Minnesota Hospital Association

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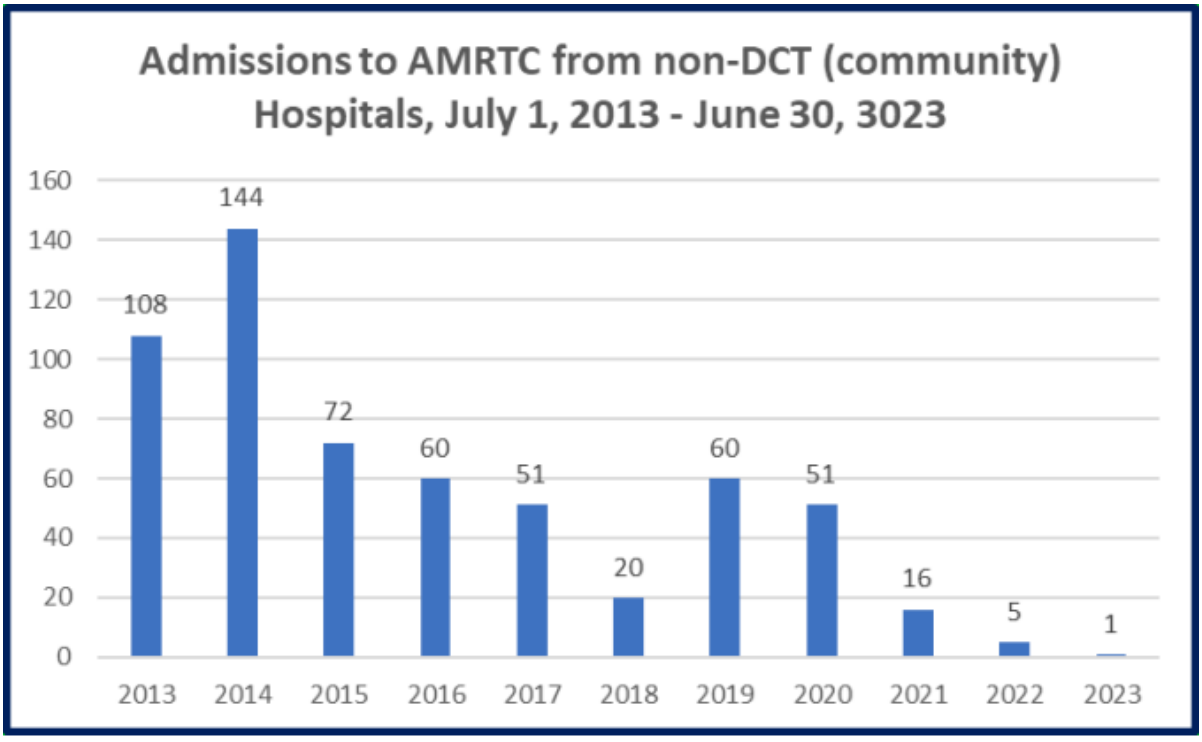
Chair Hoffman and Members of the Senate Human Services Committee,

We are writing to you today on behalf of the Minnesota Hospital Association (MHA) in support of SF 2902 (Abeler) and its multiple provisions representing the recommendations and ongoing work of the Task Force on Priority Admissions to State-Operated Treatment Programs.

Hospitals and health systems across Minnesota currently face immense challenges in appropriately discharging patients. In 2023, patients across the state spent roughly 195,000 avoidable days in hospitals waiting for the right level of care to become available, costing an estimated $487 million in unpaid patient care. 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, Direct Care and Treatment (DCT) state operated treatment programs.

Despite making up a small percentage of patients experiencing care delays, civilly committed Minnesotans awaiting admission to a state operated treatment program often require unsustainable attention and 1-to-1 care in community hospitals, often with strict security measures best suited for DCT. Such situations are becoming far more common and force hospitals to close entire units to keep care teams, other patients, and the public safe, further limiting access to already strained hospital beds in high demand. Based on the figure below from DHS, this unfortunately comes at a time when admissions from community hospitals to state-operated treatment programs are at an all-time low.



Given the immense challenges facing hospitals and their patients due to the historically high volume of avoidable days and the subsequent historically low community hospital admissions to DCT state-operated treatment programs, MHA strongly supports the following provisions in SF 2902:

- Extending the Exception to Priority Admissions Criteria for 10 Civilly Committed Individuals waiting in Community Hospitals (Section 6) – Extending this exception through 2027 will better serve civilly committed patients, free up critically needed community hospital resources to serve more patients, reduce violence and staff harm, and begin to address the ever-mounting number of avoidable hospital days across the state.
- Extending the Medically Appropriate Priority Admission Criteria (Section 3) – Extending the criteria through 2027 will productively shift the admissions process away from a patient's physical location towards care-based need and who will be best served via DCT admission. This puts the individual patient first and prioritizes limited resources based on best medical practices for care.
- Continue the Priority Admissions Review Panel and Establishing a Dashboard for DCT to Track Admission Waitlists (Sections 4 & 5) – both the Review Panel and Dashboard will further strengthen the ability for all stakeholders to generate better data and efficiently use limited resources.

We also urge the legislature to understand that additional capacity at DCT is desperately needed and dedicated funding to expand access and workforce is necessary to successfully provide the services needed for all patients in need of care in state operated treatment facilities.

We look forward to working with Senator Abeler, key stakeholders, this Committee, and the full legislature to carry SF 2902 forward in order to ensure that all patients receive the care they need where and when they need it, whether that be in a community-based setting or in a state operated treatment facility.

Sincerely,

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