

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1239

H.P. 814

House of Representatives, March 25, 2025

**An Act to Require Data Collection on and Reporting of Psychiatric
Hospital Resources and Transparency in Denials of Emergency
Involuntary Admissions to Psychiatric Hospitals**

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative SHAGOURY of Hallowell.
Cosponsored by Senator MOORE of Washington and
Representatives: BRENNAN of Portland, CLOUTIER of Lewiston, GRAHAM of North
Yarmouth, GRAMLICH of Old Orchard Beach, MCCABE of Lewiston, ZAGER of Portland,
Senator: DUSON of Cumberland.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 34-B MRSA §3004, sub-§3, ¶C**, as amended by PL 1995, c. 560, Pt. K,
3 §33, is further amended to read:

4 C. Prepare a report that describes the system of community support services in each
5 of the mental health service regions and statewide.

6 (1) The report must include both existing service resources and deficiencies in the
7 system of services, including:

8 (a) An analysis of existing service resources and system deficiencies. The
9 analysis must specifically identify any deficiency that contributed to a denial
10 of a referral as reported to the department under section 3863, subsection 3,
11 paragraph D, subparagraph (4) and section 3863, subsection 3-A; and

12 (b) Recommendations on resources and supports that are needed to address
13 identified deficiencies and that would enable a facility to accept an individual
14 who would otherwise be denied admission.

15 (2) The report must include an assessment of the roles and responsibilities of
16 mental health agencies, human services agencies, health agencies and involved
17 state departments and must suggest ways in which these agencies and departments
18 can better cooperate to improve the service system for people with chronic mental
19 illness.

20 (3) The report must be prepared biennially ~~and~~, must be submitted to the joint
21 standing committee of the Legislature having jurisdiction over human resources
22 matters by December 15th of every even-numbered year and must be publicly
23 accessible, including on the department's website.

24 (4) The committee shall review the report and make recommendations with respect
25 to administrative and funding improvements in the system of community support
26 services to persons with chronic mental illness; ~~and~~

27 **Sec. 2. 34-B MRSA §3004, sub-§3, ¶D**, as amended by PL 2011, c. 348, §9, is
28 further amended to read:

29 D. Participate with school administrative units in transition planning for each student
30 with chronic mental illnesses who is receiving special education services and who is
31 16 years of age or older, or 14 years of age if determined appropriate by the student's
32 individualized education program team, and shall assign appropriate staff as a
33 transition contact person and as a member of the transition planning team for each
34 student; and

35 **Sec. 3. 34-B MRSA §3004, sub-§3, ¶E** is enacted to read:

36 E. By December 15th of every even-numbered year, each psychiatric hospital, as
37 defined in section 3801, subsection 7-B, shall submit a biennial report to the
38 department, including:

39 (1) The total number of inpatient beds for which the hospital controls admission;

40 (2) The physical address of each facility within the State with inpatient beds under
41 the hospital's control and the number of licensed beds at each facility; and

1 (3) The total number of days each inpatient bed was occupied by a patient as
2 defined in section 3801, subsection 7.

3 By January 15th of every odd-numbered year, the department shall compile the data
4 received under this paragraph into a report that identifies statewide trends and
5 utilization patterns and make the report publicly accessible, including on the
6 department's website.

7 **Sec. 4. 34-B MRSA §3863, sub-§3, ¶D,** as enacted by PL 2015, c. 309, §3, is
8 amended by amending subparagraph (2) to read:

9 (2) The hospital, after undertaking its best efforts, has been unable to locate an
10 available inpatient bed at a psychiatric hospital or other appropriate alternative;
11 and

12 **Sec. 5. 34-B MRSA §3863, sub-§3, ¶D,** as enacted by PL 2015, c. 309, §3, is
13 amended by amending subparagraph (3) to read:

14 (3) The hospital has notified the department of the name of the person, the location
15 of the person, the name of the appropriately designated individual who conducted
16 the evaluation pursuant to subparagraph (1) and the time the person first presented
17 to the hospital; and

18 **Sec. 6. 34-B MRSA §3863, sub-§3, ¶D,** as enacted by PL 2015, c. 309, §3, is
19 amended by enacting subparagraph (4) to read:

20 (4) The hospital has provided to the department the documentation received under
21 subsection 3-A for any psychiatric hospital that has declined a referral for
22 admission of the person.

23 **Sec. 7. 34-B MRSA §3863, sub-§3-A** is enacted to read:

24 **3-A. Referral for admission declined by psychiatric hospital.** A psychiatric
25 hospital that declines a referral for admission from a referring hospital under this section
26 shall provide the referring hospital with a written explanation for declining the referral,
27 including:

28 A. A detailed explanation of the specific reasons for declining to admit the person; and

29 B. A description of the specific circumstances or changes that would allow the
30 psychiatric hospital to reconsider and accept the referral at a later time.

31 If the psychiatric hospital has previously declined admission for the person and
32 subsequently admitted another person, the psychiatric hospital shall explain the decision to
33 accept the subsequent person in preference over the previously declined person, keeping
34 personally identifying information of each person confidential and focusing solely on the
35 clinical or logistical criteria used to make the admission decision.

36 A psychiatric hospital shall make a written explanation under this subsection available,
37 upon request, to the person who was declined admission.

38 **Sec. 8. 34-B MRSA §3863, sub-§3-B** is enacted to read:

39 **3-B. Daily data on available beds at psychiatric hospitals.** A psychiatric hospital,
40 as defined in section 3801, subsection 7-B, shall submit the following data to the
41 department at least once every 24 hours:

A. The name and address of the psychiatric hospital, including the location of all inpatient beds for which the psychiatric hospital controls admissions;

B. The total number of inpatient beds at the psychiatric hospital; and

C. The number of inpatient beds at the time of reporting that are occupied by a patient as defined in section 3801, subsection 7.

The department shall compile the data received under this subsection and present the data in a format that allows for easy identification of inpatient bed availability, sorted by psychiatric hospital, in real time on a publicly accessible website.

SUMMARY

This bill requires:

1. Psychiatric hospitals to provide detailed written explanations to referring hospitals for emergency admission denials that include specific reasons for the denial, circumstances under which the admission referral would be reconsidered and justification for prioritizing other admissions;

2. Psychiatric hospitals on a daily basis to report inpatient bed capacity, occupancy and locations to the Department of Health and Human Services, which is required to make the information available in real time on a publicly accessible website;

3. Psychiatric hospitals on a biennial basis to report information on inpatient bed capacity and occupancy, with the Department of Health and Human Services issuing a publicly accessible report on this information identifying statewide trends and utilization patterns regarding the use of inpatient beds; and

4. The Department of Health and Human Services to include in its biennial report identification of deficiencies contributing to denials of referrals for admission and recommendations for necessary resources to improve access to psychiatric hospitals.