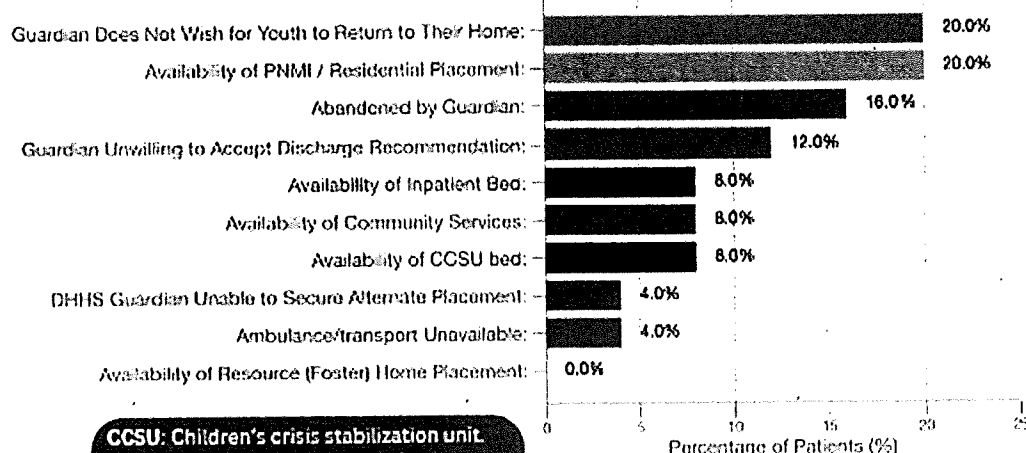
2. Make the Data About Children who are Stuck in Hospitals Public (Section 2).

Hospitals are reporting data monthly to DHHS about kids who are stuck in hospitals. There is a richness to the data that we believe could be useful if shared. We have listed but a few of the data points that could be provided; you should consider adding even more. I would ask the department how the data is summarized and presented internally to DHHS staff.

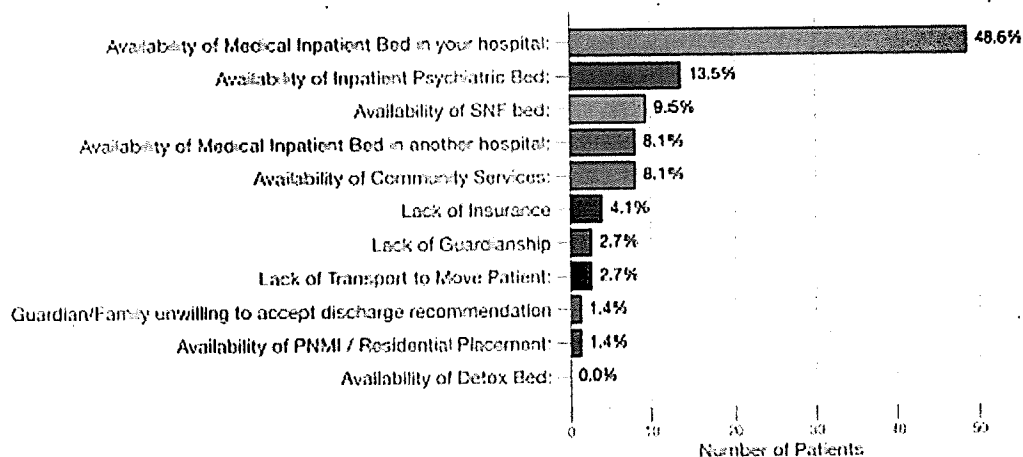
3. There is a Lot of Settlement Data to Monitor (Section 6).

The DOJ settlement involves a lot of data collection and reporting. You should make sure that you receive that data.

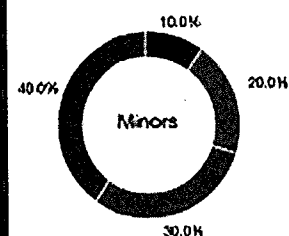
Patients (<18) experiencing extended ED stays due to the following reasons:



Patients (18+) experiencing extended ED stays due to the following reasons:



Emergency Department Boarding Times



Time Intervals

- <4 hours
- >4 hours but less than one week
- 7 to 14 days
- >14 days

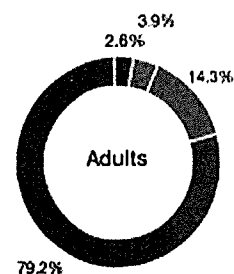


Table 1: Emergency Department Violence

Percent of hospitals reporting pediatric patients displaying violent behavior impacting healthcare staff?	60%
Number of staff that were injured or threatened, verbally or physically, by pediatric patients within the proceeding week.	41
Percent of hospitals reporting adult patients displaying violent behavior impacting healthcare staff?	48%
Number of staff that were injured or threatened, verbally or physically, by adult patients within the preceding week.	25