

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, February 25, 2022**

HB 5001, An Act Concerning Children's Mental Health

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5001, An Act Concerning Children's Mental Health**. CHA supports the bill and offers recommendations for additional improvements to Connecticut's children's behavioral healthcare system.

We applaud the work and comprehensive approach to improving the behavioral health system for children, and appreciate the opportunity to engage with legislators through several hearings, meetings, and informational forums over the past several months.

Since early 2020, hospitals and health systems have been at the center of Connecticut's response to the COVID-19 public health emergency, acting as a vital partner with the state and our communities. Hospitals expanded critical care capacity, procured essential equipment and supplies, and stood up countless community COVID-19 testing locations. Hospitals have been an essential component of the statewide vaccine distribution plan including efforts to reach and serve historically under-resourced communities disproportionately affected by the virus. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut's public health infrastructure and the well-being of our communities and reinforces the need for a strong partnership between the state and hospitals.

Many of the child and adolescent patients in our emergency departments (ED) are awaiting placement into an inpatient psychiatric bed. Between February 1 and February 21, 2022, the number of patients in EDs awaiting placement grew from 26 to 56 patients. Over this same period, the average daily census of patients in EDs awaiting placement into inpatient psychiatric care was 38. On average, 31 of these patients were between 13 and 17 years of age, and 7 were 12 years of age or younger. **Over this same period, on average, there were 3 available inpatient psychiatric beds daily for patients 17 years and younger. On three days during the period, there were no beds available.** The need for expanded inpatient psychiatric services for children and adolescents is clear and growing more acute with each passing day.¹

¹ Derived from Connecticut Hospital Behavioral Health (BH) Census and Capacity Summary. Connecticut Hospital Association.
Page 1 of 3

As the General Assembly deliberates over these and other proposals, we wish to emphasize the importance of investing first in existing hospital-based and community services in order to resolve the crisis.

House Bill No. 5001 is intended to address dire shortfalls in the availability of mental health services for children and includes measures recommended by a variety of stakeholders, including legislators, state agencies, hospitals, and other community partners. We acknowledge the effort to accommodate the needs of our children by ensuring resources are available to prevent or reduce the current and long-term impact of the pandemic. We are especially appreciative of:

- **Collaborative Care Management (CoCM): Sections 57 and 66** provide coverage and reimbursement for collaboration between primary care and behavioral healthcare providers via CoCM to help address the state's behavioral health worker shortage and mental health crisis. CoCM is an evidence-based model to identify and treat patients with depression, anxiety, and a growing number of behavioral health conditions, including substance use disorders, in primary care, pediatric, and women's health settings. Twenty states currently provide coverage for CoCM, including Rhode Island, Massachusetts, New Hampshire and New York. CoCM is a key component to increase access to mental health, particularly within pediatric offices where Medicaid often makes up a higher percentage of the payer mix.
- **Workforce**: Hospitals and health systems are working hard to retain the current workforce and recruit additional staff. The scholarship program for applicants for licensure in professions that serve the behavioral health needs of children in **Section 5**, the mental healthcare provider loan forgiveness program envisioned in **Section 45**, and the child psychiatrist grant program in **Section 46**, providing grants to employers of child psychiatrists, would be important assets to the state and hospitals and health systems in recruiting and retaining our behavioral healthcare workforce.
- **Telehealth Extensions**: CHA applauds the extension of telehealth provisions through June 30, 2024 in **Sections 10 through 15** of the bill.
- **Expedited Licensure of Behavioral Health Clinicians**: We support **Sections 1 through 5** of the bill to expedite licensure of behavioral health clinicians.
- **Increase Access to Community Services**: We commend efforts to improve access to community-based behavioral health services through primary care in **Section 9** and school-based health clinics in **Section 53**.
- **Insurance Law Changes**: We support the study of reimbursement rates in **Section 64**, the parity study in **Section 65**, and the provisions addressing prior authorization in **Sections 58-63** of the bill.

We recommend additional improvements below to enhance these measures, and to address the immediate crisis in the availability of services for children.

1. **Add Inpatient Psychiatric Beds**: Since the state has thus far refused to expand inpatient bed capacity in state-operated inpatient psychiatric hospitals, we implore the General Assembly to adopt a more audacious, immediate, and direct approach to incenting private facilities to increase bed capacity and eliminate growing waitlists for beds. We urge the state to offer direct operating and capital assistance to any hospital

committed to dedicating additional space, equipment, and workforce to meet the increasing demand for inpatient psychiatric beds.

As an example, the Commonwealth of Massachusetts recently offered hospitals a one-time *Expansion of Inpatient Behavioral Health Capacity Supplemental Payment* of \$120,000 to \$150,000 per each new psychiatric bed and a *Pediatric Inpatient Behavioral Health Per Diem Supplemental Payment* rate of \$330 per day for new child and adolescent care provided.

2. **Promote Post-Hospital Services**: We support the establishment of a pilot program in Waterbury for a hospital to administer a partial hospitalization program (PHP) and an intensive outpatient program (IOP) for adolescents with behavioral health disorders, as provided in **Section 8** of the bill. Such programs are critical to facilitate patient throughput and effective discharge into post-hospital services. We urge the state to direct additional resources to existing PHP and IOP programs for both adolescent and adult patients, including Medicaid rate increases for PHP, IOP, and other outpatient behavioral health services, including home care.
3. **Temporarily Waive Certificate of Need Requirements**: We support a temporary waiver of the certificate of need (CON) process for the establishment of a new mental health facility or an increase in the licensed bed capacity of a mental health facility in order to address the demand through June 30, 2026, as set forth in **Section 36** of the bill. We ask that you include a provision clarifying that a CON will not be required to repurpose or eliminate a bed added pursuant to this provision after the expiration of the temporary waiver. We also ask that you empower the Office of Health Strategy to monitor any new mental health facility to assure they are providing services to all patients, regardless of insurance status or type of coverage.
4. **Develop a Behavioral Health Screening Tool**: **Section 38** of the bill requires the Department of Public Health (DPH), in consultation with other organizations, to develop or procure a pediatric behavioral health screening tool to be completed by a child and, where appropriate, the child's parent or guardian, during the child's visit to an ED or appointment with a pediatrician. We urge the state to require DPH to consult with one or more emergency medicine physicians working at an acute care hospital in Connecticut, since this screening tool shall assist ED physicians and pediatricians in diagnosing common behavioral health disorders that may require specialized treatment.
5. **Expand In-Home Respite Care Services**: **Section 44** of the bill requires the Department of Children and Families (DCF) to establish an in-home respite care services program for the parents or guardians of children with behavioral health needs. We support such a program, and urge the state to establish and expand in-home respite services available to the families of adult and geriatric patients.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.