



The Hospital + Healthsystem  
Association of Pennsylvania

*Leading for Better Health*

Statement of  
**The Hospital and Healthsystem Association of Pennsylvania**

for the

**Human Services and Veterans Affairs & Emergency Preparedness Committees  
Pennsylvania House of Representatives**

submitted by

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Chair Stephen Kinsey, Republican Chair Doyle Heffley, Chair Jared Solomon, Republican Chair Mark Gillen and members of the committees, thank you for the opportunity to submit written testimony in this hearing on supporting the next generation of emergency and mental health response. My name is Jennifer Jordan, and I serve as the Vice President, Regulatory, Behavioral Health and Equity Strategy for The Hospital and Healthsystem Association of Pennsylvania (HAP). HAP advocates for approximately 235 member organizations across the commonwealth, as well as for the patients and communities they serve. HAP member hospitals know intimately that Pennsylvanians are not receiving the right mental health care, at the right time, or in the right setting—many aspects of our behavioral health system are in crisis. HAP welcomes the opportunity to share brief remarks related to the hospital community’s perspective on the behavioral health crisis, including the need for crisis-intervention services and increased workforce capacity to ensure that Pennsylvanians can get the care they need, when and where they need it.

**Emergency Departments Overwhelmed**

Hospital emergency departments (ED) are often a main point of entry for individuals in-crisis who need critical behavioral health care. Once an individual’s acute needs are treated and the individual is stabilized, however, not every hospital has capacity to provide, or may not be suitable to provide, appropriate mental health treatment.

While EDs are improving their abilities to effectively assess and triage individuals in need of behavioral health care, hospitals often face long delays in being able to move individuals to the proper inpatient and outpatient settings to get the treatment they need. Placement delays require individuals to wait in EDs for extended periods—a situation that is stressful for the person in crisis, the health care professionals who want to provide the best care, and the hospital staff charged with finding and coordinating clinically appropriate treatment. Hospitals are overwhelmed.



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## **Patient and System Impacted**

Boarding and delayed patient placements impacts both the individual and the health care system—delaying treatment that could mitigate the need for inpatient stays (and associated costs), consuming scarce hospital resources, worsening hospital crowding, and delaying treatment for other patients.

The impact of boarding has been the subject of several studies over the past twenty years. Studies have found, among other things, that boarding:

- Increases psychological stress on individuals who may already be in depressed or psychotic states
- Delays mental health treatment that could mitigate the need for a mental health inpatient stay
- Increases wait times for all individuals in waiting rooms and adds to patient frustration
- Delays treatment for other patients—some of whom may have life-threatening conditions
- Increases rates of individuals who leave without being seen

The findings of Pennsylvania’s recent reports to the General Assembly—The Legislative Budget and Finance Committee’s February 2021 [report](#) titled “A Study in Response to House Resolution 515 (2019): Community Mental Health Services” and the Joint State Government Commission’s July 2020 [report](#) titled, “Behavioral Health Care System Capacity in Pennsylvania and its Impact on Hospital Emergency Departments and Patient Health”—and the evidence of the impact of this issue on individuals and the health care system require an immediate and aggressive response.

## **Solutions Must Be Multifaceted**

Pennsylvanians need access to the right care, in the right place, at the right time. Establishing a robust crisis infrastructure statewide, including effective 988 implementation, is a key piece of the solution to ED boarding. The ability to assess and direct individuals to the most appropriate care setting will help alleviate over-crowded EDs. Not every individual needs ED-level care. Some individuals can be (and should be) treated in less-restrictive, community care settings. A robust crisis continuum—mobile crisis units, crisis walk in centers, mental health urgent care models—are part of what is necessary to meet the demand for crisis services.

The hospital community supports House Bill 22, Medicaid Care Transition Program Act, which would provide needed assistance in helping hospitals timely transition individuals to the appropriate care setting. While this bill does not create new behavioral health treatment capacity, as proposed, it would require gathering data about the scope of the transition bottleneck—permitting the Pennsylvania Department of Human Services, for the first time, to systematically track and measure the scope of this problem and provide the data necessary to craft durable solutions to this long-standing issue. Furthermore, the bill accountably engages



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the stakeholders who are key to ensuring that individuals have access to appropriate and timely care.

Pennsylvania also must attract and retain the workforce necessary to delivery effective behavioral health care—meet crisis needs and provide the treatment needed to help individuals avoid crisis. There is a nationwide health care workforce crisis with detrimental implications for patients, health care professionals, and provider organizations. 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 (nearly 80%) are designated as full or partial Mental Health Professional Shortage Areas. Workforce shortages currently limit access to necessary care across the behavioral health continuum. Hospitals are currently licensed for more beds than they can staff due to workforce shortages. Staffing constraints limit access to residential and outpatient treatment as well. Promoting the behavioral health workforce and developing the talent pool necessary to meet care needs is a key step in supporting the commonwealth’s emergency and mental health response. Last year the General Assembly appropriated \$100 million in one-time, federal COVID-relief dollars to support vital behavioral health services across the commonwealth. The hospital community has expressed support for House Bill 849 which among many things will incentivize, invest in, retain, and grow the behavioral health care workforce via recruitment/retention activities, internship programs, and loan repayment.

In addition, we also call attention to House Bill 24 which seeks to make a long-term investment in extending behavioral health treatment capacity and supporting individuals in need for behavioral health care before they reach crisis. The Collaborative Care Model (CoCM) places mental health clinicians side-by-side with physical health clinicians in other specialties, like primary care and oncology. With mental health expertise and services integrated into these practices, individuals can be quickly connected to well-coordinated, whole-person care. This legislation would create a grant program for small and solo primary care providers to cover their CoCM start-up costs, prioritizing those practices in rural and underserved areas of Pennsylvania. Additionally, the bill would establish a regional network of technical assistance centers to support promotion and implementation of the grants. If implemented, the bill will expand access to community-based, behavioral health care and lower the demand for crisis services.

## **Conclusion**

There is no one silver bullet to solving Pennsylvania’s behavioral health care crisis. Enhancing the commonwealth’s delivery system in order to meet the needs of all Pennsylvanians will take a multi-dimension approach. We believe that there are several key common-sense steps that can take us in the right direction. HAP is committed to working with you to address these challenges and ensure that Pennsylvanian’s have access to the right care—in the right setting—at the right time.

Thank you for the opportunity to share our views. We stand ready to assist in this vital work that will benefit all Pennsylvanians.