

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out the title and substituting the following:

'Resolve, To Study the Cost of Providing Behavioral Health Care and Substance Abuse Services'

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

'Sec. 1 Review of emergency department usage. Resolved: That the Department of Health and Human Services, referred to in this resolve as "the department," shall consult with agencies and entities that possess relevant data regarding usage of hospital services and shall determine, on an annual basis, the number and percentage of persons who present at hospital emergency departments with behavioral health or substance abuse issues and the number and percentage of persons who present at hospital emergency departments for only behavioral health or substance abuse issues and the number and percentage of those persons who could be served through more appropriate community-based services; and be it further

Sec. 2 Work with stakeholders. Resolved: That the department shall work with a broad group of stakeholders to determine the reasons that persons present at hospital emergency departments for only behavioral health or substance abuse issues, the barriers to care that prevent them from seeking care from more appropriate community-based services and the estimated potential cost savings associated with shifting care from hospital emergency departments to community-based services; and be it further

Sec. 3 Review best practice models. Resolved: That the department shall review best practice models for training emergency department personnel, for triage to determine appropriate care settings and, when appropriate, for diverting care to community-based services for persons who present for only behavioral health or substance abuse issues. The department shall pay special attention to consumer preference; peer support services; sharing of assessments, information and records among community-based services and hospitals; licensing, regulatory and contractual changes required for diversion to community-based services; and innovations to address the requirements of the federal Emergency Medical Treatment and Active Labor Act; and be it further

Sec. 4 Report; recommendations. Resolved: That, by March 1, 2012, the department shall report to the Joint Standing Committee on Health and Human Services recommendations for augmented community-based services, including peer support services, in at least 2 different best practice models for service delivery that could be funded by the cost savings identified in section 2 resulting from diversion from hospital emergency departments of cases better served through community-based services.'

SUMMARY

This amendment replaces the bill, which is a concept draft. It requires the Department of Health and Human Services to review the use of hospital emergency departments by persons requiring only behavioral health and substance abuse services. The amendment requires the department to identify care that could be delivered in community-based settings, to review models for triage and diversion, to estimate

potential cost savings and to report recommendations by March 1, 2012 to the Joint Standing Committee on Health and Human Services.