



May 2, 2021

Testimony regarding LD 1090: Resolve, To Equitably Fund Legal Fees for Progressive Treatment Programs

Esteemed Members of the Committee:

Thank you for considering this vital subject.

As you may know, the state of Maine is in a Mental Health crisis, with far too few inpatient beds for the number of people needing acute help in times of crisis. Our Emergency rooms often have people stuck in them for days at a time, simply because there are no open inpatient psychiatric beds in the entire state.

The Covid crisis has only made matters worse. Over the past 6 months, the St. Mary's Behavioral Emergency Room has an average of 6 – 10 people waiting for an inpatient bed to become available at any given time. A situation we could never have imagined when it was built 10 years ago.

Besides the dramatic increased need for mental health care caused by the pandemic, one of the chief factors causing this is the difficulty discharging patients off of the units in a timely manner, preventing new patients from being admitted.

Because of the nature of their Mental Health treatment, there are patients who chronically will not comply with treatment – failing to go to appointments and stopping medications as soon as they leave the hospital. These unfortunate people often find themselves quickly returning to the hospital when their medications run out, only to repeat the cycle. In the most severe cases, they often become a danger to themselves or others when the illness strikes again.

The Progressive Treatment Program was designed to help prevent this cycle and, ultimately, keep these patients safe and allow them to have much happier, productive lives by allowing hospitalization when they were found to be deteriorating, but before they actually became dangerous.

Unfortunately, in it's present state, it is only supported in the State Hospitals. This has led the community hospitals to hold the patients for extended periods of time on involuntary status with the hope that they can be transferred to the State hospitals to get a PTP completed. In it's current crisis, this could mean 2-4 months of extra hospital stay just to get the patient transferred. Clearly, this adds a severe burden to the patient languishing in a hospital and blocks a hospital bed that others desperately need.



The civil hospitals could hold the PTP hearings on the units themselves, but the cost – including legal fees, provider and staff time as well as technological support for remote hearings has been a significant barrier. LD 1090 would be a significant help in defraying these costs, making it a much more attractive option.

If this passes, I am certain that civil hospital units would jump at the opportunity to start doing these hearings. This would help get the much needed help to the patients, shorten the length of their hospitalizations and open inpatient beds for many more people in need.

In summary, passing LD 1090 will give better care to those in need, help prevent extended hospitalizations, make room for much needed inpatient psychiatric care and ultimately cost the state far less by helping those in need get the care they need before they deteriorate to severe illness.

Thank you for your consideration,

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