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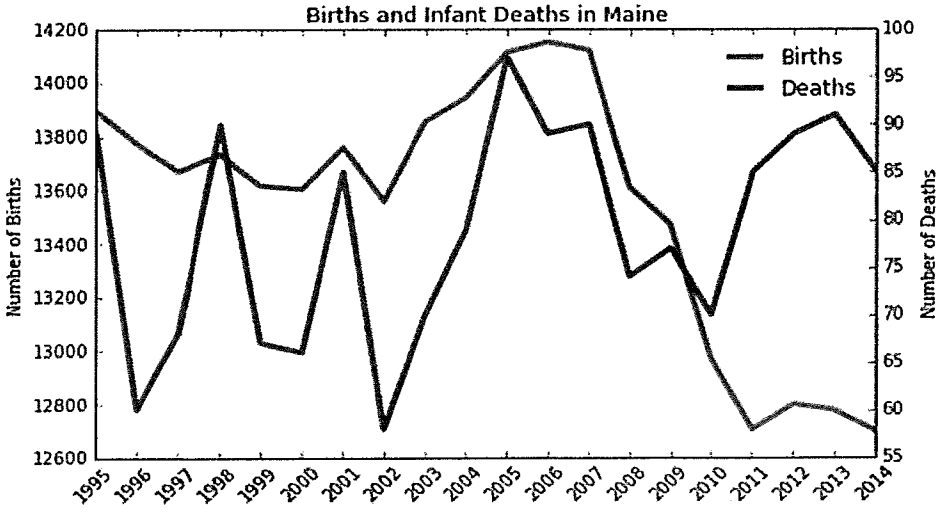
RE: LD 1108: An Act To Restore Public Health Nursing Services

Senator Brakey, Representative Hymanson, and Distinguished Members of the Joint Standing Committee on Health and Human Services. My name is Denise Scuderi. I have been a registered nurse for 19 years. I have been living in Piscataquis County for the past 13 years. Prior to moving to Maine, I lived in the Atlanta area and in Washington, D.C. As you can imagine, I have seen many differences since moving to rural Maine. I am the former Obstetrics Nurse Manager. My current role is Vice President of Patient Care Services at Mayo Regional Hospital in Dover-Foxcroft. Mayo is one of the Critical Access Hospitals in the state. I strongly support LD 1108: An Act to Restore Public Health Nursing Services.

There was a point in time when Mayo, at a minimum, offered a referral to nearly 100% of our delivered patients. Over the past few years our access to our Public Health Nurses has changed drastically. In fact, at this point, our nursing staff no longer makes routine referrals to Public Health Nursing since many of the referrals "do not meet eligibility requirements". This is unfortunate since we live in Piscataquis County, one of the poorest counties in one of the oldest and poorest states. As reported recently by the BDN, Maine is the only state in the United States with a worse infant mortality rate in this decade than in the last. In 2016, the infant mortality rate was 6.7 per 1,000. We are not sure why, but it could possibly be related to the decreased availability of Public Health Nursing for follow up care before and after delivery. And, as you all are aware, Maine has a growing number of women with substance use disorder involving opiates or are in an opiate replacement program such as methadone or buprenorphine. So, why would we continue to cut our public health nursing resources during these unstable times to leave our most vulnerable at an increased risk?



Over the years, I have heard many positive stories of how having the Public Health Nurse home visit after the birth of their baby was beneficial. Even one of our OB nurses signed up for a PHN visit after the birth of her first child. Her son had hyperbilirubinemia (jaundice) and had to be readmitted to the hospital. The Public Health Nurse assisted her once they were discharged. She helped with breastfeeding and was able to draw and monitor labs, etc. She continued to have regular follow up visits for months after she gave birth. This individual still talks positively about her experience and how she was able to cope with postpartum depression in part due to her relationship with her public health nurse. Her son is now 8 years old. She says she never would have had a second child without having that extra support with her first child.

A recent study by Kilburn and Cannon entitled *Home Visiting and Use of Infant Health Care: A Randomized Clinical Trial* stated that "home visiting can reduce children's health care use in the first year of life. " In addition, infants assigned to home visiting had fewer emergency department visits and fewer visits to primary care in their first year. (Kilburn MR and Cannon. Pediatrics 2017;139(1):e20161274). In this same article, it stated that a survey of 21 states found that in FY 2013, state appropriations for home visiting grew by nearly 17%, despite a tight government budget. At a time when the American Academy of Pediatrics (AAP) and the Coalition for Evidence-Based Policy have endorsed home visiting as an evidence-based health promotion why would we not do the same in Maine especially considering the rise in the infant mortality rate? Since 2010, we have decreased the number of Public Health Nurses in Maine from approximately 60 down to 20. I understand that one of the proposed budget cuts actually suggests that we make additional cuts so that we would only have approximately 11 PHN statewide.

At my hospital, Mayo Regional, in 2013, we started a new program combining one of the first prenatal visits with an educational session with our nursing staff in the Obstetrics (OB) Department. The patients meet with one of the OB nurses that will be taking care of them during labor, delivery, recovery, and postpartum. This visit has benefited the patient in many ways: It has helped foster a closer relationship with the nurses in the hospital so that the patient feels comfortable with the staff when it is time to deliver. It has also allowed for more intensive nursing education. Prior to this type of visit, the Medical Assistants (MAs) met with the patients to review and explain some of the medical issues. The adapted model allows the nurse to assess the patient's medical conditions, risk factors and current living situation. We offer referrals to Public Health Nursing and/or Maine Families. There was a time, when we first started these visits, that our Public Health Nurse, Karen Dolly, and our Maine Families home visitor, April Sargent, were able to come to these appointments to meet with the clients in person. Many of our patients signed up for referrals to one or both organizations depending on their needs. At Mayo, we also meet with our pregnant patients for a 26-28 week visit. Once again, we offer a referral to Public Health Nursing and/or Maine Families. Finally, we use to offer referrals after the birth of their baby. It is common for individuals not to accept help the first couple of times that it is offered even if they need it. So, one needs to be ready to act when the client is receptive. Many of our patients chose either Public Health Nursing or Maine Families at one of these encounters because they had already met them at the prenatal visit at the hospital and felt comfortable with them personally. We had a very high rate of referral.

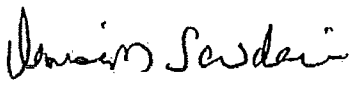
This has all changed since the referral process changed in 2016. Mayo no longer has a high rate of referral due to barriers. PHN is now focusing its efforts to support substance-exposed infants, the medically fragile (infants, children, and adults) and infectious disease prevention and control. When a referral is received by PHN central referral (CR), a nurse triages the referral to determine level of acuity. The referral receives a designation of low,

medium, or high, based on the information received, the anticipated care needs and DHHS' current service priorities. A referral designated as low does not get nursing services or a telephone outreach. A medium 1 designation requires no visits. PHN outreach is limited to the client being referred to their community based services when appropriate. The referral agency receives a letter stating that the referral did not meet eligibility requirements. A Medium 2 is assigned a PHN for an initial visit with recommendation of nurse contact within 1-5 days and a visit within 5-10 days based on assessed needs. A referral designated as high consists of a call being made to conduct a preliminary nurse assessment based on referral information. If contact is successful, a guided interview is conducted. A PHN is assigned with recommendations of contacting client within 1-5 days and having a visit within 1-10 days.

On May 1st, the Maine CDC will be rolling out their new home visiting referral program, Cradle Me. Many of the hospitals have not been informed of this new process and we are less than one month away from rolling it out. The referral will go to a central office and then will be reviewed by either a nurse or MSW who will determine whether the family gets a nurse or a Maine Families home visit. This is still a concern since a paper referral form is not always comprehensive and reflective of the mother and baby's needs. And, how will a social worker be qualified to know what is needed medically from a nursing perspective? There are many situations when it is not appropriate to have someone other than a nurse to assess medical situations. Some of these areas are beyond a home visitor's scope of practice. A nurse is the only one qualified and licensed to deliver such care. And, families think that a home visitor is a nurse even when they are not. It is unclear how the non-nurse visitors clarify their role and stay within their own scope of practice. Public Health Nurses are unique in that they can tailor their visits to the specific needs of the family. These may include: breastfeeding, promoting infant growth and development, nurturing positive relationships, and ensuring a safe environment which would include safe sleep, postpartum depression, in need of education about medications and medical issues as well as other needs. In addition, they can help support the mom who is struggling with a substance use disorder. It is strongly suggested that parents of any Neonatal Abstinence Syndrome (NAS)/ Substance exposed baby be referred to public health nursing.

I appreciate you taking time to listen to what has been happening state wide and at the local hospital level over the past few years. Let's make a positive difference and not only preserve, but expand public health nursing by supporting LD1108: An Act to Restore Public Health Nursing Services.

Respectfully submitted,



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