

LD 1418

L.D. 1418

Date:

(Filing No. H-)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
129TH LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT " " to H.P. 1031, L.D. 1418, Bill, "An Act To Address Maine's Shortage of Behavioral Health Services for Minors"

Amend the bill by striking out everything after the enacting clause and inserting the following:

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.

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 the reasons for the extended stays. The department shall post aggregated data on an annual basis on a publicly accessible website without any information, including health care information, that may directly identify any individual child or family.

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1 2. Coordination by department. The department shall designate coordinators who
2 have the responsibility to facilitate the provision of appropriate services as needed for a
3 child with behavioral health needs who no longer requires medical or surgical care in a
4 hospital emergency department but requires services to address behavioral health needs in
5 another setting, including, but not limited to, a hospital or a setting in the community.
6 The coordinator shall communicate between the department, the hospital emergency
7 department and other providers of behavioral health services.

8 3. Report. Beginning January 1, 2022 and annually thereafter, the department shall
9 submit a report to the joint standing committee of the Legislature having jurisdiction over
10 health and human services matters that includes an annual compilation of the data
11 collected by the department pursuant to subsection 1 and any relevant actions taken by
12 the department, including by coordinators authorized in subsection 2, that affect the
13 number of children with behavioral health needs remaining in hospital emergency
14 departments for extended stays and the length of the extended stays.

15 **Sec. 5. Department of Health and Human Services to promote and**
16 **improve use of children's behavioral health program coordinators.** The
17 Department of Health and Human Services, Office of Child and Family Services shall
18 promote and improve the use of children's behavioral health program coordinators that
19 are currently designated by the department to ensure children's emotional and behavioral
20 challenges receive the most effective services in the least restrictive environment in order
21 to assist hospital emergency departments to find appropriate behavioral health placements
22 for children with behavioral health needs who no longer need medical or surgical care in
23 a hospital emergency department. The department shall submit a report, no later than
24 January 1, 2021, to the joint standing committee of the Legislature having jurisdiction
25 over health and human services matters regarding its efforts to improve the use of
26 behavioral health program coordinators to assist hospitals and children with behavioral
27 health needs as described in this section.'

28 Amend the bill by relettering or renumbering any nonconsecutive Part letter or
29 section number to read consecutively.

30 **SUMMARY**

31 This amendment replaces the bill. It requires the Department of Health and Human
32 Services to collect data on the number of children with behavioral health needs remaining
33 in hospital emergency departments for extended stays, the length of the extended stays
34 and the reasons for the extended stays and post the data annually on a publicly accessible
35 website without any information, including health care information, that may directly
36 identify any individual child or family. The department is required to submit a report to
37 the joint standing committee of the Legislature having jurisdiction over health and human
38 services matters with annual data and any department efforts to reduce the number of
39 children and lengths of stay. The department is also required to promote and improve the
40 use of the current children's behavioral health program coordinators within the Office of
41 Child and Family Services to assist hospitals to place children in more appropriate

7.02.20
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to Jan 1,
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COMMITTEE AMENDMENT " " to H.P. 1031, L.D. 1418

1 behavioral health settings and report its efforts in a report to the joint standing committee
2 of the Legislature having jurisdiction over health and human services matters.

3 **FISCAL NOTE REQUIRED**

4 **(See attached)**



Approved: 03/14/20 *MAC*

129th MAINE LEGISLATURE

LD 1418

LR 24(03)

An Act To Address Maine's Shortage of Behavioral Health Services for Minors

Fiscal Note for Bill as Amended by Conference Committee Amendment " "

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services from the provisions of this bill are expected to be minor and can be absorbed within existing budgeted resources.