

**Testimony of Noel Poirier, Manager of Nursing Pediatrics
Barbara Bush Children's Hospital
in Support of 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 Joint Standing Committee on Health and Human Services, my name is Noel Poirier and I am here to speak in favor of building a better system to meet the needs of children with behavioral health conditions. We believe that this bill takes steps towards better meeting the needs of children in this state.

An acute care medical hospital is the worst place for a child in a behavioral health crisis. Our medical hospitals are not designed to provide appropriate care for children who need behavioral health interventions. Our emergency department and inpatient units are designed to provide medical and surgical care to children with acute care medical needs. When children with behavioral health needs are stuck in an emergency department or an inpatient medical unit, they are in an environment that is actually harmful rather than healing. Behavioral patients are generally confined to their rooms, some without a window. Research shows that patients in rooms without windows are at increased risk of delirium, which certainly won't help their behavior issues.

And while they wait—sometimes for weeks, even months—for an appropriate placement, they take up critical resources that are needed for other children. Let me share a real story that highlights exactly why this bill is so important.

We recently had a teenage patient in our emergency department who was struggling with severe behavioral health issues. His mother was no longer able to care for him on her own, and there was no safe placement available. He stayed in the ED for approximately 60 days, waiting. Then, he developed a fever. Because he needed antibiotics, he was admitted to our inpatient pediatric unit. He quickly recovered, but now he was stuck—there was still nowhere for him to go. He ended up staying in that hospital bed for 163 days-when he only needed 3 days of antibiotics. For 160 unnecessary days, he was stuck in an environment that was not therapeutic, with staff that are not behavioral health nurses or techs, not attending school and away from family, friends, and home.

These 160 unnecessary hospital days occurred in fall and winter—which is a tough time in the world of pediatrics. We can count on being full of kids and babies with respiratory illnesses like RSV and Influenza. Yet, here we were, using a critical inpatient bed—not for a child who needed acute medical care, but for a child who needed a completely different type of care that we simply could not provide in the hospital setting. During those 160 days, babies on oxygen, sick children with diabetes, asthma attacks, infections, and cancer waited in the ED for a bed to open up in order to receive specialized pediatric care. Children who had surgery spent their first night post-op in the PACU—which is a large room where patient bays are separated by curtains. There is no privacy and no comfortable place for their parent to sleep.

And it wasn't just the bed. His care required a 24/7 one-on-one companion, multiple social work and state meetings every week, and a dedicated team of nurses and providers—none of whom were trained in behavioral health treatment. And despite our best efforts, we couldn't give him what he truly needed. He couldn't go to school. His daily routine was completely disrupted by doctor rounds, unfamiliar staff, and the constant noise of a hospital. His frustration grew, his behaviors worsened, and he lashed out—hitting, biting, punching, and screaming at the very people trying to help him.

We consulted psychiatry, and their answer was the same every time: He needs a different environment. But there was no placement available.

This happens far too often, and it's exactly why LD 791 is so critical. These kids deserve to be in environments designed for their needs, where trained staff can provide appropriate treatment and structure. Instead, they're left in medical hospitals, where they not only fail to improve, but often get worse—all while taking up space and resources that other children desperately need.

MaineHealth supports this bill because we see firsthand the consequences of not having these resources. We owe it to these kids, their families, and our healthcare system to fix this. LD 791 is a step in the right direction.