MaineHealth

Testimony of Dr. Roslyn Gerwin, MaineHealth
In Strong Support of LD 2125, "An Act to Sustain Access to Children's Residential Care Services"
January 27, 2026

Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Dr. Roslyn Gerwin, and I am a child and adolescent psychiatrist in leadership at MaineHealth. I am here to testify in strong support of LD 2125, "An Act to Sustain Access to Children's Residential Care Services." It saddens me greatly that I am here today, one of many such voices having to advocate for basic support to better meet the needs of our young patients.

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.

Over the past two months, Spring Harbor Hospital has admitted seven youth whose inpatient stays exceeded 120 days, one of whom has been hospitalized for over 300 days, all awaiting residential placement. At times, these patients accounted for approximately 33% of the adolescent census and—at one point—more than 50% of the pediatric census.

These are young people whose parents or guardians believe they cannot live safely at home, or their treatment teams have deemed that residential care is the only safe discharge plan. And, working with the Department, we have experienced the inability of in-state residential providers to accept patients with this level of need. All appropriate in-state provider agencies have repeatedly stated that they cannot accept these young people within the current reimbursement structure. As a result, all three have now been identified as needing out of state placement, which will further disconnect them from their families and communities, and stunt their developmental course.

Why?

Because Maine-based providers are not able to staff appropriately to meet the challenging needs of these young people within the rigid MaineCare funding models.

I am here because I see the deleterious impact of the serious gaps in Maine's behavioral health system for children and adolescents. I have to watch as the very patients who I've been proud to help so that they could live productive and normal lives in their communities get stuck in our most restrictive settings – Spring Harbor Hospital or Emergency Departments– and decompensate, sometimes beyond the point when they were originally admitted.

For example, a young person from a rural community in western Maine was transferred from an Emergency Room to Spring Harbor on September 23, 2026. She was treated and deemed ready for discharge on October 3, 2026, but her parents do not feel comfortable bringing her home. Maine's residential treatment providers have declined to accept her, stating that they cannot provide safe staffing for her within the current funding model. She has now been living in Spring Harbor's highly restrictive environment since October 3. She is not going to school. She is removed from her community. She feels abandoned. And her condition has worsened as a result. As a psychiatrist, it is not only heartbreaking but ethically challenging to watch.

Additionally, there is a significant community impact when there is a lack of flow at our inpatient psychiatric hospitals, institutions whose real purpose is to safely stabilize our more acutely high-risk patients. A patient who is life-flighted to the Pediatric Intensive Care Unit (PICU) following a serious suicide attempt can wait unnecessarily, stuck without treatment for their life-threatening medical condition due to lack of bed availability. Another patient could be sitting in an Emergency Department and wait so long for a bed that they discharge home, only to decompensate and become the next patient admitted to the PICU.

While not a panacea, this bill would provide flexible funds that could be used by Maine-based providers to build unique staffing models required in such situations. It is a need that providers have identified repeatedly. We all want what is best for these young people and allowing them to live safe, healthy, and productive lives.

Please support this modest but important fund that would make a difference in the lives of some of my most vulnerable patients.

Thank you for the opportunity to testify, and I would be happy to answer questions.