



Minnesota hospital and health system priorities for the 2016 legislative session

Mental health is the biggest health care issue facing Minnesota. From every corner of the state – metro to rural – hospitals and health systems, law enforcement and communities cannot meet the need for mental health services. Minnesota’s hospitals and health systems are working with other mental health care stakeholders to improve access to care; prevent the need for or escalation of care and; ensure patients have timely access to the most appropriate care settings based on the patient’s individual needs.

The Excellence in Mental Health Act will expand access to community-based mental health services (H.F. 2609/S.F. 2549)

Minnesota has a transformative opportunity to expand access to community mental health services. In 2014, federal lawmakers passed the Excellence in Mental Health Act, creating a national demonstration project to transform how community mental health services are delivered. Minnesota is competing with 23 other states to be selected as one of eight states to participate in this national demonstration project.

This legislation will improve the way Minnesotans access mental health and addiction treatment by creating a “one-stop-shop” model of certified community clinics that will provide comprehensive, coordinated and integrated care to children and adults with complex mental and chemical health conditions. The demonstration project creates a new payment model with a daily cost-based rate for all services. By providing this high level of care coordination and fostering partnerships among providers, social service agencies and counties, the Excellence Act will greatly increase the likelihood that care will be received before a person enters into crisis, lessening the burden on families, emergency rooms and law enforcement.

The selected eight states will test and measure the performance of these reformed “Certified Community Behavioral Health Clinics.” Significant federal matching dollars accompany the small state investment, but lawmakers must pass and fund the authorizing legislation in the 2016 legislative session.

This legislation will make a meaningful difference in providing greater access and better coordination of care for the thousands of Minnesotans with mental health and addiction treatment needs.

Too many people with mental illness do not have access to the right care in the right place

Provide competency restoration services at a facility other than Anoka Metro Regional Treatment Center

Anoka Metro Regional Treatment Center (AMRTC) should be fully staffed to at least maintain its 110-bed capacity and competency restoration occurring there should be provided in a different setting. There are individuals in Anoka awaiting competency restoration services before their pending trials. Some of these individuals could get their competency restoration services in a less intense setting, restoring capacity at AMRTC.

Minnesota hospitals have patients who need to be transferred to AMRTC. Placement at AMRTC should be based on which individuals have the greatest need for this level of service. Patients need a higher level of ongoing care and should be transferred to AMRTC, but there are currently not enough staffed beds.

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The passage of the 48-hour law two years ago exacerbated the difficulties patients and hospitals face when attempting to access appropriate settings for mental health care. The rule provides that within 48 hours of a court-ordered commitment an individual should be placed in a state-operated facility. With counties having a placement priority, patients remain in hospitals for an extended period of time – which in turn means that hospital beds are not available to others in the community experiencing mental health crises.

Fully fund and staff Minnesota's seven Community Behavioral Health Hospitals

Minnesota's Community Behavioral Health Hospitals (CBHHs) each have a 16-bed capacity. Unlike the closed Regional Treatment Centers, these facilities qualify for federal Medicaid reimbursements. Unfortunately, the state has not kept its funding commitment to the CBHHs; one facility has closed and the other seven are now staffed at about 10 beds each, rather than at full capacity. The state must provide more funding for CBHHs – the need is great and the state cannot shift this responsibility entirely to nonprofit community hospitals.

In addition to mental health, Minnesota's hospitals and health systems ask legislators to:

Pass the new Nurse Licensure Compact:

The new Nurse Licensure Compact (NLC) allows nurses to have one multistate license with the ability to practice in their home state and other compact states. There are several reasons to support the NLC: 1) Modern health care delivery requires that nursing care be dynamic and fluid across state boundaries, especially when a health system serves a region that includes neighboring states. 2) The enhanced NLC increases access to care while maintaining patient protection at the state level. The NLC provides that a nurse is held accountable for complying with the nursing practice laws and other regulations in the state where the patient is located at the time care is rendered. The NLC database will prevent nurses with pending disciplinary actions from moving to another state. And, 3) Minnesota's bordering states have all approved the NLC.

Support increased state funding for broadband:

While funding may not be available to expand broadband services statewide in one biennium, policymakers should commit to provide some state funding this year. In Greater Minnesota, two in 10 homes lack high-speed connections.

In light of Minnesota's new telemedicine legislation passed in 2015, expanded broadband services would enhance access to life-saving health care.

Oppose a government-mandated nurse staffing quota:

Year after year, Minnesota continues to be ranked among the top states in the nation for our quality health care. Minnesota hospitals and health systems have long opposed a union drive to have the government mandate quotas for nurse staffing. Every patient deserves personalized care from a care team that treats the whole patient. Decisions regarding care should be made by the patient and the care team, including physicians, nurses closest to the bedside, and other health care professionals, such as respiratory therapists, physical therapists and aides. Staffing should be based on the individual patient, the severity of the patient's illness, and the skill mix and experience of the entire care team caring for that patient. Legislators should protect Minnesota health care providers' ability to continue to innovate and deliver nation-leading health care.