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**LD 1631 Resolve, to Implement the Recommendations of the Stakeholder Group to  
Address Child Stay Times in Hospital Emergency Departments**

**Testimony in Support  
April 28, 2025**

Northern Light Health  
Acadia Hospital  
A.R. Gould Hospital  
Blue Hill Hospital  
C.A. Dean Hospital  
Eastern Maine Medical Center  
Home Care & Hospice  
Inland Hospital  
Maine Coast Hospital  
Mayo Hospital  
Mercy Hospital  
Northern Light Health Foundation  
Northern Light Pharmacy  
Sebasticook Valley Hospital

Senator Ingwersen, Representative Meyer and members of the Health and Human Services Committee, my name is Lisa Harvey-McPherson RN. I am speaking today in support of this bill on behalf of Northern Light Health and our member organizations. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 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 actively participated with the stakeholder group established by LD 2009 last session; the group focused on addressing the challenge of long stays for youth in hospital emergency departments. The group met for many weeks resulting in the report you received from the department on January 16<sup>th</sup>, 2025.

Northern Light Health presented youth case scenarios to the group highlighting the significant challenge that youth experience when stuck in emergency departments for weeks and months waiting for discharge to a community-based services. My presentation focused on rural hospitals, and I provided a summary of two long stay youth in a Northern Light Health emergency department – one youth had a length of stay of 132 days, the second youth was 79 days. I have testified many times for many years about this crisis and the compelling need to establish the level of services that these children need.

As the stakeholder group was completing our work, hospital participants and the Child and Family Provider Network provided the group with a specific list of recommendations for the final report. LD 791 "An Act Regarding Children with Behavioral Health Needs Awaiting Placement in Residential Care Facilities" reflects the hospital recommendations, the committee held a public hearing on this bill on March 24<sup>th</sup>. The bill before you today reflects the recommendations of the residential care providers.

During the stakeholder discussions we learned from providers about the ongoing challenge of residential facility closures. We agreed on the initiatives outlined in section

2 of the bill to stabilize and expand child and youth residential capacity. We cannot erode our residential bed capacity any further as we work to stabilize these facilities.

We also discussed at multiple stakeholder meetings the use of early and periodic screening, diagnosis and treatment (EPSDT) funds as a valuable resource for services to meet the unique needs of children with behavioral health challenges and developmental disabilities. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provides a mechanism for funding treatment and support services not otherwise covered. Through general support, a recommendation was made to ensure that DHHS is meeting its obligation to make available and maximize its use of EPSDT funding.

Data was a persistent theme at all of our meetings we identified important data that is needed to advise you as policy leaders on challenges impacting the children and progress regarding the department's work to stand up community-based services. Sections 4 and 5 of the bill reflect this aspect of our discussion and agreement.

We support this bill and thank you for the opportunity to provide comment.