

# MAINE STATE LEGISLATURE

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Date:

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(Filing No. H-674)

**HEALTH AND HUMAN SERVICES**

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**STATE OF MAINE**

**HOUSE OF REPRESENTATIVES**

**132ND LEGISLATURE**

**FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT "A" to H.P. 1163, L.D. 1745, "An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine"

Amend the bill by inserting after the title and before the enacting clause the following:

**'Emergency preamble.** Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** this legislation must take effect immediately to ensure that the data collection required for reporting from the Department of Health and Human Services begins as soon as possible and prior to 90 days after adjournment; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,'

Amend the bill by inserting after section 1 the following:

**'Sec. 2. 34-B MRSA §15003, sub-§9,** as amended by PL 2021, c. 191, §1, is further amended to read:

**9. Reports.** The department shall report by January 1st of each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the following matters:

A. The operation of the program, including numbers of children and families served and their residences by county; any waiting lists; the progress of the department in implementing improvement strategies; and appeals procedures requested, held and decided, including the results of decided appeals;

B. Initiatives in acquiring and using federal grant funding;

C. Barriers to improved delivery of care to children and their families and the progress of the department in overcoming those barriers; and

1 D. The number of children served by crisis providers and the number of children who  
2 waited for the appropriate level of behavioral health treatment in a hospital emergency  
3 room after being cleared for discharge, along with the length of stay, and denials for  
4 services by providers of children's residential services during the preceding year. The  
5 department shall make a reasonable effort to obtain information from providers,  
6 including implementing a standardized system for the reporting of data. Data collected  
7 pursuant to this paragraph must protect the confidentiality of all persons involved to  
8 the same extent as otherwise required by state or federal law or rule;

9 E. The number of children in a hospital emergency department who have arrived in  
10 the hospital emergency department directly from a residential setting, including, but  
11 not limited to, a children's home as defined in Title 22, section 8101, subsection 1; a  
12 children's residential care facility as defined in Title 22, section 8101, subsection 4; or  
13 another hospital;

14 F. The number of children receiving services in out-of-state placements and the total  
15 cost to the State of the out-of-state placements, including travel for the children and  
16 their families;

17 G. The number of children receiving services in children's residential care facilities as  
18 defined in Title 22, section 8101, subsection 4 with a length of stay that is longer than  
19 one year; and

20 H. The number of closures of children's residential care facilities as defined in Title  
21 22, section 8101, subsection 4 as reported by the department to the joint standing  
22 committee of the Legislature having jurisdiction over health and human services  
23 matters pursuant to Title 22, section 8111.'

24 Amend the bill by striking out all of sections 3, 4 and 5 and inserting the following:

25 '**Sec. 3. Stabilizing and expanding child and youth residential capacity.** The  
26 Department of Health and Human Services shall engage in outreach to providers of  
27 residential services, inpatient psychiatric services and community-based services in this  
28 State to counsel those providers on resource needs to prevent additional closures and  
29 encourage the reopening of beds for child and youth residential treatment.

30 **Sec. 4. Children's behavioral health services data and policy report.** The  
31 Department of Health and Human Services shall develop and submit a report, no later than  
32 December 3, 2025, to the Joint Standing Committee on Health and Human Services that  
33 includes data and policy efforts as follows:

34 1. A gap analysis that describes all of the children's residential beds and programs  
35 added since 2018 and removed since 2018;

36 2. Current information on waiting lists for children's programs, including the average  
37 and median wait time to access approved services;

38 3. The number of children who are experiencing homelessness;

39 4. An update on efforts to implement a so-called high fidelity wraparound service for  
40 children;

41 5. An update on the implementation of multidimensional treatment foster care  
42 services;

6. An update on efforts to support existing home and community treatment services, assertive community treatment services and school-based treatment services programs;

7. An update on the development of the level of care provided by a psychiatric residential treatment facility for children in this State;

8. An update on the federal certified community behavioral health clinic Medicaid demonstration program;

9. An update on the development of crisis receiving centers for children; and

10. An update on the services that are needed and unavailable, causing children to remain in hospital emergency departments and inpatient settings awaiting behavioral health services after they are cleared for discharge.'

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.'

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

## SUMMARY

This amendment makes several changes to the bill.

1. It removes from the bill the sections requiring an out-of-state and emergency department cost analysis, changes to the aftercare services payment model and one-time funding to stabilize children's residential care facilities in danger of closing.

2. It adds requirements to the annual report on children's behavioral health services from the Department of Health and Human Services related to children in hospital emergency departments after they are cleared for discharge, out-of-state residential services and the cost of those services, lengths of stays in residential treatment facilities and denials of services.

3. It requires the department to engage in outreach to providers of children's residential services, inpatient psychiatric services and community-based services to prevent closures and encourage the reopening of beds.

4. It requires the department to provide a report to the Joint Standing Committee on Health and Human Services, no later than December 3, 2025, with data and policy efforts related to children's behavioral health services.

5. It adds an emergency preamble and emergency clause.

**FISCAL NOTE REQUIRED**

(See attached)



Approved: 06/06/25 **LRL**

# 132nd MAINE LEGISLATURE

LD 1745

LR 1763(02)

**An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine**

**Fiscal Note for Bill as Amended by Committee Amendment**

**Committee: Health and Human Services**

**Fiscal Note Required: Yes**

*A (H-674)*

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## 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.