

**House Bill 684 Maryland Medical Assistance Program – Psychiatric Inpatient Care –
Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)**

Health and Government Operations Committee

February 23, 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 House Bill 684.

SB 684 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While this policy has been rescinded, it must be prevented from happening in the future.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 HB 684 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.>