



Kansas Hospital
ASSOCIATION

To: Ways and Means Subcommittee on Human Services
From: Tara Mays, State Legislative Relations
Date: February 13, 2023
RE: Kansas Department of Aging and Disability Services Budget

Thank you for the opportunity to address the committee on behalf of our 123 community hospital members. The state has made great strides over the last couple of years in implementing and funding resources to address the growing mental health crisis we see across the country. Unfortunately, the need for placement at state hospitals continues to be high. The result is patients waiting for services in hospital emergency rooms, hotel rooms and offices, sometimes for days once they have been evaluated and found in need of state hospital services.

State law is clear that if a person has been found by a physician to need involuntary commitment and is in the custody of law enforcement, they cannot be held in jail. Instead, it becomes the responsibility of the Community Mental Health Center or hospitals providing the assessment to provide a suitable place for law enforcement to detain the person until they can be placed in a treatment facility. When this portion of the law was implemented in 1996, no one could have predicted the wait times patients have experienced over the last few years, wait times that were not hours but days and sometimes weeks. These longer-than-normal wait times have exposed a critical gap in financial support in the behavioral health system.

Hospitals, law enforcement, CMHCs and counties are not reimbursed for the staff time necessary to monitor behavioral health patients waiting for placement in the state hospitals after they have been assessed and found in need of state hospital care. As a result, they must provide staff for one-on-one monitoring of a behavioral health patient to ensure that the patient doesn't harm themselves or others. This means that medical staff, law enforcement officers and others must be pulled away from their regular duties, resulting in overtime costs and an overstressed system in communities where hospitals and law enforcement are short-staffed.

In addition, behavioral health patients must be transported using specialized services, which often cost providers a minimum of \$500 just to come to the hospital to pick up the patient outside of the actual transportation costs. These costs and staffing shortages have placed a significant financial burden on hospitals, law enforcement, community mental health centers and counties.

We want to emphasize there is a great need for additional beds. While those additional beds are being contemplate to meet the greater need, we ask that the legislature create a patient observation and transportation reimbursement program with the Kansas Department of Aging and Disability Services and a behavioral health patient observation and transportation fund with \$5 million a year for the next five years. In addition, we would ask that the fund be a reappropriating fund and that the total in the fund at the beginning of each fiscal year be \$5 million. Reimbursement from the fund would be provided to hospitals, CMHCs, law enforcement and local governments for the cost of observation and transportation of behavioral health patients once they have been evaluated and recommended for placement in a state hospital bed or State Institutional Alternative bed. We ask that KDADS and the eligible entities work together to implement the reimbursement program. We also would anticipate an annual report to both Ways and Means and Appropriations on expenditures from the fund to determine if the appropriate amount of funding is being made available and gauge whether or not the new behavioral health resources the state has implemented are reducing wait times and behavioral health crises for Kansans. We believe this is an important interim step as solutions for additional beds are being implemented.

We ask that when the committee work the KDADS budget they add \$5 million in FY 2023 and FY 2024 for the purpose of a patient observation reimbursement program for healthcare, law enforcement and counties to be able to be reimbursed on an hourly basis for the patient observation and transportation provided between the time the patient has been evaluated and approved for in-patient stay at a state hospital and the time that they are admitted to the state hospital.

Thank you for considering our comments.