

Written Testimony of



Delivered by

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**For a Public Hearing regarding the 2022
Behavioral Health Commission report**

**Delivered before the
Senate Health and Human Services Committee**

November 15, 2022

Chairwoman Brooks, Chairman Haywood, members of the Senate Health and Human Services Committee – thank you for the opportunity to testify this morning on what has become – and what will certainly become over the next few years – an important issue in Pennsylvania’s long-term care continuum.

I am Zach Shamberg, and I am the president and CEO of the Pennsylvania Health Care Association. You know us as PHCA. We are proud to represent long-term care across the commonwealth, including both for-profit and not-for-profit nursing homes, personal care homes and assisted living communities.

We represent the providers, we represent the workers, and most importantly: we represent the vulnerable residents they serve.

Before I begin, I’d also like to thank the three members of the legislature who served on the Behavioral Health Commission: Senator Collett, Representative Schlossberg, and Representative Thomas. We’ve learned how important this issue is to them, and I know both Senator Collett and Representative Schlossberg will continue to work diligently to support this segment of Pennsylvania’s population – and we will be proud to stand with them.

Representative Thomas – thank you for your service to your district and to the people of Pennsylvania, and we’ll do what we can to carry the torch for your issues moving forward.

It goes without saying that serving Pennsylvania’s seniors and adults with disabilities is the mission of every long-term care provider we represent. And right now, as we attempt to emerge from the COVID-19 pandemic, those same providers are also competing against an ‘access to care’ crisis, due to limited resources, a dwindling workforce and an increasing number of older Pennsylvanians.

And while the segment of the population isn’t necessarily the same, that same crisis exists for those in need of behavioral health services.

Just as we’ve seen a concerted effort to prioritize home and community-based services over institutional long-term care, behavioral health services in Pennsylvania began venturing down a similar path decades ago with the closure of more than 10 state hospitals — resulting in a 96% patient decrease in state facility care. That’s far less institutional care options and an increased demand on various communities to have the right resources.

So what's happened? With limited resources and limited options for behavioral health needs, many of the nursing homes we represent are asked to care for these individuals. And that might be surprising to some, as nursing homes are often thought of as the place where older Pennsylvanians go during their later stages of life.

But it's becoming quite the opposite. In fact, our facilities serve many different complex medical needs, including adult behavioral health care.

And that's because they have to. Because there are such limited choices.

But there are challenges associated with providing this care. And prior to the COVID-19 pandemic, we heard stories and anecdotes about this, over and over again:

- For one, admitting a resident in need of behavioral healthcare can place other residents and even staff at risk. Our facilities are simply not equipped to adequately care for this population;
- Two, nursing home regulations are very prescriptive in how care must be delivered, whereas hospitals and other components of the continuum can use different resources and tactics when administering care. For instance, one part of a resident care plan could include appropriately prescribed antipsychotic medications – but by administering those medications, it could and would adversely affect a provider's CMS Quality Measure. And that could, in turn, affect a Star Rating, which might force families to pick another facility to send their loved one.
- And three, the funding support – or lack thereof is a real issue. Nursing homes are required to provide all necessary services supplied to a behavioral health resident, and then they can *attempt* to recoup those costs from a managed care organization. But this is not an *easy* process. Just as often happens with the state's Medicaid reimbursement program, providers are often stuck with the bill. These are providers that *depend* on reimbursement from the state to survive.

That's the backstory.

Now, the purpose of today's hearing is to address the proposal put forth by the Commission on how to distribute \$100 million towards behavioral health needs. And we have no reason to oppose the Commission's research and analysis that ultimately led to their overall recommendations.

Workforce recruitment and retention is essential. Facility upgrades and telemedicine are important. And utilizing and learning from social determinants of health is something that our long-term care members have begun to do throughout the last few years.

What we can offer today is that, while one-time funding is certainly helpful, it won't sustain a new program or initiative like this. It's a quick fix, not a long-term solution. Earlier this year, we fought for a recurring Medicaid investment, vs. American Rescue Plan funding, to ensure the sustainability of our sector. And we hope that sustainability will also be granted to this program in the future.

Additionally, when it comes to expanded services and supports for older adults, an individual in need of behavioral health care may also need nursing care. As Pennsylvania looks to address behavioral health needs, don't draw the line for support at just home and community services – instead, extend that support into long-term care services as well.

And as the Commission proposes to develop the workforce, we ask for training opportunities and programs where leaders and caregivers in nursing facilities, personal care homes and assisted living communities can expand their care offerings while working with residents who need specialized behavioral care. This can help create a safer environment for not only the resident, but the staff and other residents in a facility or community.

Finally, in the very last recommendation of the Commission's report, there is a brief mention of the need for behavioral health services –and how that need has risen since the start of the COVID pandemic in March 2020.

Long-term care was the epicenter of the pandemic – our staff and residents were, quite literally, on the front lines. I don't think we fully understand what those first few months – and these last two years – will mean to our residents, and their family members, in terms of their mental health.

And just as we talk about preparing for the silver tsunami and our booming aging population, we'll need to be ready for the challenges facing our current population in long-term care – that will most certainly be a behavioral health need.

Once again, we support the commission's efforts, and we welcome any and all opportunities to partner with you moving forward.