

Amendment to LD 118 (Rep. McCreight):

Sections 1-3 stay the same (as follows):

Sec. 1. 34-B MRSA §15001, sub-§1-A is enacted to read:

1-A. Behavioral health needs. "Behavioral health needs" means a wide range of mental health disorders and illnesses, substance use disorder, developmental disabilities and autism spectrum disorder.

Sec. 2. 34-B MRSA §15001, sub-§6-A is enacted to read:

6-A. Extended stay. "Extended stay" means a stay of a patient in a health care facility that is longer than 24 hours.

Sec. 3. 34-B MRSA §15001, sub-§7-A is enacted to read:

7-A. Hospital emergency department. "Hospital emergency department" means the department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital with health conditions, including illnesses and trauma, requiring immediate care.

Section 4 is amended (as follows):

Sec. 4. 34-B MRSA §15005 is enacted to read:

§ 15005. Data collection regarding children in hospital emergency departments

1. Data collection; posted on website. A hospital shall provide data to the department in a mutually agreed upon format on the number of children with behavioral health needs remaining in hospital emergency departments for extended stays, the length of the extended stays and whether the reason for the extended stay is lack of appropriate placement or lack of community services. The department shall post aggregated data on an annual basis on a publicly accessible website without any information, including health care or geographical information, that may directly identify any individual child or family.

2. Report. Beginning January 1, 2023 and annually thereafter, the department shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters that includes an annual compilation of the data collected by the department pursuant to subsection 1 that affect the number of children with behavioral health needs remaining in hospital emergency departments for extended stays and the length of the extended stays.

Section 5 of the bill is replaced with the following:

Sec. 5. Children's Cabinet to develop a plan for children with behavioral health needs remaining in hospital emergency departments. The Children's Cabinet, as established in Title 5, section 19131, shall convene a stakeholder group to collect data related to children with behavioral health needs remaining in hospital emergency departments for extended stays, and develop a plan to address the barriers to appropriate levels of care for those children.

1. **Membership.** In addition to the members of the Children’s Cabinet, the stakeholder group must include representatives from the following:
 - A. The Office of Child and Family Services within Department of Health and Human Services;
 - B. Children’s behavioral health program coordinators;
 - C. Hospital emergency department physicians;
 - D. Children’s psychiatric hospitals;
 - E. Providers of residential services to children and adolescents;
 - F. Behavioral health treatment providers specializing in mental health;
 - G. Behavioral health treatment providers specializing in developmental disabilities and autism spectrum disorder;
 - H. Behavioral health treatment providers specializing in crisis intervention;
 - I. Providers of substance use disorder treatment; and
 - J. Any other relevant stakeholders.

2. **Duties.** The stakeholder group has the following duties.
 - A. Collect data for at least one year regarding children with behavioral health needs remaining in hospital emergency departments for periods of more than 24 hours. Data must include, but is not limited to: age; gender; ethnicity; Adverse Childhood Experiences scores; custody status; residency; educational levels; health insurance status; length of stay in the emergency department; and disposition following discharge from the emergency department including in-state and out-of-state placement.
 - B. Identify gaps in Maine’s continuum of services to children with behavioral health needs including residential, inpatient, outpatient, partial hospitalization, crisis and home-based services.
 - C. Identify barriers that prevent efficient discharge of children with behavioral health needs from emergency departments to appropriate levels of care, including barriers to serving children and their families successfully within their own community.
 - D. Develop a plan to overcome the gaps in services and barriers identified to meet the needs of children with behavioral health needs.

3. **Report.** The stakeholder group shall submit a report including the data, gaps in services and barriers, and plan to overcome gaps and barriers, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than February 1, 2022. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out legislation to the Second Regular Session of the 130th Legislature.

SUMMARY

This amendment makes the following changes to the bill:

1. It removes the sections related to the children’s behavioral health coordinators.
2. It requires the Children’s Cabinet to convene a stakeholder group to collect data, identify gaps in the continuum of care to children with behavioral health needs, identify barriers to eliminating those gaps, and develop a plan to overcome the gaps and barriers.