



Testimony on SB 774
Hospitals – Community Benefits
Senate Finance Committee
March 5, 2020
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland is the professional organization for providers of community-based mental health and substance use disorder treatment services. Our members serve the majority of the almost-300,000 children and adults who access care through the public behavioral health system. We provide outpatient treatment, residential and day programs, case management and assertive community treatment (ACT), employment supports, and crisis intervention.

We support this bill because it requires hospitals to consult with consumers, health care providers, and other community members when developing their Community Benefit Reports (CBRs), replacing the current language that allows but does not require input from community members. Input from local individuals and groups will help ensure that the assessments and subsequent investments reflect the true needs of each community.

As part of its CBR process Maryland law requires hospitals to provide an analysis of gaps in the availability of specialty providers to serve the uninsured who have received care from the hospital. The most recent community benefits report by the Health Services Cost Review Commission (dated April 3, 2019) identifies mental health and substance abuse/detoxification as the two most frequently reported gaps (37 and 22 hospitals, respectively, of the total of 48 hospitals that submitted a community benefits report in 2018). While this data is of grave concern, it also provides an important opportunity for hospitals to consult with community behavioral health providers on ways to meet the needs of uninsured individuals with behavioral health needs. As the Total Cost of Care requirements move the focus from strictly inpatient cost and quality to care that is provided outside the hospitals' walls, it is imperative that hospitals form partnerships with community-based organizations. The Maryland Hospital Association's own data show that four of the top five primary diagnoses for readmissions within 30 days were behavioral health-related, and that schizophrenia and alcohol-related disorders were within the top five primary diagnoses for hospital admissions.

SB 774 will provide a starting point for hospitals and community-based behavioral health organizations to consult and partner in order to meet the needs of individuals with mental health and substance use disorders. We urge a favorable report.

Proposed amendments to SB 774

The following amendments from the Community Behavioral Health Association of Maryland and the Mental Health Association of Maryland are proposed and written to the consensus amendments dated March 20 from the Health Services Cost Review Commission.

AMENDMENT NO. 2

To the list in (3), add:

(X) PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS;

(XI) FINANCIAL OR IN-KIND SUPPORT OF THE MARYLAND BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM.

Rationale: (XI) Language exists in current statute and should be retained, given the current opioid crisis and increase in suicide rates. (X) Despite years of community benefits assessments indicating behavioral health as a priority need, much of the community benefits spending has been allocated for other purposes. The community benefits process cannot be divorced from the goals of the Total Cost of Care. Maryland Hospital Association data indicate grave challenges with behavioral health admissions and readmissions. HB 1169 presents an opportunity to promote partnerships between hospitals and community-based organizations, a cornerstone of the TCOC goals.

AMENDMENT NO. 6

After the word "PUBLIC" add "AND BEHAVIORAL"

Rationale: Although it is a major driver of hospital admissions and health care costs, behavioral health is often overlooked in favor of other health conditions. This language is in keeping with the cited Internal Revenue code that addresses underserved populations.

AMENDMENT NO. 7

Restore language in the original bill on pages 4 and 5, line 29 on page 4 through line 4 on page 5. On page 4, line 29, strike "HOLD" and insert "PUBLICIZE"

Rationale: While hospitals are required to hold public meetings the community would benefit from knowing well in advance when and where those meetings are scheduled.

AMENDMENT NO. 11

Add the following language to the end of proposed Amendment No. 11: "AND AN ITEMIZED ACCOUNTING OF THE COSTS OF EACH COMMUNITY BENEFIT INITIATIVE."

Rationale: The language retains a key provision of HB 1169, allowing the public to determine whether actual spending is driven by and directed to identified community health needs.