Testimony of Jason Rosenberg, MaineHealth
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"
April 9, 2025

Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Jason Rosenberg, Chief Nursing Officer for MaineHealth Behavioral Health, and I am here 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."

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth, which includes MaineHealth Behavioral Health, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and providing better access to behavioral healthcare through integration with primary care.

LD 1239 will impose significant reporting requirements that will neither improve access to acute psychiatric care nor quality of patient care. When we receive a referral for a patient in need of inpatient psychiatric care, each unit determines the capacity and capability they have to meet the needs of that referral. Multiple factors are considered when reviewing a referral, including staffing, the need for a private room, the need for 1:1 observation, and the overall acuity of the current patients on the unit in comparison to the acuity of those being presented for admission.

The referral review process includes evaluating both psychiatric and medical history along with current mental status. This includes assessing for a history of violence, medical comorbidities, and the patient's current behavior at the time of presentation. This assessment is used to determine the level of acuity of the patient's current presentation. At the same time, the acuity of the unit is evaluated to determine its ability to accommodate the referred patient - what is often referred to as "the milieu." Acuity, capacity, and capability is everchanging and constantly assessed throughout a given day. Requiring a response each time a unit takes a particular referral over another is a significant administrative burden without increasing timely access to care.

Additionally, a key component of the proposed requirements in LD 1239 is already underway. In May, the Maine Hospital Association is set to launch the Apprise Healthcare Capacity System, which will include data on hospital bed capacity, including inpatient psychiatric beds. The centralized system will provide automatic real-time data, and MaineHealth is an active participant in the initiative.

I would close by saying that that my colleagues have stood before this Committee multiple times discussing the challenge of children and adolescents with behavioral health needs languishing in hospital Emergency Departments for days, weeks, and even months. What you do not hear from my colleagues is the issue of stuck adults – because the system isn't failing adults to the extent it is failing children. It is an unfortunate reality that, unlike adults, children who are in the custody of their parents do not have external advocates, like Disability Rights Maine, advocating for their legal rights to access timely, appropriate care.

For example, the average length of stay for all adults with behavioral health needs in MaineHealth Emergency Departments was a little over 20 hours last year (between February 2024 and February 2025) compared to over 28 hours for all children. And at Spring Harbor Hospital our average length of stay for adults so far this year is a little over 12 days, compared to over 20 days for children. Because the continuum of care is more stable for adults, we are able to discharge patients to the next appropriate level of care in a timelier way. It is also important to note that there are situations in which adults with behavioral health issues get stuck in emergency departments. These cases are not frequent, and they are usually the result of multiple factors that are not related to the behavioral health diagnosis, such as corresponding medical issues that require specialized support.

Instead of imposing burdensome manual reporting requirements, we would urge this Committee to focus its efforts on supporting the crisis with children/adolescents and address the continuum of care for adults, including the community-based services that keep patients out of hospital emergency departments and inpatient psychiatric beds, like ACT teams and medication management.

Thank you and I would be happy to answer any questions you may have.