Maine Chapter



Executive Committee

President Stephen Meister, MD, MHSA, FAAP

President-Elect Deborah Hagler, MD, FAAP

Vice President Laura Blaisdell, MD, MPH, FAAP

Treasurer
Christopher Motyl, DO, FAAP

Secretary
Genevieve Whiting, MD, FAAP

Immediate Past President Janice Pelletier, MD, FAAP

Board of Directors Amy Belisle, MD, MBA, FAAP Amy Buczkowski, MD, FAAP Melissa Burch, MD,, FAAP Adrienne Carmack, MD FAAP Gabriel Civiello, MD, FAAP Anne Coates, MD, FAAP Catherine Ezzio, MD Dan Hale, MD, FAAP Emily Jacobs, DO Jennifer Jewell, MD, MS, FAAP Stephanie Joy, MD, FAAP Emily Keller, MD, FAAP Michele Labotz, MD, FAAP Lawrence Losey,, MD FAAP Valerie O'Hara, DO, FAAP Jennifer Paul, MBBS Sydney Sewall MD, MPH, FAAP Mary Tedesco-Schneck PhD, NP FAAP Andrea Tracy, MD, FAAP Brian Youth, MD, FAAP

Medical Student Representatives Nabeel Hashmi

Chapter Executive Director
Dee Kerry
dakerry@aap.net

Anna Martens

30 Association Drive, Box 190 Manchester, ME 04351 office: 207-480-4185

www.maineaap.org
MAAP Facebook Page
Twitter: @MaineAAP

AAP National Headquarters 345 Park Boulevard Itasca, Illinois 60143 www.aap.org Testimony of Deborah Hagler MD in favor of LD 1937 'An Act to Provide Timely Access to Behavioral Health Services for Maine Children and to Address Trauma and the Impacts of the Opioid Crisis'

Good afternoon Senator Gratwick and Representative Hymanson, and the Committee on Health and Human Services. My name is Deborah Hagler and I reside in Harpswell. I have been a practicing pediatrician in Maine for 22 years. I attended Cornell Medical College, did my pediatrics training at the Children's Hospital of Philadelphia, am currently completing a Masters of Public Health at Johns Hopkins University and serve as the President-Elect of the Maine Chapter of the American Academy of Pediatrics.

Sadly, one in five youth will be diagnosed with a behavioral or mental health illness during childhood or adolescence. Addressing these issues commonly requires intervention by specially-trained and highly-skilled behavioral health clinicians. Maine has a critical need for these workers. I have patients in my practice in Brunswick waiting months just to get an appointment with a therapist. Even more discouraging, I have some teens that have given up on therapy all together due to the frequent turnover – some having successive therapists that work with them for a few months before leaving for higher paying jobs elsewhere. I have also had families leave Maine in search of better, more consistent mental health services for their children. Additionally, I've seen families end up in the Emergency Room when their child's condition deteriorates; this happens when they end up in crisis due to inconsistent mental health treatment. Unfortunately, due to the lack of appropriate providers and facilities, patients in need experience significant wait times to access services. This delay clogs Emergency Departments where patients wait up to two weeks to access the higher level psychiatric in-patient care they need. Often patients access these residential services in other states a costly option, as well as a barrier to receiving the comprehensive mental health services that these children, adolescents and their families require.

We have a <u>critical</u> need to build our behavioral, mental health workforce to address the causes and results of the opioid misuse. This work is challenging, intense, and requires skill and great dedication. Therefore, it needs to be appropriately compensated and expanded training opportunities provided where needed. Maine's children, and our future, are worth this commonsense investment.