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Mercy Hospital
Northern Light Health Foundation
Northern Light Pharmacy
Sebastian Valley Hospital

**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
Testimony in Opposition**

April 9, 2025

Senator Ingwersen, Representative Meyer and members of the Health and Human Services Committee, my name is Lisa Harvey-McPherson RN. I am speaking today on behalf of Northern Light Health and our member organizations in opposition to this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with more than 10,000 employees statewide.

Northern Light Health is working with the Maine Hospital Association to launch the Aprise Healthcare Capacity System which will report on a variety of data elements regarding hospital bed capacity in Maine. The program launches on May 13th. The data system captures and shares real-time data on bed capacity trends, peak occupancy rates, emergency room boarding and staffed bed capacity along with other critical metrics across Maine. By aggregating data from hospitals statewide into one centralized place data is available to all of the participating hospitals and will be provided to Maine DHHS. Northern Light will share data from our medical hospitals and Acadia Hospitals into the system.

Earlier this year the MHA in partnership with the Northeastern University Roux Institute published a report on Maine's Clogged System of Care – Understanding the Drivers and Impacts of Delayed Care Within the Maine Healthcare System. The report includes data on boarding in the emergency department. The report documents that for behavioral health patients, children represent the population most impacted by emergency room boarding as they wait to access community-based services. For the adult population the primary reason for an extended ED stay is the lack of availability of a medical inpatient bed in a hospital representing nearly 60% of patients with extended stays. Extended stays for community-based services and lack of SNF beds totals nearly 20% of long stay patients. Patients waiting for a psychiatric bed represents only 13.5% of long stay ED patients. A copy of the report is attached to my testimony.

In 2024 Northern Light Acadia Hospital completed their expansion/renovation project creating 100 licensed private inpatient beds and expanded outpatient capacity. The inpatient beds are divided evenly between children – 50 beds and adults – 50 beds. Prior to the expansion project inpatient census averaged 60 patients per day (30 children and 30 adults) due to limitation of shared double rooms. Today our census is generally at capacity with patients admitted to the hospital and discharged from the hospital on a daily basis. Admissions are coordinated by a clinical team that includes psychiatrists and licensed behavioral health professionals. Lack of inpatient beds is more of a challenge on the children's unit as lack of community services extends the length of stay for children that otherwise could be discharged.

We oppose this bill as the MHA Aprise Healthcare Capacity data project addresses the need to provide hospitals and the department with comprehensive data on hospital bed capacity in Maine. The challenge of ED boarding is real but the population most impacted is in need of a medical inpatient bed or discharge to a SNF or community-based services to meet the patient needs. A topic frequently discussed by this committee.

Thank you for the opportunity to speak in opposition to this important legislation.



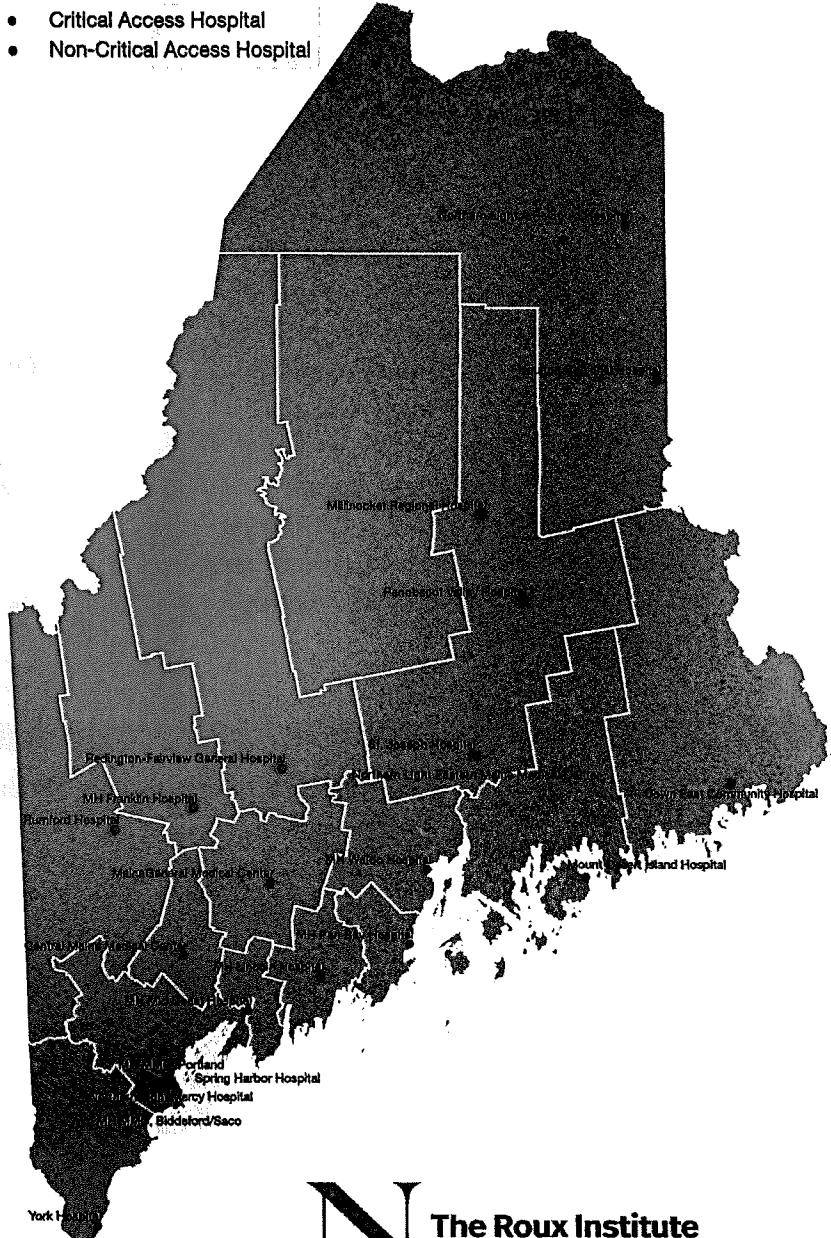
2025

A Clogged System of Care

Respondent Hospitals

22 of 36 Hospitals in Maine Reporting

- Critical Access Hospital
- Non-Critical Access Hospital



N The Roux Institute Northeastern University

Understanding the drivers and impacts of delayed care within the Maine healthcare system.

Our direct care workforce shortage combined with insufficient reimbursement rates from public payers has led to an unprecedented number of long-term care facility closures, unstaffed residential and skilled nursing beds, and limited home health and behavioral health capacity. As a result, Maine hospitals, on any given day, have over 300 patients* who are ready for discharge and awaiting placement in another setting. Many of these patients wait weeks to months.

Delayed discharges prevent hospitals from admitting new patients who need acute care and payers do not universally compensate for patients' prolonged hospital stays. A recent AHA analysis noted that the average length of stay across all patients in hospitals increased by 19% in 2022 compared to 2019. Additionally, the average length of stay for patients being discharged from acute care hospitals to home health agencies grew 12.6%, while those discharged to skilled nursing facilities saw a 20% increase.

Patients Awaiting Discharge by County

Statewide Total: 325*

■ Data Reported with Androscoggin County
■ Data Unavailable

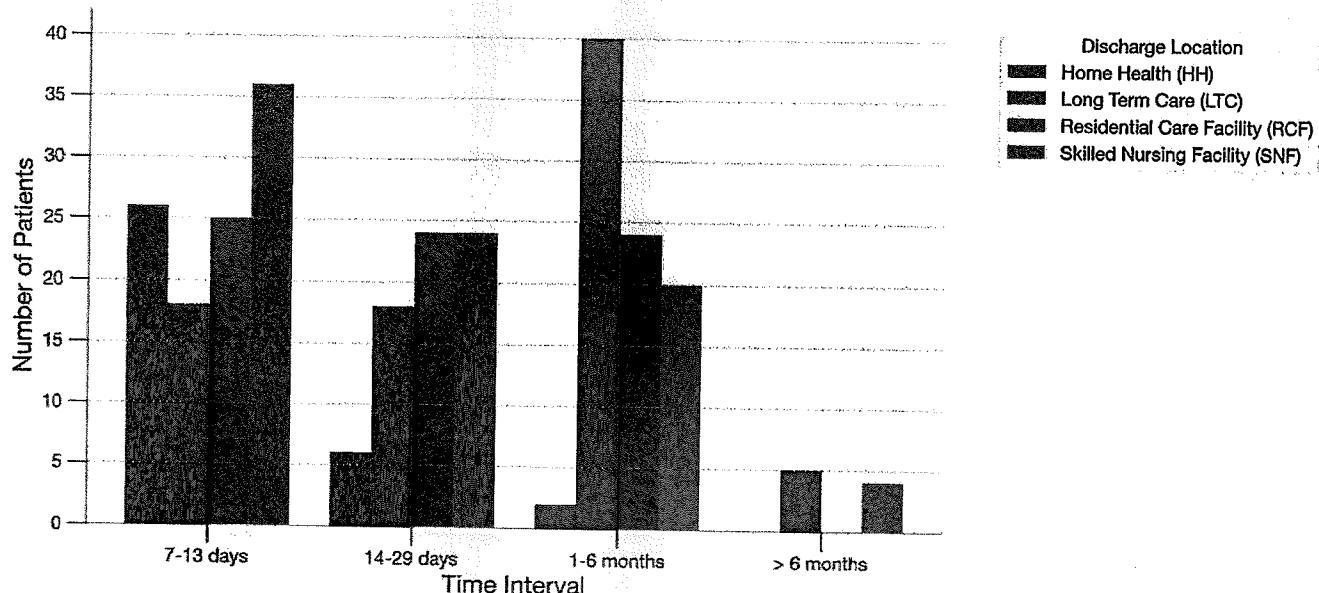


Totals by Discharge Location

Home Health (HH)	75
Residential Care Facility (RCF)	43
Long Term Care (LTC)	78
Skilled Nursing Facility (SNF)	129

* 22 of 36 Hospitals in Maine Reporting

Patients Awaiting Discharge by Time Interval and Location



One study found the average duration for a delayed discharge was 17 days and came at a cost of more than \$31,000.[1]

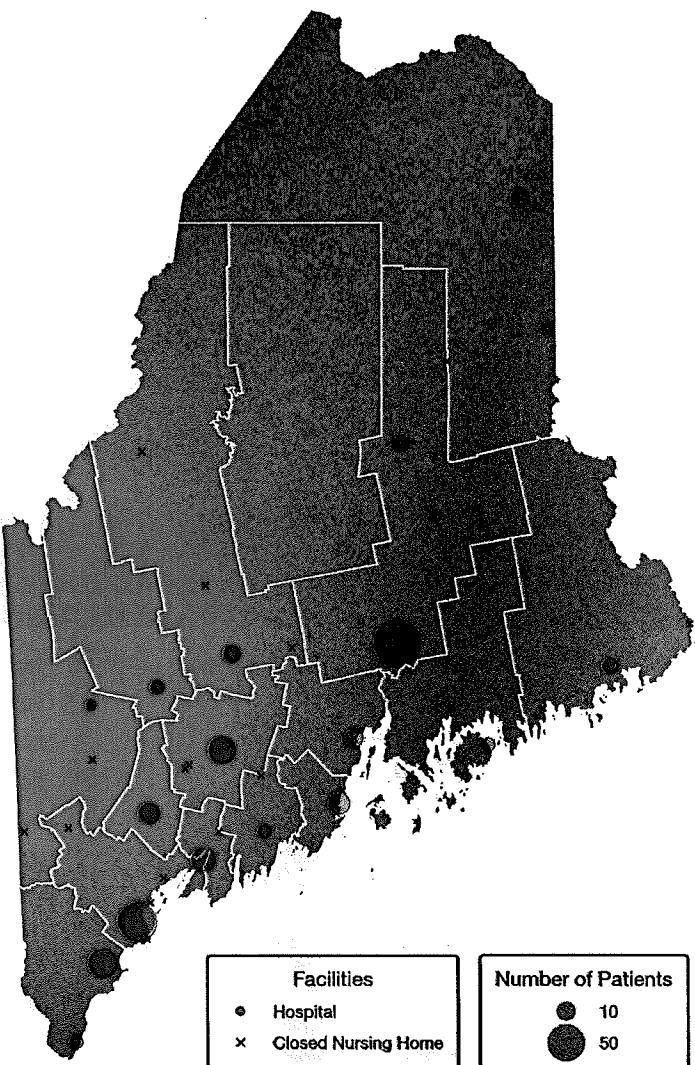
In addition to the increased cost burden, patients and their families suffer and health outcomes are negatively impacted when individuals cannot access the appropriate level of care close to home.

MHA with the support of the Roux Institute at Northeastern University developed a survey tool and surveyed all Maine hospitals in August of 2024, with 22 of 36 hospitals responding. This report will delve into some of the factors contributing to these delayed discharges to post-acute care settings and briefly examine the ongoing challenges associated with boarding patients in emergency departments. The report reflects data from 22 hospitals; however, Maine has 36 hospitals across the state. Thus, we can conclude that there are over 300 patients on any given day.

[1] [Issue-Brief-Patients-and-Providers-Faced-with-Increasing-Delays-in-Timely-Discharges.pdf \(aha.org\)](https://www.aha.org/-/media/assets/advocacy/issue-briefs/patients-and-providers-faced-with-increasing-delays-in-timely-discharges.pdf)

Patients Awaiting Discharge by Hospital: Nursing Home Closures Overlay

Number of Closed Nursing Homes: 28



22 of 36 Hospitals In Maine Reporting

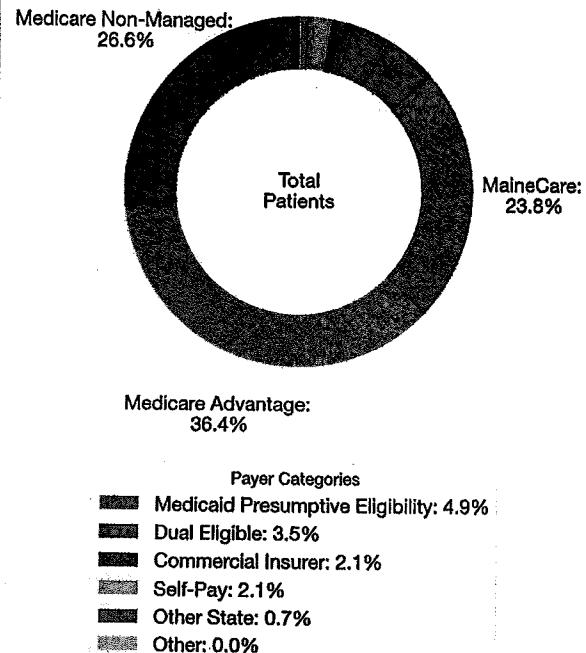
Top Right: Nursing homes, including long-term care and skilled nursing facilities, have been hit particularly hard by a combination of workforce shortages and low reimbursement rates. Since 2014, 28 nursing facilities have been closed, with 54% of those, or 15, closing in the past three years (2021 to 2024). The distribution of closures impacts all geographic parts of the state and all hospitals and their ability to move patients to post-acute care settings. To highlight the impact of these closures, one hospital noted in the survey that there were no skilled nursing facilities within a two-hour radius of their hospital, further demonstrating the impact these closures have had on families as they seek placement for their loved ones.

Most Common Reasons for Delay by Rank

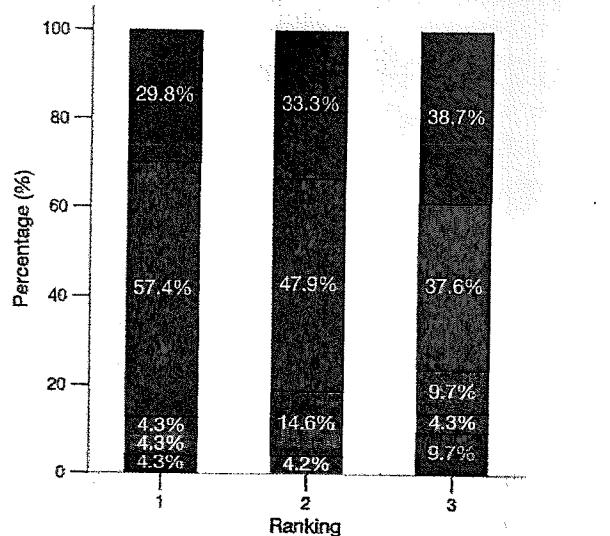
Ranking	Reason
1	Waiting for LTC MaineCare (Medicaid) approval
2	Denial of request for authorization from insurer
3	Delayed response from insurer
4	Staffing/capacity constraints at post-acute care facilities
5	Lack of facility within patients desired geographic area.
6	Inadequate post-acute network
7	Lack of guardianship/conservatorship/healthcare proxy
8	Lack of access to necessary community services
9	Need Behavioral Health (BH) and Substance Use (SUD) Services
10	Insurer does not provide post-acute coverage
11	Transportation unavailable
12	COVID+ status
13	Lack of secondary insurance
14	COVID recovered status
15	Patient has criminal history and/or is a registered sex offender
	Unvaccinated status

The aggregated ranking of most common reasons for a patients discharge being delayed, with one being the most commonly cited and 15 being the least.

Number of Patients Awaiting Placement by Payer



Most Commonly Ranked Causes of Delay (Ranks 1-3)



Breakdown of causes of delayed discharge by most commonly ranked within the top 3 by survey respondents.

Many patients experiencing a delay in care are those covered by Medicare and Medicare Advantage with a combined percentage of 63%, demonstrating that those Mainers 65 years of age and older are most likely to experience a delay in care as they transition from an acute care setting to a post-acute care setting. The second largest group are those covered by Maine's state Medicaid program.

Survey Responses

"We are unable to place [Medicaid] patients requiring LTC as facilities report the reimbursement is too low. [SNF] patients are declined for same reasons compared to commercial and Medicare."

"[We] don't have a Psychiatric Residential Treatment Facility (PRTF) or Intensive Developmental Disorder Residential Program, and there are no intellectual developmental disorder residential beds available."

"In our region there are no SNF beds within a 2 hour radius, there are no LTC beds available. Safe discharge planning is severely limited due to lack of beds and community resources."

Boarding in the Emergency Department (ED):

Since the pandemic, Maine hospitals have reported a growing number of patients that are boarding, or sitting, in emergency departments across the state.

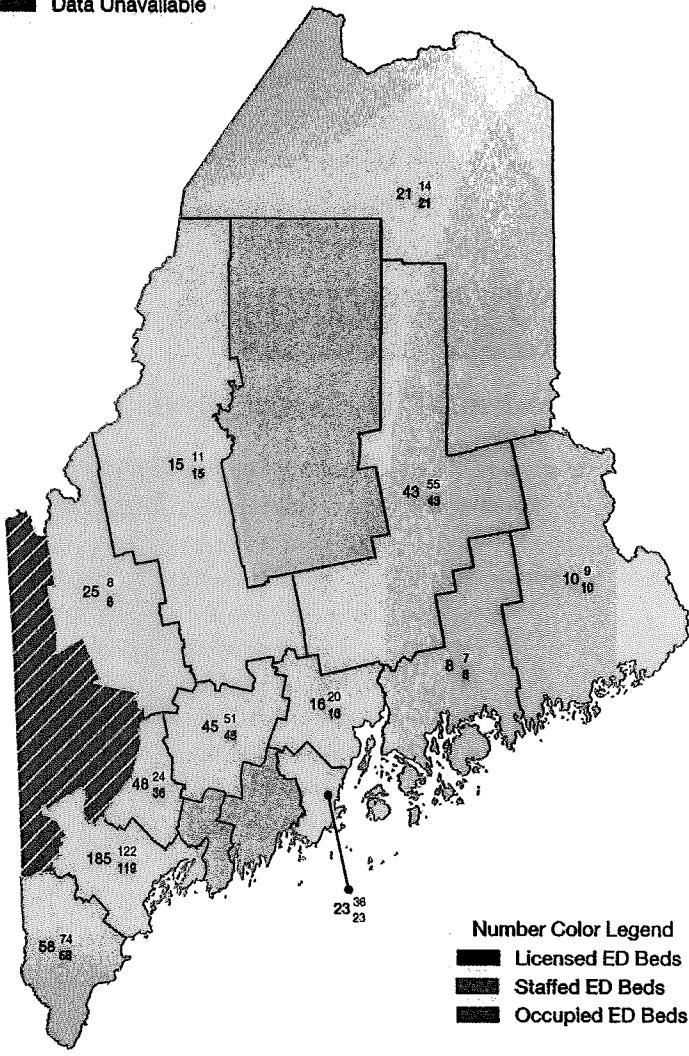
Many of these patients are waiting for an inpatient bed, either within the same hospital or at another facility, such as a tertiary care center or residential care facility, where specialized inpatient care is required. However, due to the unavailability of inpatient or residential treatment beds, these patients often remain in limbo for days, waiting for a bed to become available. This shortage contributes to Maine's emergency departments operating at over 93% capacity on average, with some counties exceeding 100% capacity.

Boarding patients in the emergency department leads to delayed care and an increase in violence as agitated patients sit for prolonged periods not receiving the care they need (Table 1). Ultimately, this hampers the state's emergency preparedness as hospitals struggle to respond to a surge in demand driven by a virus or mass casualty event.

Emergency Department Overview by County: Capacity & Occupancy

Statewide Occupancy Rate of Staffed ED Beds: 93.27%
Statewide Percentage of Licensed Beds Currently Staffed: 80.89%

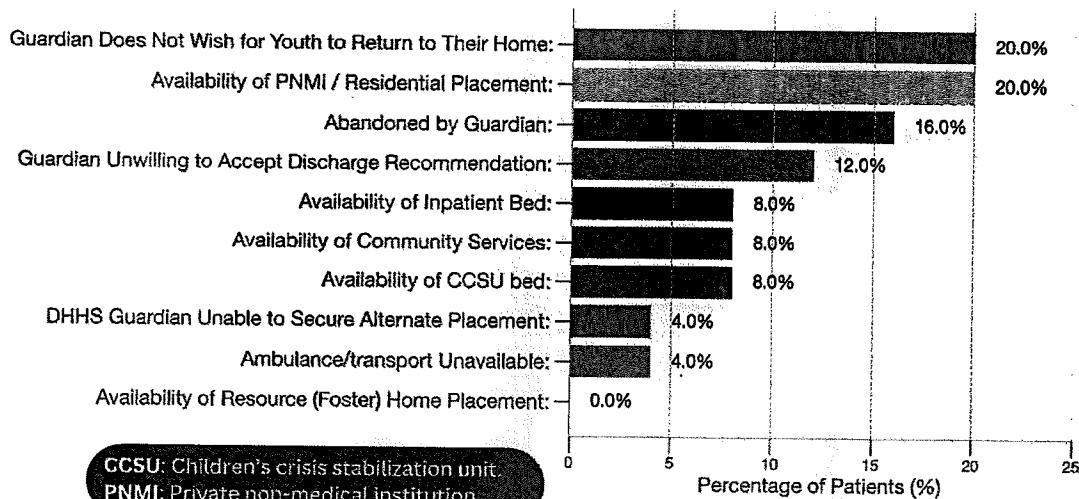
■ Data Reported with Androscoggin County
■ Data Unavailable



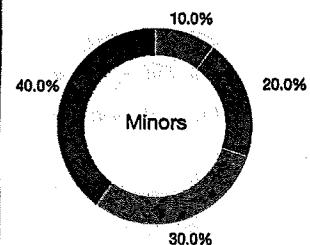
22 of 36 Hospitals In Maine Reporting

Top Right: Not all responding hospitals provided ED data, resulting in incomplete figures for some counties. In particular, no hospitals in Piscataquis or Lincoln counties reported ED data. Additionally, the only responding hospital in Oxford County submitted its data in conjunction with a hospital in Androscoggin County, and Sagadahoc County does not have a hospital.

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



Emergency Department Boarding Times



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

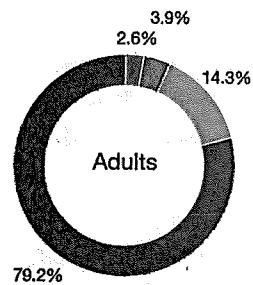
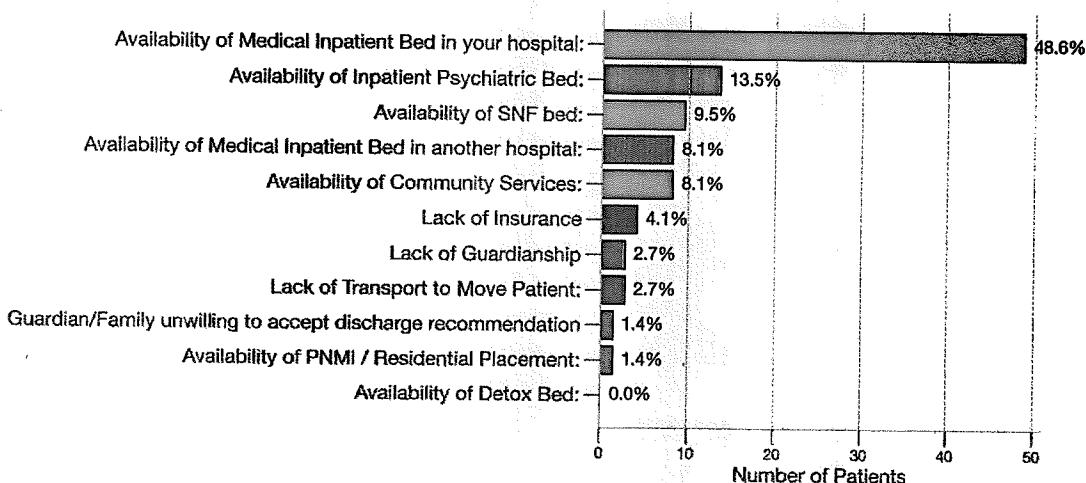


Table 1: Emergency Department Violence

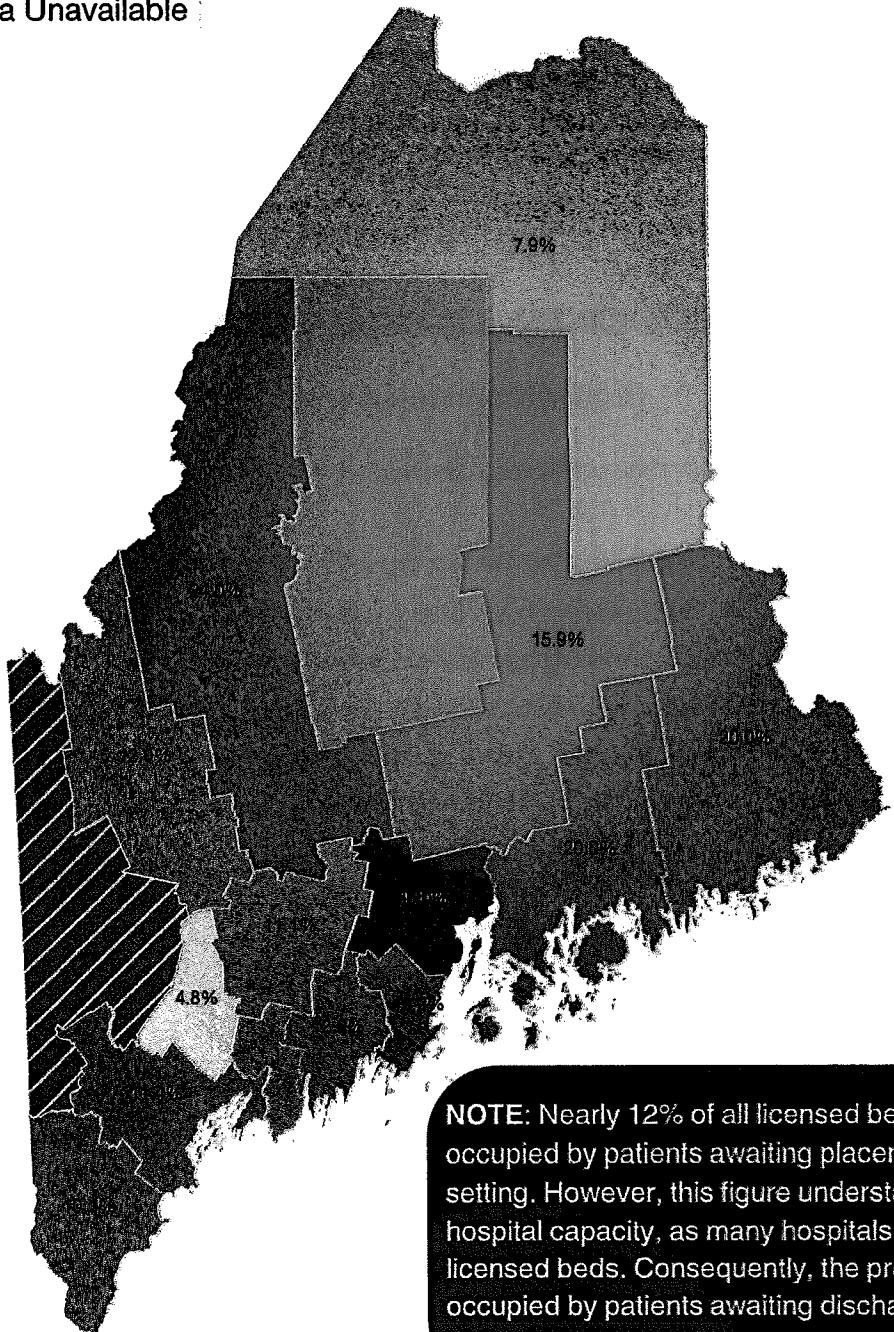
Percent of hospitals reporting pediatric patients displaying violent behavior impacting healthcare staff?	60%
Number of staff that where injured or threatened, verbally or physically, by pediatric patients within the proceeding week.	41
Percent of hospitals reporting adult patients displaying violent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

Licensed Beds Occupied by Patients Awaiting Transfer by County

Statewide Percentage: 11.95%

■ Data Reported with Androscoggin County

■ Data Unavailable



NOTE: Nearly 12% of all licensed beds in Maine are occupied by patients awaiting placement in another care setting. However, this figure understates the true impact on hospital capacity, as many hospitals cannot staff all their licensed beds. Consequently, the proportion of *staffed* beds occupied by patients awaiting discharge is significantly higher.

Table 2: Causes of Delayed Discharge

	Number of Patients
Homeless or housing unstable inpatients awaiting discharge to shelters.	27
Patients awaiting discharge to shelters for more than 7 days.	14
Homeless patients with behavioral health issues or SUD.	34
Awaiting discharge to SNF beds with geri-psych capabilities.	14
Patients with dementia diagnoses awaiting discharge who require SNF care in a secure facility.	28
Patients who are waiting for placement due to an inability to find an appropriate facility within their geographic area.	95

Policy Implications

- Invest in behavioral health and direct care workforce development to expand capacity at the community level.
- Reimburse long-term care and residential facilities for the true cost of care.
- Invest in long-term care and home health workforce to care for older and disabled Mainers to ensure that patients don't languish in hospitals while awaiting placement in their community.
- Reimburse hospitals for care provided as a result of delayed discharges to community settings, such as assisted living facilities, long-term care, skilled nursing, and behavioral health facilities.
- Prioritize hospitalized patients for MaineCare coverage approval and Guardianship process.

Survey & Report Methodology

This report represents a collaborative effort between the Maine Hospital Association (MHA) and Data for Social Good, a student led organization at Northeastern University's Roux Institute in Portland, Maine, with contributions from Nelson Farrell, Michael Massone, and Peter Talpey. The data presented in this report was collected through a voluntary survey distributed to all 36 hospitals in Maine. Of these, 22 hospitals responded, resulting in a 61.1% response rate. The survey was distributed on July 31, 2024, and all responses were received by September 3, 2024. This survey and the subsequent report offer a snapshot of patient throughput across the state of Maine during this period.