



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

February 23, 2022

**Testimony in Support of House Bill 684 - Maryland Medical Assistance Program -
Psychiatric Inpatient Care - Admissions Restrictions (Psychiatric Hospital Admissions
Equity Act)**

Good afternoon Madam Chair, Madam Vice Chair, and members of the Health and Government Operations Committee. Thank you for the opportunity to speak to you about House Bill 684.

It is imperative that decisions made around medical care are based on medical necessity and rationale and never contingent on convenience or budgetary concerns. Medicaid admissions to institutions for mental disease (IMD) have been limited in the past to account for economic impacts, rather than based on medical criteria. In a recent agreement with the Federal government in the § 1115 HealthChoice Waiver renewal application, Medicaid requested coverage for inpatient stays for patients at an IMD. Additionally, although the policy is not currently enacted, the Maryland Department of Health (MDH) had a policy in place requiring hospitals to check for open psych beds at at least five other hospitals before allowing psych patents to be transferred to Sheppard Pratt. This policy resulted in delays and setbacks for Medicaid patients who need imminent, specialized psychiatric care.

Barriers to Medicaid recipient admissions to hospitals based on criteria outside of medical necessity are detrimental to patient care and cause further disparities between Medicaid recipients and privately-insured populations.

The COVID-19 pandemic has created a monumental need for all health care, including mental and behavioral health care. We need to ensure that no one is denied adequate, appropriate, and prompt care on the basis of economic obstacles.

House Bill 684 will make clear the intention of this body to ensure equity in behavioral health care by ensuring that policies and/or restrictions established by the Maryland Department of Health for inpatient admissions at licensed psychiatric hospitals are based on criteria of medical necessity. These policies may not be in place at this time, but without HB684, there are no measures set-up to prevent the same or similar policy from being reinstated in the future. Further, the Department must implement any such criteria through COMAR regulations.

This legislation will help protect some of our most vulnerable populations here in Maryland. I respectfully request a favorable report on House Bill 684.