

MCF_Fav_SB 659.doc.pdf

Uploaded by: Ann Geddes

Position: FAV



SB 659 – Maryland Medical Assistance Program – Psychiatric Inpatient Care – Admissions Restrictions

Committee: Senate Finance

Date: February 22, 2022

POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF strongly supports SB 659.

Individuals with health care coverage through Maryland Medicaid have every right to be seen in a psychiatric hospital that can take them in a timely manner and can provide quality care - preferably not far from their home. It is unconscionable that this has not always been the case in the past.

SB 659 would simply require that the Department of Health no longer restrict the psychiatric hospitals where a consumer of mental health services can be admitted for care, subject to medical necessity criteria. Such restrictions have caused significant hardships for those who have required inpatient psychiatric treatment.

Therefore we request a favorable report on SB 659.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
10632 Little Patuxent Parkway, Suite 234
Columbia, Maryland 21044
Phone: 443-926-3396
ageddes@mdcoalition.org

SB659 - Hopkins - Support.pdf

Uploaded by: Annie Coble

Position: FAV

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 22, 2022

Johns Hopkins University and Medicine urges a **favorable** report on **SB659 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**. This bill prohibits Maryland Medicaid from restricting admission of a Medicaid recipient into inpatient psychiatric care unless the limitations are based on medical necessity or established through regulations.

In May 2021, Maryland Medicaid released guidance requiring an Emergency Department to obtain 4 or 5 denials (depending on the hospital) before it can seek authorization for the patient to be transferred to a psychiatric IMD. This is an incredible barrier to getting patients into the appropriate level of care. There is already a significant delay in getting psychiatric patients out of emergency departments and into the appropriate care, any additional barrier, administrative or otherwise, would just continue the delay at the detriment to the patient.

Administrative changes like this are incredibly impactful to the patients, young patients in particular. At Johns Hopkins, some children have been hospitalized for as long as 115 days beyond what is medically necessary because of lack of community placements. This creates limited capacity in our inpatient units. Johns Hopkins Child and Adolescent Psychiatry inpatient services receives over 2,000 referrals and is only able to accept approximately 20% due to the unit being at capacity. Requiring emergency departments to make requests to inpatient units that are already at capacity is an unnecessary task.

Having patients transfer into the appropriate level of care as quickly as possible should be the top priority for the State. It is unreasonable to expect Medicaid recipients to sit in emergency departments to wait for denials that they know are coming before being allowed to go to an IMD. This bill realigns the priorities of Maryland Medicaid to be patients first. For these reasons and more, Johns Hopkins urges a favorable report on SB659.

SB0659 Psychiatric Hospital Admissions Equity Act.

Uploaded by: Emily Allen

Position: FAV

**Senate Bill 659 Maryland Medical Assistance Program – Psychiatric Inpatient Care –
Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**

Finance Committee

February 22, 2022

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 659.

SB 659 prohibits the Maryland Department of Health from restricting inpatient psychiatric admissions for reasons other than medical necessity for individuals with Maryland Medicaid.

In May 2021, Optum Maryland issued a Provider Alert to all behavioral health providers requiring Emergency Departments with a psychiatric unit to attempt to place an individual in its psychiatric unit and an additional four (4) general hospitals before seeking a placement authorization at a free-standing psychiatric hospital or Institution for Mental Disease (IMD). This requirement resulted in significant delays in care, as Emergency Departments had to wait for Optum Maryland to issue denials for care at general hospitals when a more appropriate care setting was immediately available.

Studies have shown delays in treatment for acute episodes of mental illness can lead to a host of consequences, including increased use of coercive methods in treatment, higher medical comorbidity, increased systemic costs, and additional treatment-resistant mental illnesses with poorer long-term outcomes.¹ While waiting to be transferred to an appropriate treatment setting, patients risked worsened symptoms, and hospital staff faced additional bed shortages.

While this policy has been rescinded, it must be prevented from happening in the future. Marylanders in need of mental health care should not be at risk of extended stays in inappropriate care settings for reasons not related to medical necessity. For these reasons, MHAMd supports SB 659 and urges a favorable report.

¹ Biswas, J., Drogin, E., & Gutheil, T. (2018). *Treatment Delayed is Treatment Denied*.

<http://jaapl.org/content/46/4/447#:~:text=When%20treatment%20is%20delayed%20for,prognoses%20in%20the%20long%20run.>

SB 659- Psychiatric Hospital Admissions Equity Act

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

February 22, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support – Senate Bill 659 – Maryland Medical Assistance Program – Psychiatric Inpatient Care – Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to support Senate Bill 659. Maryland hospitals are on the front lines of the state's behavioral health crisis. Hospitals and their partners improved access to the most appropriate level of care for Marylanders overall, but for the one in five living with a mental health or substance use disorder, the emergency department (ED) often remains the only door to access treatment.

However, continued capacity shortages challenge our ability to ensure patients receive the right type of care. A 2019 study found 42% of behavioral health ED patients experienced a delay in being discharged or transferred. These delays accounted for 48% of the time those patients spent in EDs.¹ Burdensome administrative requirements, such as the Maryland Department of Health's (MDH) "five-denial" rule, which requires hospitals to obtain a total of five denials before contacting MDH for placement authorization at an inpatient Institution for Mental Disease,² add to these prolonged delays. Clinical judgment should not be overruled by administrative requirements, especially for Maryland's most vulnerable behavioral health patients who need the right level of care as soon as it is available.

For these reasons, we urge a *favorable* report on SB 659.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

¹ "Behavioral Health Patient Delays in Emergency Departments," MHA (September 2019), www.mhaonline.org/docs/default-source/resources/behavioral-health/behavioral-health-patient-delays-in-emergency-departments-study-2019.pdf

² "Provider Alert: Authorization for Admission to Inpatient IMDs of Adults 22-64 Years of Age," Optum Maryland (May 4, 2021), maryland.optum.com/content/dam/ops-maryland/documents/provider/Alerts/may-2021/PROVIDER%20ALERT_AUTH%20for%20Admission%20to%20IMD.pdf

SB659_S&PAA_fav.pdf

Uploaded by: Evelyn Burton

Position: FAV



Promoting support, research, treatment, and public policies that improve and save lives

Testimony for SB659 Maryland Medical Assistance Program – Psychiatric Inpatient Care –
Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)

Senate Finance Committee

Date: February 22, 2022

From: Schizophrenia & Psychosis Action Alliance (S&PAA), Evelyn Burton, Maryland Advocacy Chair

Position: Support

The Schizophrenia & Psychosis Action Alliance (S&PAA) strongly supports SB659. Until very recently the Maryland Department of Health (MDH) enforced a policy requiring hospital emergency departments to obtain admission denials from the psychiatric units of five general hospitals before allowing Medicaid psychiatric patients to be transferred to an open bed at a specialty psychiatric hospital (IMD) such as Sheppard Pratt.

The purpose of this misguided policy was strictly to save the state money, even though it was damaging to the welfare of the patients and the hospitals. MDH had agreed to pay IMD's for Medicaid patients, since Federal law prohibited Medicaid payments for adults 18-64 years of age in IMD hospitals. (The IMD exclusion.) Therefore, the state saved money if Medicaid patients were treated instead, in the psychiatric units of general hospitals which could receive Medicaid payments, where the Federal government contributes fifty percent.

The MDH policy ignored the principal of treatment according to medical necessity. The policy caused unnecessary delays in transferring patients who urgently needed hospital treatment. It resulted in increased emergency department crowding and boarding, increased the risk of trauma and harm to the patient and harm to emergency department staff as the patient continued to deteriorate without needed inpatient care. It also increased the risk of the patient needing a longer hospitalization stay to stabilize, since an increased time of untreated psychosis is associated with an increased treatment response time. This policy also created additional health and access disparities between the Medicaid and commercially insured populations as such a barrier was only in place for Medicaid insured patients.

As a result of extensive advocacy by S&PAA and its families, over the past 18 months, the Maryland Health Department agreed to apply for the Federal IMD exclusion waiver which allows Medicaid to pay for inpatient stays in an IMD hospital for those previously under the IMD exclusion. This waiver was approved effective Jan. 1, 2022. Therefore, the Maryland Health Department rescinded their policy requiring five denials from General Hospitals before a patient could be placed in an open bed in an IMD hospital.

However, **SB659 is still very much needed** because the IMD waiver approval is only for 5 years and requires continued compliance with required limits on the average length of stay in an IMD. Therefore, there is no assurance how long the waiver will last or if it will be renewed. Enacting HB 684 would prevent MDH from reinstating the same or similar detrimental policies in the future, especially if the IMD Waiver is modified, discontinued or not renewed. Therefore, S&PAA requests that you give SB659 a favorable report.

Sheppard Pratt written testimony SB659 HB7684 Psyc

Uploaded by: Harsh Trivedi, MD

Position: FAV



Sheppard Pratt

Written Testimony

Senate Finance Committee House Health and Government Operations Committee

SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)

February 15, 2022

Position: Support

Sheppard Pratt thanks the Maryland General Assembly for your longstanding leadership and support for increasing access to mental and behavioral health treatment in Maryland. This testimony outlines Sheppard Pratt's **support for SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**. It is our hope that the Maryland General Assembly vote a favorable report on this legislation.

The legislation before you will prohibit the Maryland Department of Health (MDH) from limiting or restricting admission of a Medicaid recipient for inpatient care at a specialty psychiatric hospital unless the restriction is based on medical necessity.

There have been barriers placed on Medicaid admissions to specialty psychiatric hospitals in the past to limit admissions based on budgetary impacts. These barriers, while temporarily removed due to an agreement with the federal government, are not in the best interests of our most vulnerable Marylanders. These types of barriers also create additional health and access disparities between the Medicaid and commercially insured populations as these barriers are not in place for commercially insured patients.

While economic barriers should never be the motivation for a patient to receive medically necessary care, we are now facing an unprecedented demand for behavioral and mental health care. Although acute care COVID cases are in the decline, the demand for psychiatric services continues to rise as the ongoing effects of the pandemic continue to take its toll on Marylanders.

The most recent spike of COVID-19 hospitalizations has caused a severe strain on our acute care hospitals, resulting in an increase in patients boarding in the emergency departments while they wait for an inpatient bed. This legislation is one piece of the puzzle that will help to alleviate overcrowding of emergency departments for behavioral and mental health patients – allowing these vulnerable patients to get the right care as soon as possible. Rather than allowing Marylanders to languish unnecessarily in emergency rooms which are not equipped to properly care for psychiatric patients, we need to ensure that barriers on inpatient psychiatric admissions are not a threat in the future.



Sheppard Pratt

Sheppard Pratt stresses to the Committees that this legislation is about taking care of the most vulnerable of our State in the fastest way possible while, at the same time, allowing our emergency rooms to focus on the acute care needs of the population.

Sheppard Pratt urges you to act now to address barriers to admission for psychiatric inpatient care and vote a favorable report on **SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**.

About Sheppard Pratt

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.

Brook Lane written testimony SB659 HB684 Psychiatr

Uploaded by: Jeffery O'Neal

Position: FAV



BROOK LANE

Hope • Healing • Recovery

Written Testimony

Senate Finance Committee

House Health and Government Operations Committee

SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)

February 15, 2022

Position: Support

Brook Lane strongly **supports SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**. Brook Lane believes that this legislation will improve access to vital mental health services for the most vulnerable of Marylanders, and it is our sincerest desire that the Maryland General Assembly vote a favorable report on this legislation.

The legislation in question prohibits the Maryland Department of Health (MDH) from limiting or restricting access to inpatient psychiatric care for Maryland Medicaid beneficiaries at specialty psychiatric hospitals except in instances of medical necessity. Historically, barriers to accessing inpatient mental health care at specialty psychiatric hospitals were put in place for budgetary reasons. These barriers put vulnerable Marylanders at risk and promoted health inequity, as only Medicaid beneficiaries were impacted by these restrictions.

The access to care crisis for mental health services, particularly for youth, was only worsened by the COVID-19 global pandemic. U.S. Surgeon General Vivek Murthy, MD recently issued an advisory calling the challenges confronting American youth today “unprecedented and uniquely hard to navigate.” The challenges of the global pandemic only exacerbated a pre-existing mental health crisis, which saw a 44% increase in high school students having made a suicide plan in the prior year from 2009-2019. As one of the largest providers of child and adolescent mental health services in Maryland, Brook Lane believes that this legislation is a key step in addressing this crisis.

Maryland acute care hospitals experienced unprecedented strain during the recent COVID-19 surge resulting from the Omicron variant. Vulnerable Marylanders experiencing often life-threatening mental health crises throughout the State were often left to board in Emergency Departments while hoping to secure an inpatient psychiatric bed. This legislation contributes to the mental health of Marylanders by removing artificial barriers to inpatient psychiatric care, and will directly support the Maryland health system by streamlining access to inpatient psychiatric care for Medicaid beneficiaries.

Michael E. Reyka, PhD, Chief Operating Officer / michael.reyka@brooklane.org / 301-733-0330 ex 1234

13121 Brook Lane, Hagerstown, MD 21742 ■ 301-733-0330 ■ www.brooklane.org



BROOK LANE

Hope • Healing • Recovery

Brook Lane emphasizes to the Committees that this legislation will strengthen Maryland acute care hospitals by easing Emergency Department overcrowding, improve access to care for some of the most vulnerable of our State, and promote health equity in our healthcare system.

Brook Lane urges you to act now to address barriers to admission for psychiatric inpatient care and vote a favorable report on **SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**.

About Brook Lane

Brook Lane is western Maryland's largest, non-profit mental health system. The main campus in Hagerstown, MD is home to the second largest freestanding psychiatric hospital in Maryland, serving children, adolescents, and adults. Brook Lane provides partial hospitalization services for both adults and children in multiple locations and operates Title 1 special education schools in Washington County and Frederick County. Brook Lane's three outpatient locations offer psychiatry services and therapy for all ages. Our THRIVE program provides children with special needs psychiatric care, as well as physical, occupational and speech therapy services. The Brook Lane InSTEP program provides outpatient and intensive outpatient treatment options for individuals with substance use treatment needs.

Jeffery D. O'Neal, MBA, LCPC, FACHE
Chief Executive Officer

Michael Hann, MD, MBA, CPE
Chief Medical Officer

NAMI - HB684.SB659 - FAV - Psych Inpatient Care.pd

Uploaded by: Josh Howe

Position: FAV

HB 684/ SB 659 – Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)

FAVORABLE

Chair and Members of the Committee

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations, and service providers. NAMI Maryland provides education, support and advocacy for persons with mental illnesses, their families and the wider community.

This bill would prohibit the Maryland Department of Health (MDH) from limiting or restricting admission of a Medicaid recipient for inpatient care at a specialty psychiatric hospital unless the restriction is based on medical necessity. There have been barriers placed on Medicaid admissions to specialty psychiatric hospitals in the past to limit admissions based on budgetary impacts. These barriers, while temporarily removed due to an agreement with the federal government, are not in the best interests of our most vulnerable Marylanders. These types of barriers also create additional health and access disparities between the Medicaid and commercially insured populations as these barriers are not in place for commercially insured patients. While economic barriers should never be the motivation for a patient to receive medically necessary care, we are now facing an unprecedented demand for behavioral and mental health care.

Although acute care COVID cases are in the decline, the demand for psychiatric services continues to rise as the ongoing effects of the pandemic continue to take its toll on Marylanders. Because of the substantial disparity in access to in-network mental health care and out-of-pocket costs compared to other types of medical care, NAMI believes it is crucial that state and federal regulators routinely conduct market audits of all commercial health insurers and Medicaid managed care organizations for compliance with federal parity law. These audits would help level the playing field for insurers who are doing the right thing—and ensure that individuals with mental illness can access the care they desperately need.

NAMI also recommends the following steps health insurers and Medicaid managed care organizations should take to improve coverage under federal parity law:

- 1. Increase reimbursement rates and other incentives for psychiatrists and other mental health clinicians**
- 2. Increase reimbursement and reduce barriers for tele-mental health services**
- 3. Expand reimbursement models that integrate health, mental health and substance use disorder care, such as the Collaborative Care Model**
- 4. Recruit and contract with a wider range of providers, including mental health and substance use disorder residential and inpatient facilities and allied mental health workers, such as peer support and family support specialists**

SB659-CBH-FAV.pdf

Uploaded by: Lori Doyle

Position: FAV



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.

For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or lori@mdcbh.org.

Brook Lane written testimony SB659 HB684 Psychiatr

Uploaded by: Michael Hann

Position: FAV



BROOK LANE

Hope • Healing • Recovery

Written Testimony

Senate Finance Committee

House Health and Government Operations Committee

SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)

February 15, 2022

Position: Support

Brook Lane strongly **supports SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**. Brook Lane believes that this legislation will improve access to vital mental health services for the most vulnerable of Marylanders, and it is our sincerest desire that the Maryland General Assembly vote a favorable report on this legislation.

The legislation in question prohibits the Maryland Department of Health (MDH) from limiting or restricting access to inpatient psychiatric care for Maryland Medicaid beneficiaries at specialty psychiatric hospitals except in instances of medical necessity. Historically, barriers to accessing inpatient mental health care at specialty psychiatric hospitals were put in place for budgetary reasons. These barriers put vulnerable Marylanders at risk and promoted health inequity, as only Medicaid beneficiaries were impacted by these restrictions.

The access to care crisis for mental health services, particularly for youth, was only worsened by the COVID-19 global pandemic. U.S. Surgeon General Vivek Murthy, MD recently issued an advisory calling the challenges confronting American youth today “unprecedented and uniquely hard to navigate.” The challenges of the global pandemic only exacerbated a pre-existing mental health crisis, which saw a 44% increase in high school students having made a suicide plan in the prior year from 2009-2019. As one of the largest providers of child and adolescent mental health services in Maryland, Brook Lane believes that this legislation is a key step in addressing this crisis.

Maryland acute care hospitals experienced unprecedented strain during the recent COVID-19 surge resulting from the Omicron variant. Vulnerable Marylanders experiencing often life-threatening mental health crises throughout the State were often left to board in Emergency Departments while hoping to secure an inpatient psychiatric bed. This legislation contributes to the mental health of Marylanders by removing artificial barriers to inpatient psychiatric care, and will directly support the Maryland health system by streamlining access to inpatient psychiatric care for Medicaid beneficiaries.

Michael E. Reyka, PhD, Chief Operating Officer / michael.reyka@brooklane.org / 301-733-0330 ex 1234

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Brook Lane urges you to act now to address barriers to admission for psychiatric inpatient care and vote a favorable report on **SB659 / HB684 Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**.

About Brook Lane

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Jeffery D. O'Neal, MBA, LCPC, FACHE
Chief Executive Officer

Michael Hann, MD, MBA, CPE
Chief Medical Officer

Testimony-SB 659 Maryland Medical Assistance Progr

Uploaded by: Senator Joanne C. Benson

Position: FAV

JOANNE C. BENSON
Legislative District 24
Prince George's County

Finance Committee

Joint Committees

Children, Youth, and Families

Ending Homelessness

Fair Practices and State Personnel Oversight

Management of Public Funds

Protocol



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony of Senator Joanne C. Benson

SB 659: Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions
(Psychiatric Hospital Admissions Equity Act)

Good Afternoon Chair Kelley, Vice-Chair Feldman, and members of the Finance Committee. I present SB0659 Maryland Medical Assistance Program – Psychiatric Inpatient Care – Admissions Restrictions.

This legislation is pivotal in protecting some of the most vulnerable in our society from the cost associated with mental health care. As we all know, mental health has been at the forefront of many topics lately, mainly for good reasons. It is no longer taboo and should be treated with the same care and sincerity as any other bodily function we visit the hospital for. Mental health affects how we think, feel and act as we cope with life. At times these things may not be in unison, thus affecting how we function in the world and therefore becoming an unhealthy bodily function that needs special medical treatment. Just as any other injury or health issue you may visit the doctor for and the Maryland Medical Assistance Program helps cover, Maryland Medical Assistance Program should treat psychiatric inpatient care no different.

The purpose of this bill is to prohibit the Maryland Department of Health from limiting or restricting admission of a Maryland Medical Assistance Program recipient for inpatient care at a particular psychiatric hospital or an acute general care hospital with separately identified inpatient psychiatric service except under certain circumstances, and generally relating to restrictions on admissions for psychiatric inpatient care and the Maryland Medical Assistance Program. To improve behavioral health in our society, we must start by allowing access to coverage by those affected. This bill will help patients who require mental health assistance do so and not be bogged down by hospital fees and have coverage.

Thus, I respectfully urge the committee to issue a favorable report for SB0659.

SB 659 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV



February 17, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 659: Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)

Dear Chairman Kelley and Honorable Members of the Committees:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPW/WPS supports Senate Bill 659: Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions Equity Act) (SB 659). Historically, the state, through its policies and procedures, has restricted Medicaid patients from being admitted to many of our state's institutes of mental disease (IMDs). For example, the state employed a hard budget cap on IMD utilization.

Recently, the Maryland Department of Health (MDH) overturned a policy that emergency departments receive denials from five acute care psychiatric units before the state granted a waiver and a patient could be admitted to an IMD in the state. SB 659 seeks is prophylactic and seeks to codify this current practice into law so that in the future the department will continue to use medical criteria rather than its budget in determining where a patient should be placed for inpatient care.

MPS/WPS, therefore, ask this committee for a favorable report on SB 659. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

10 - SB 659 - FIN - MDH - LOI.docx.pdf

Uploaded by: Heather Shek

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

February 22, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

**RE: SB 659 – Maryland Medical Assistance Program – Psychiatric Inpatient Care –
Admission Restrictions – Letter of Information**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill (SB) 659 – Maryland Medical Assistance Program – Psychiatric Inpatient Care – Admission Restrictions. SB 659 will prohibit MDH, except under certain circumstances, from limiting or restricting admission of a Maryland Medical Assistance Program recipient from inpatient care at a special psychiatric hospital or an acute general care hospital with a separate inpatient psychiatric service.

Federal regulations limit the number of days in a psychiatric facility that the state can cover through the Medical Assistance Program to an average length of stay (ALOS) of 30 days. Failure to meet these requirements will put Maryland at risk of losing some or all federal matching dollars for these services, which will have a substantial indeterminate fiscal impact.

The Centers for Medicare and Medicaid Services (CMS) approved Maryland's 1115 HealthChoice Waiver renewal effective January 1, 2022. Maryland's initial draft application would have restricted coverage to up to two non-consecutive 30-day stays (no more than 60 days per person) in an Institute of Mental Disease (IMD).¹ As requested by stakeholders, and consistent with federal requirements, MDH updated the terms and conditions of the waiver to include coverage of an ALOS of 30 days for Maryland Medicaid participants who receive psychiatric care in an IMD.

ALOS is calculated at the overall program level and not at the individual stay level. CMS requires two additional guardrails — (1) Medicaid cannot pay for days that extend beyond 60 days and (2) if the ALOS exceeds 30 days for the population, CMS will require a corrective action plan with a hard limit of 45 days. In fiscal year 2020, the ALOS for Maryland Medicaid participants was below 30 days for Serious Mental Illness (SMI) IMD services. For Substance

¹ An IMD is defined as a facility with more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental illness. (42 U.S.C. §1396d(i))

Use Disorder (SUD) IMD services, the average length of stay was higher than the requested ALOS (42 days). While CMS examines each of the programs individually, MDH must monitor to ensure that the average length of stay for both programs does not exceed an average stay of 30 days. As the SUD average stay exceeds this limit by approximately 40 percent (40%), there is a risk that CMS may impose a hard limit of 45 days for both programs. This restriction would reduce MDH's flexibility in allowing additional days for certain patients.

If you have any questions, please contact Heather Shek, Director of Governmental Affairs, at heather.shek@maryland.gov or (443) 695-4218.

Sincerely,

A handwritten signature in black ink, reading "Dennis R. Schrader". The signature is written in a cursive style with a large, stylized "D" and "S".

Dennis R. Schrader
Secretary