



Testimony on SB 659
Maryland Medical Assistance Program – Psychiatric Inpatient Care – Admissions
Restrictions (Psychiatric Hospital Admissions Equity Act)
Senate Finance Committee
February 22, 2022
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

We support this bill as another step in the efforts to ensure parity between the treatment of behavioral health disorders and somatic disorders. For years the Maryland Department of Health (MDH) limited admissions to specialty psychiatric hospitals due to the lack of federal Medicaid match for certain populations (known as the Institutions for Mental Disease – or IMD – exclusion). These imposed limits required discharge planners in hospital emergency departments (EDs) to contact five other hospitals to try to secure placement for an individual in psychiatric crisis prior to making an admission to a specialty psychiatric hospital. This requirement resulted in longer ED stays for individuals whose psychiatric condition could only be exacerbated by the crowded and chaotic nature of most EDs.

In a recent presentation to the Maryland Health Care Commission, the Maryland Institute for Emergency Medical Services System (MIEMSS) presented data showing that psychiatric patients accounted for 25% of ED boarders and 68% of ED boarding time (based on a ten-day analysis from November of 2021). This suggests that there are specific challenges to finding prompt and appropriate placements for psychiatric patients who are no longer in need of ED services.

We understand that since getting approval of its waiver from the IMD exclusion, MDH has removed the barriers to specialty psychiatric hospital admissions. However, we believe that in recognition of parity and the need for prompt and appropriate clinical care for those in psychiatric crisis, any such restrictions should be prohibited moving forward.

We urge a favorable report on SB 659.

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