

Leading for Better Health

Statement of The Hospital and Healthsystem Association of Pennsylvania for the

> Committee on Health and Human Services Pennsylvania Senate

submitted by Jeffrey W. Bechtel, Senior Vice President, Health Economics and Policy

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Good Morning Chairwoman Brooks, Chairman Haywood, and members of the committee. Thank you for convening this hearing and for your ongoing work to enact solutions for Pennsylvanians who are struggling to find essential mental health care. Thanks, too, for seeking input from Pennsylvania's hospital community and for allowing us to share our insights about this critical issue.

Hospital professionals pride themselves on providing high-quality, 24/7 care to every person who walks through their doors. After meeting a patient's physical needs, however, an acute care hospital is often not the most effective setting in which to deliver mental health treatment.

Hospitals are overwhelmed by the increasing number of Pennsylvanians who are presenting with mental health conditions and the decreasing availability of behavioral health services statewide. The lack of services not only impedes progress for patients with mental health concerns, it also negatively affects others who need care. Given emergent surges of Respiratory Syncytial Virus (RSV), COVID-19, and flu, for example, wait times for all patients have increased in emergency departments. Similarly, patients who need to be admitted for other ailments cannot be treated in acute care beds or by clinical staff who are occupied by patients awaiting transfer to meet their mental health needs.

As members of this committee, you know these challenges well. In fact, during May, many of you joined HAP in listening to the day-to-day realities of hospital-based mental health practitioners from across the state. They explained that—even with decades of experience—they have never witnessed the volume, severity, and reach of the kinds of concerns they are seeing now. They told stories of patients who remain in emergency departments for days, sometimes weeks. They noted the alarming frequency with which patients remain in acute care settings for months after their physical health is stabilized because they can not obtain appropriate mental health placements.

Families' stories were particularly eye opening. It is not uncommon to hear of young adults with complex needs who remain in acute care hospitals for a year or more. One provider's frustration was evident when he discussed searching for placements and encountering waiting lists of



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upward of 1,000 teens. One doctor explained that she had planned to practice for at least another 10 years but was now weighing retirement options. She is burned out and losing hope that things will improve.

It is within this context and on behalf of approximately 235 member hospitals—including 157 hospital emergency departments and nearly 85 inpatient behavioral health units, institutions for mental disease, and standalone psychiatric hospitals—that I express our appreciation for your action earlier this year to appropriate \$100 million in one-time, APRA funds to shore up Pennsylvania's mental health continuum of care.

HAP also commends the Behavioral Health Commission's swift work to identify, learn from, and synthesize the input of a vast array of stakeholders in an effort to determine an effective allocation of these funds.

We urge you and your colleagues in the General Assembly to act as quickly as possible in the new year to authorize expenditures as they have been recommended to you by the commission.

The hospital community draws particular attention to the commission's focus on the urgent need to incentivize, invest in, retain, and grow the health care workforce. You are well aware that there is a nationwide crisis with detrimental implications for patients, health care professionals, and facilities. Pennsylvania is no exception. While all practitioners need help in all settings, the shortage of behavioral health clinicians and support professionals is profound—53 of Pennsylvania's 67 counties are designated as full or partial Mental Health Professional Shortage Areas.

The hospital community believes that a number of the commission's other recommendations have significant value as well. We believe that developing well-trained peer supports can augment current providers and improve treatment success. We believe that walk-in and mobile crisis services can—for some patients—offer viable alternatives to emergency department intervention. And we believe that investments to better integrate behavioral health treatment into primary care settings have the potential to divert patients from the path of crisis.

We are grateful to you and the Governor for allocating \$100 million and to the commission for its good-faith efforts to find positive pathways forward to address an enormous, multi-faceted, and high-stakes need. We believe that all of the commission's recommendations are worthy; we simply highlight this subset as having potential to be particularly meaningful for hospitals, which are currently strained by their foundational role in Pennsylvania's overall continuum of care.

Once these dollars start moving into action, we respectfully ask that you build upon this work in a number of ways.



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As you well know, for the past year HAP has been advocating for an array of interventions to stabilize the overall health care workforce. We are currently working with hospitals statewide to complete work on new recommendations from our Health Care Talent Task Force and will be bringing them to you for consideration in the new year.

In addition, we have been working with a number of you to bolster the state budget line through which Pennsylvania funds the majority of its behavioral health programming; adjust behavioral health Medical Assistance rates to account for complex care; require public/private coordination and transparency when behavioral health patients cannot be timely transferred to appropriate care settings; and provide additional behavioral health assistance in emergency departments.

Finally, the purview of the commission was set to consider adult behavioral health. We also urge you to address the crisis in pediatric mental health with intensity and determination.

HAP and its members stand ready to assist you in this critical work. Our patients and staff need your help.