

Oct. 16, 2020

Via electronic submission to:
PublicHealth@house.texas.gov

House Committee on Public Health
Rep. Senfronia Thompson, Chair

PUBLIC COMMENT LETTER

Re: Interim Charge 3: Review behavioral health capacity in the state, with a focus on suicide prevention efforts and the provision of behavioral health care services to individuals with intellectual and developmental disabilities. Review suicide prevention programs and initiatives across state agencies, evaluate their effectiveness, and identify opportunities for greater coordination. Identify gaps in the continuum of care for individuals with disabilities and challenges for those providing care to them. Additionally, identify any existing administrative and licensing barriers that negatively affect overall behavioral health capacity in the state.

While the Legislature has made significant investments in modernizing the state hospital system and increasing capacity at state hospitals, additional funding is needed to support the full continuum of care for individuals with behavioral health needs. Specifically, THA asks the Legislature to increase rates for contracted community beds and inpatient community hospitalizations in order to preserve hospitals' ability to continue providing mental health services throughout the state. The investments made by the legislature for state hospital improvements assume a healthy continuum of care that includes a robust network of community-based contracted hospital beds. Unfortunately, the community-based bed rates are well below the costs incurred by the hospital, making contracting difficult and reducing the potential capacity in the state.

Additionally, THA strongly supports efforts by the state to use 1115 waiver authority for federal Medicaid funds to cover services for eligible individuals ages 21-64, who are patients in an Institution for Mental Disease (IMD). Currently, Federal Medicaid prohibits services for these individuals, if they are patients in an IMD, leading to uncompensated care costs for hospitals and disjointed care for patients. To offset those costs, the Federal Government has recently authorized use of section 1115 demonstration authority for federal Medicaid funds to cover patients in this age range in an IMD. Under the requirements of the demonstration, the state would need to improve community-based mental health services and ensure quality of care in IMDs, all of which lead to a better continuum of care for Texans.

John Hawkins
Texas Hospital Association
1108 Lavaca Street, Suite 700
Austin, Texas 78701
512-465-1000