

HealthPartners
8170 33rd Avenue South
Bloomington, MN 55425



healthpartners.com

Mailing Address:
PO Box 1309
Minneapolis, MN 55440-1309

June 27, 2022

VIA ELECTRONIC MAIL

Office of Commissioner Jan Malcolm
Minnesota Department of Health
625 North Robert Street St Paul, MN 55155

Dear Commissioner Malcolm:

Thank you for the opportunity to comment on the proposed new inpatient mental health facility at the former Bethesda Hospital site in Saint Paul. Inpatient mental health services are in short supply in Minnesota, and we are supportive of efforts to increase capacity. In addition, we believe broader mental health reforms are needed to address community health and ensure a robust continuum of care and services for people with mental illness. With respect to inpatient mental health care, we strongly believe that direct community access to any new facility is equally important to bringing new capacity online. If new inpatient bed capacity is not directly accessible to people in mental health crisis, it will not address the biggest and most challenging bottlenecks we see in the provision of acute mental health services. ***We are supportive of this proposal so long as direct and enforceable community access is guaranteed 24 hours a day, 7 days a week. We appreciate the bipartisan legislation that was passed last session to ensure that community access.***

Regions Hospital is a major provider of mental health inpatient care in the east metro, serving patients regardless of ability to pay for these services. We recently opened an additional 20 beds, bringing our total mental health inpatient bed capacity to 120 beds. We are proud of the longstanding commitment to caring for people with mental illness in our community, in partnership with many organizations. HealthPartners and Regions Hospital have convened and participated in the East Metro Mental Health Roundtable since 2003, and appreciate the interconnectedness of preventive, crisis and acute care services that are in short supply in our region. We welcome the addition of new inpatient mental health bed capacity, but if that new capacity is not at least as accessible to the community as the facility it is replacing, it will be a step backward rather than progress toward the mental health service infrastructure necessary to meet the growing needs of our state.

The closure of St. Joseph's emergency department in 2020, which saw over 24,000 patients visits the prior year, has already put additional pressure on Saint Paul's remaining hospitals to manage higher volumes of patients in mental health crisis as well as all other patients seeking emergency care. Even more concerning is the planned closure of St. Joseph's remaining inpatient mental the health beds over a year before this proposed facility could replace or add any new capacity. This will result in even more patients in need of inpatient mental health care boarding in the emergency department of other metro hospitals while waiting

for limited capacity to open. This is obviously not optimal care for patients waiting for a bed, and it leads to longer wait times and other cascading negative impacts for people in need of all other types of emergency care.

This proposal is a standalone mental health facility without an emergency department. While we appreciate that M Health Fairview provides emergency medical services across the state, the fact remains that the closure of St. Joseph's emergency department and inpatient mental health beds is a major loss that creates a gap in access in Saint Paul in the short term. Even after a new facility is completed in Saint Paul, it will not help address the acute inpatient mental health bottlenecks and boarding in emergency departments in Saint Paul and the greater east metro if patients in crisis can only access the new beds after being transferred from emergency departments in other cities. That is why direct community access to the new capacity in this proposal is our paramount concern and why we will support it if that access is guaranteed.

By direct community access we mean 24/7 access to walk-in patients regardless of insurance coverage, patients transported by emergency medical services or law enforcement, and transfers of patients boarding in hospital emergency rooms outside of the M Health Fairview system. We also think it is important that if patients need to be transferred from the facility due to other acute medical needs that it is not equipped to handle, the facility should reserve space for that patient to return if they have ongoing acute mental health needs after their other medical conditions have stabilized.

We appreciate that the Minnesota legislature passed a bill during the last legislative session that was signed into law by the Governor addressing these primary community access concerns, stating:

The hospital must have an intake and assessment area. The hospital must accommodate patients with acute mental health needs, whether they walk up to the facility, are delivered by ambulances or law enforcement, or are transferred from other facilities. The hospital must comply with subdivision 1a, paragraph (b).

Minnesota Session Laws - 2022, Regular Session- CHAPTER 99- HF 2725, Sec 3, Subd. 1, (31)

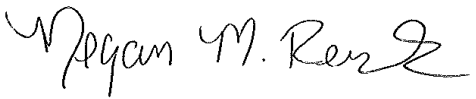
We hope the department will elaborate on how it intends to monitor and enforce these provisions in its final report if it finds this project to be in the public interest.

Finally, we do have some concern about Medicaid reimbursement at a standalone mental health facility and the interaction with the Medicaid Institutions for Mental Diseases (IMD) exclusion rule that limits the use of federal Medicaid financing for care provided in certain mental health facilities larger than 16 beds. We hope the department's review will include some analysis of how this may impact admissions and discharges at the facility and any potential unintended consequences for the state budget. While perhaps outside the direct scope of this review, we would be remiss if we did not mention one of the major underlying barriers to the increase in inpatient mental health bed capacity is the low reimbursement rates for Medicaid inpatient mental health services. We look forward to working with the department and all interested

stakeholders on that any other barriers to improving access to this critical part of our state's continuum of care for mental health services.

Thank you again for your consideration and this opportunity to comment.

Sincerely,

A handwritten signature in black ink that reads "Megan M. Remark". The signature is written in a cursive style with a large, stylized initial "M".

Megan M. Remark, MHA, MBA
President, Regions Hospital
Senior Vice President, HealthPartners