Janet T. Mills Governor

Sara Gagné-Holmes Commissioner



Testimony of the Dorthea Dix Psychiatric Hospital and Riverview Psychiatric Hospital Maine Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In opposition to LD 1239, An Act to Require Data Collection on and Reporting of Psychiatric Hospital Resources and Transparency in Denials of Emergency Involuntary Admissions to Psychiatric Hospitals

Sponsor: Representative Shagoury Hearing Date: April 9, 2025

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services. My name is Stephanie George-Roy and I serve as the Superintendent of the Riverview Psychiatric Center in the Maine Department of Health and Human Services. I am here today to testify in opposition to LD 1239, An Act to Require Data Collection on and Reporting of Psychiatric Hospital Resources and Transparency in Denials of Emergency Involuntary Admissions to Psychiatric Hospitals.

This bill requires that:

1. Psychiatric hospitals provide referring hospitals any emergency admission denials, circumstances under which admission referrals would be reconsidered, detailed and written explanations to include specific reasons for the denial, and justification for prioritizing other admissions;

2. Psychiatric hospitals provide a daily report to the Department of Health and Human Services outlining inpatient bed capacity, occupancy, and locations. Reported information must be available in real time on a publicly accessible website; and

3. Psychiatric hospitals provide a biennial report outlining inpatient bed capacity and occupancy, identifying statewide trends and utilization patterns regarding the use of inpatient beds, deficiencies contributing to denials of referrals for admission, and recommendations for necessary resources to improve access to psychiatric hospitals. The report must be made accessible to the public.

Dorthea Dix Psychiatric Center (DDPC) and Riverview Psychiatric Center (RPC) oppose this bill for a variety of reasons that are outlined below.

Both hospitals would need to add staffing in order to meet the reporting requirements of this bill.

Sec. 7 of the Bill seems to be an overreach with regard to a hospitals ability to control their milieu for patient and staff safety. Clinical admission decisions take into consideration many factors, all of which are required in order to maintain patient and staff safety as well as compliance. For example, hospitals need discretion based on acuity within the hospital. While there may be an available bed, the acuity of patients is a significant factor as to whether or not the hospital is able to admit. Having to explain in detail why one admission was taken over another is complex and subject to many factors. I would like to remind the

Committee that both state hospitals are required to admit most if not all individuals who are subject to a court order under Title 15 § 101-D. These include Commitment for Observation and Incompetent to Stand Trial orders. The orders require timely placement which is another factor when prioritizing admissions. The reporting will be very labor intensive and unnecessary given admission teams are in close communication with referring entities about why a hospital cannot admit a particular individual per protocol. It should also be noted that both hospitals follow all state and federal requirements with regard to admissions.

Sec. 8 is duplicative of the system that Maine Hospital Association is implementing. The Apprise system will provide much of the information asked for in section 8 and as such the requirement in the Bill is not necessary and would create additional work on behalf of the hospitals.

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