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Senate Bill 774 Hospitals – Community Benefits

Finance Committee

March 5, 2020

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 774.

SB 774 revises current hospital community benefit reporting and needs assessment procedures to maximize transparency and provide for input from a broad range of stakeholders, including consumers, health care providers, community leaders and others. Increased consultation with affected individuals and groups will help ensure the assessments and subsequent investments reflect the true needs of each community.

The federal Affordable Care Act requires hospitals to complete needs assessments to prioritize the health needs of local communities and direct spending of community benefit dollars accordingly. In 2015, MHAMD examined several community health needs assessments and the corresponding community benefit reports filed with the HSCRC to determine the correlation between the two reports. A review of the 2013 and 2014 community needs assessment reports demonstrated that more than 90% of hospitals reported behavioral health as an unmet need in their communities. However, the community benefit reports lack specificity, making it impossible to determine whether actual spending is driven by the unmet needs identified in the assessments. Because the community benefit spending data reports (which detail actual spending) and the community benefit narrative reports (which describe the specific programs or initiatives) cannot be reconciled, the public is unable to determine if actual spending is being directed into critical unmet needs, like community behavioral health.

MHAMD supports SB 774 because it would ensure hospitals are considering the feedback of key community constituencies when identifying local health needs, and it would provide a better understanding of whether the resulting investments are meeting those needs.

It is our understanding that stakeholders have developed consensus amendments to the bill as drafted. MHAMD was not privy to those negotiations, but we have had a chance to review the proposed revisions and we respectfully offer the following amendments to those amendments:

AMENDMENT NO. 2

To the list in (3), add:

(X) PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS;

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(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. SB 774 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 28 on page 4 through line 3 on page 5. On page 4, line 28, 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 SB 774, allowing the public to determine whether actual spending is driven by and directed to identified community health needs.