

September 3, 2015

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The Honorable Tim Murphy

House of Representatives

2332 Rayburn House Office Building

Washington, DC 20515

Dear Representative Murphy:

The Society of Hospital Medicine (SHM) is pleased to offer its support for the *Helping Families in Mental Health Crisis Act of 2015*, H.R. 2646. This legislation offers a crucial first step in addressing the nation's mental health disparities and encourages meaningful reform of our mental healthcare system.

SHM represents the nation's more than 48,000 hospitalists who work primarily in acute care hospitals. As such, they are increasingly leading the efforts to coordinate care for "super-utilizer" patients, many of whom also carry a mental health diagnosis and sadly find the ER and hospital as a last resort to seek care. According to a study published in the 2013 *Journal of Emergency Medicine*, 81% of "super-utilizer" patients were coping with at least one psychosocial challenge.<sup>i</sup> "Super-utilizer" patients have also demonstrated the consumption of a high share of acute care resources. An AHRQ-sponsored study showed that in 2012, mental health and substance abuse disorders were among the top 10 diagnoses for "super-utilizers" under the age of 65, accounting for 40-50% of hospital readmissions in that age group, with an aggregate cost of 11-13 billion dollars.<sup>ii</sup>

Unfortunately, the scope of this crisis does not appear to be abating. As more mental health facilities are closing, hospitals and emergency rooms are forced to hold patients while they wait to be transferred to more appropriate settings. This process of holding patients, called "psychiatric boarding," can last for days, to the detriment of the patients who aren't getting the psychiatric care they need while also diverting hospital resources that could provide care and bedspace to other acutely-ill patients.<sup>iii</sup>

Psychiatric patients often require constant surveillance, which is frequently provided by inadequately trained personnel, such as security guards and nursing aides. This places the patients at greater risk for poor outcomes and distracts staff members from performing their normal duties elsewhere. Hospitalists face tremendous challenges providing adequate care to these patients, due to a lack of training, difficulties in coordinating care across providers and facilities, and the scarcity of on-site psychiatrists and other specialized mental health personnel. This legislation takes important steps towards addressing this growing problem within our nation's hospitals.

We appreciate the multifaceted and comprehensive approach undertaken in this legislation. Grants to innovate mental health delivery in the community setting, with an emphasis on utilizing current evidence, in addition to expanding the workforce are critical for protecting patients from unnecessary ER and hospital admissions. As means of expanding access to mental health providers, we strongly support adequate reimbursement for telehealth resources and eliminating the 190-day lifetime limit on inpatient psychiatric services.

Inaccessible and unaffordable medications are daunting obstacles to obtaining proper mental health care. We are very pleased that the legislation includes mandatory medication coverage by Medicare and Medicaid. Allowing patients affordable access to crucial medications will alleviate their fear of financial strain and empower them to focus on their own wellness.

We also appreciate the emphasis placed on early childhood and youth programs, which shows great forethought and could have tremendous societal and economic ramifications by allowing young people to maximize their academic, social and vocational potential, with attendant decreases in medicolegal resource consumption.

This legislation is a pivotal step in the right direction for mental healthcare services and for patients living with mental illnesses. SHM appreciates your leadership and commitment to improving the mental health system. We look forward to working with you on this important issue.

Sincerely,



Robert Harrington, Jr., MD, SFHM  
President, Society of Hospital Medicine

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i Castillo, E, Brennan, J, Killeen, J, Chan, T. Department of Emergency Medicine, University of California, San Diego, California. May 2014, Accessed August 10, 2015.

ii Jiang HJ, Weiss AJ, Barrett ML, Sheng M. Characteristics of Hospital Stays for Super-Utilizers by Payer, 2012. HCUP Statistical Brief #190. May 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb190-Hospital-Stays-Super-Utilizers-Payer-2012.pdf>.

iii *Psychiatric Care in General Hospitals With and Without Psychiatric Units: How Much and for Whom?*. Slide Presentation from the AHRQ 2009 Annual Conference (Text Version). December 2009. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.ahrq.gov/about/annualconf09/vandivort\\_mark\\_owens.htm](http://www.ahrq.gov/about/annualconf09/vandivort_mark_owens.htm).