



Minnesota Hospital Association

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Chair Hoffman and Members of the Senate Human Services Committee,

On behalf of the Minnesota Hospital Association (MHA) and the patients our 141 hospital and health system members across the state serve, we write to you today to highlight our support for some of the recently released recommendations from the Department of Human Services' Task Force on Priority Admissions to State-Operated Treatment Programs.

Hospitals and health systems across Minnesota continue to face immense challenges in appropriately discharging patients once their acute inpatient care needs have been met. In a recent comprehensive survey, Minnesota hospitals reported 195,000 avoidable patient days in 2023. These avoidable days accrue due to significant delays waiting for patient transfers to nursing homes, skilled nursing facilities, rehabilitation units, mental health treatment facilities, and, notably, state operated treatment programs.

Of the total avoidable days, MHA's survey also found hospitals provided 9,223 days of unnecessary emergency department care – called “boarding” – that filled some of the most critical care beds in the state with patients often stuck waiting for inpatient care, or simply being brought to a hospital emergency department for the lack of any viable alternative. Overall, the avoidable days increased waits for other patients, forced some patients to find other care elsewhere, with potentially life-altering delays, and cost Minnesota hospitals and health systems an estimated \$487 million in unpaid care in 2023.

Despite making up a small percentage of patients experiencing care delays, Minnesotans who should be treated in a state operated treatment program often require the most additional attention, and often security measures, in community hospitals. For example, Hennepin Healthcare currently has a patient that has been in their psychiatric unit for nearly 600 days and who has assaulted staff more than 115 times. If this patient was being more appropriately served in a state operated facility, Hennepin's staff would be safer, and they would be able to care for hundreds of additional patients that need care in their unit.

Given the immense challenges facing hospitals as well as being a specially designated Task Force stakeholder organization, MHA is grateful for the work and consideration put forth by the Task Force members and urge the legislature to recognize the full scale of the issue at hand. As such, we support the following recommendations that aim to begin alleviating some of the current challenges:

- Recommendation 1: Immediately Begin to Increase Direct Care and Treatment Capacity and Access.
- Recommendation 3: Approve an Exception to the Priority Admissions Law, specifically for up to 10 civilly committed individuals waiting in a hospital to be added to the Priority Admissions waitlist at DCT.

- Recommendation 4: Create and Implement New Priority Admissions Criteria to DCT Facilities.
- Recommendation 5: Increase Access to Services Provided in the Community.
- Recommendation 7: MHA supports the targeting of certain Does Not Meet Criteria (DNMC) payments to support the development of mental health community services, versus their current reversion back to the General Fund. However, MHA recommends caution on relieving counties from this financial responsibility without explicit support from DCT and DHS.

We look forward to working with this Committee and the full legislature to carry forward the important work of the Task Force in order to ensure that all patients receive the care they need where and when they need it. The current state of patient discharge delays and boarding is unsustainable and is placing an enormous burden on Minnesotans and their families waiting for care.

We urge the legislature to consider swift action during the 2024 legislative session to advance the above Task Force recommendations and begin to address the many challenges facing hospital and health systems in our state.

Sincerely,



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