

## John Nutting - LD1989

Senator Ingerson, representative Meyer, other distinguished members of the health and human services committee, my name is John nutting. I'm here in strong support of LD 1989 and want to think the department for submitting this piece of legislation. As a state senator I was the sponsor of the progressive treatment plan in 2010, which passed 32 to 3 in the Senate, and 117 to 31 in the house. Yet even with those overwhelming votes. The program keeps running into artificially created roadblocks.

The PTP renewal process has run fairly smoothly for over 14 years until mid to late summer of 2025. That's when three different actions of the attorney general's office have led too much unnecessary confusion over the PTP renewal process and mothers having to go through unnecessary and stressful situations. The first action the attorney general's office did was after having represented PTP renewal hearings before district court judges for 14 years, they announced July 1 they were no longer going to represent PTP renewal hearings. Besides blind siding, hospitals, ACT teams and parents, this blindsided the department as well. Because the AG's office had done a very good job representing all these hearings, that meant that very few private attorneys had any experience in this area of the law. And also meant that if families had means enough to hire an attorney to represent their family in a PTP renewal hearing they could do so, but if they were poor, they could not afford to do so. The second action they did, which we just became aware of a little over a month ago, was to block the implementation of LD 1994 that was passed and funded three years ago due to the very hard work of senators Breen, Bennett and Claxton. This vehicle created a PTP legal fund to help with PTP legal cost families occasionally were facing. This was a result of a PTP study that I was part of and all during the study, of which one of the study members was a member of the Attorney General's office, not one word was ever mentioned that this fund could not be distributed to individual attorneys. Yet sometime after this bill passed, the AG said that the money could not be distributed to individual attorneys – and they never told the advocates this fact until about a month ago. We made the assumption that LD1994 was working as it was created and yet for three years that \$160,000 has sat there unused. The third action the AG's office did was put out a memo sometime in the fall, saying that placing hospitals can no longer file a PTP renewal application, and that ACT teams couldn't file a PTP renewal application unless the hospital had. You put those two things together and no renewal applications could be filed. When Bob Staples and I confronted the AG about this, they were adamant that they did not put out a memo like this. It was very telling to Bob and I when we requested because of all the confusion in the field now about PTP renewals with some hospitals, doing one thing and some hospitals doing another, some act teams doing one thing and some teams doing another – with the AG's office would put out a short two. Paragraph memo clarifying the role of the hospitals and the community mental health providers that work with the PTP program. It was very telling that the AG's office would not put out this type of clarifying memo. I've been back to several agencies and they did confirm that this was a memo of the Attorney General's office. These three attorney general actions have disrupted a PTP renewal process that has run very smoothly for several years, and it will result in an increased chance of tragedies happening to Maine families.

Once we heard that the AG's office would not put out a clarification memo, especially geared toward the mental health providers that work in the field, I asked the department would they please clarify things by putting out a clarification memo, based on the statute, of who can do what with a PTP renewals. Their response was, "we really don't have any authority over the PTP program." We are all hoping through this bills work session process this committee can get to the bottom of who said what and why we can't have a simple two paragraph clarification memo produced so everybody is on the same page once again.

Couple of really quick suggestions for amendments – I've given all the committee members a copy of the PTP renewal form which list all of the non-state groups and individuals on the bottom of it that can submit a PTP renewal, this bill needs to be amended so that all of the groups listed on the form can qualify for this legal fund, talked about in LD 1989. The second suggestion I would have was to put an emergency preamble on the bill because as you've heard, there are many potential crisis happening in Maine because of it an emergency preamble would get the bill into law about six months quicker than not having emergency pre-amble.

I'd like to close with an analogy. There are thousands and thousands of facilities across the United States helping those with Dementia and Alzheimer's with their care. These facilities are set up so that care is given because many people with Dementia and Alzheimer's also have. Anosognosia – a total lack of insight to their medical condition, they can't tell if they need help or not. Yet tragically, the approximately 70% of schizophrenics and 30% of bipolar brain disorder Individuals also have the exact same Anosognosia, a total lack of the insight that they need help because of their brain disorders. Yeah too many times we offer help and can't understand why these individuals were brain disorders don't accept help, and end up homeless and spending all the time in jail and hospitals.

Thank you. I'll be happy to answer any questions.

**Program Policy Title: Administration and Extension of Progressive Treatment Programs**

**(PTPs)**

**Effective: 9/15/25 Scope: Applies to all programs**

**Revised:**

**Reviewed:**

**Code:**

**Policy:** In response to recent guidance from the Maine Attorney General, Spurwink has updated its policy regarding the administration and extension of Progressive Treatment

Programs (PTPs). State Hospitals will no longer be responsible for filing, motions to extend

PTPs, and the role of placing hospital remains uncertain.

**Policy Guidelines:**

**1. PTP Acceptance and Administration**

Spurwink will continue to accept clients under PTPs and serve as the administrator of these programs.

**2. Participation in PTP Extensions**

Spurwink will participate in PTP extension processes only when motions are filed by placing hospitals, consistent with current practice (e.g., Spring Harbor Hospital).

**3. Filing of Extension Motions**

Spurwink will not file motions to extend PTPs that it administers.

**Rationale:**

This policy aligns with the practices of most behavioral health providers\* across Maine and reflects the significant legal and operational barriers associated with filing extension motions.

Spurwink remains committed to advocating for a sustainable and collaborative approach to PTP extensions and will continue to collaborate with community-based hospital systems to support appropriate continuation of care.

*Spurwink*

STATE OF MAINE  
APPLICATION TO DISTRICT COURT FOR AN ORDER OF ADMISSION  
TO THE PROGRESSIVE TREATMENT PROGRAM

TO THE DISTRICT COURT, (Location) \_\_\_\_\_:

1. Application is made pursuant to 34-B M.R.S.A. § 3873-A for a hearing to determine whether \_\_\_\_\_ (the "proposed client"), whose current mailing address is \_\_\_\_\_, shall be ordered admitted to the progressive treatment program.

2. The basis for seeking an order admitting this proposed client to the progressive treatment program is as follows:

- A. The proposed client suffers from a severe and persistent mental illness;
- B. The proposed client poses a likelihood of serious harm;
- C. The proposed client has a suitable individualized treatment plan;
- D. Licensed qualified community providers are available to support the plan;
- E. The proposed client is unlikely to follow the plan voluntarily;
- F. Court-ordered compliance will help to protect the proposed client from interruptions in treatment, relapses, or deterioration of mental health; and
- G. Compliance will enable to proposed client to survive more safely in the community without posing a likelihood of serious harm.

3. The Applicant requests that the District Court:

- A. Cause written notice of hearing to be mailed within two days to
  - i. the proposed client;
  - ii. the applicant;
  - iii. the proposed client's guardian, if any. Notice to the guardian may be sent to \_\_\_\_\_ [or "N/A"] at the following address \_\_\_\_\_; and
  - iv. the proposed client's spouse, parent, adult child, next of kin or friend [circle one]. Notice may be sent to \_\_\_\_\_ at the following address \_\_\_\_\_
- B. At least three days after this application is filed, appoint legal counsel for the proposed client, if the proposed client is not represented by counsel;
- C. At least three days after this application is filed, cause the proposed client to be examined by a licensed physician, registered physician assistant, certified psychiatric clinical nurse specialist, certified nurse practitioner or licensed clinical psychologist; and
- D. Schedule a hearing to be held not later than fourteen days from the date of this application.

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Date

Signature

→  State Hospital superintendent or designee  
 Psychiatric hospital CAO or designee  
 ACT team director or designee  
 DHHS Commissioner or designee  
 Medical practitioner  
 Law enforcement officer  
 Proposed client's guardian  
(check one)

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[legibly printed name and address of applicant]